European Healthcare Group PLC

Old Wall Cottage 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

Old Wall Cottage Nursing Home is a privately owned nursing home providing accommodation and nursing care for up to 33 older people some of whom are living with dementia or other associated disabilities. There were 30 people living at the service on the day of our inspection. Bedroom accommodation is arranged predominantly on one floor, and a recent refurbishment programme has included an enclosed secure garden for people. Several lounge and dining areas are located throughout the home. There is also ample car parking available at the front of the service.

The service did not have registered manager in post on the day of the inspection visit. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who lived at the service. Staff received annual appraisals and regular formal supervision. .

Staff recruitment procedures were robust to ensure that staff had appropriate checks undertaken before they commenced employment.

The guidelines to minimise the risk had been reflected in people's care plans to help keep them safe. Risks were well managed and assessments of risk to people were reviewed and updated on a regular basis.

People were protected from the risk of abuse. Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. They told us they would report anything they were uneasy with to the nurse in charge. The staff we spoke to knew of types of the different abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Medicines were well managed and people had their medicines when they needed them. All medicines were administered and disposed of in a safe way.

Where people were not able to make decisions for themselves we checked whether the staff were working within the principles of the MCA. We read whether any conditions on authorisations to deprive a person of their liberty were being submitted appropriately and found that they were.

People were encouraged and supported to be involved in their care. People's bedrooms had been decorated to a good standard and were personalised with their own possessions.

Health care needs were being met. People had access to a range of health care professionals, such as the GP, a community psychiatric nurse, dentist and opticians.

People told us the food was very good and there was lots of choice. We saw people had access to drinks and snacks at any time during the day or night.

Staff were kind and compassionate. We saw people were treated with and respect and their privacy and dignity was respected at all times. For example staff knocked on people's doors before they entered their room.

People had individual care plans which gave clear guidance to staff on what support people needed. They were detailed and updated regularly. Relatives told us they had been consulted regarding people's care plans and were able to attend reviews of care.

The manager operated an open door policy and we saw of this throughout the day when staff were able to have discussions with the manager. They also ensured they were visible on the floor as their office was not easily accessible to people with mobility needs.
People were aware of the complaint procedures and told us they would know how to make a complaint. A relative told us they were satisfied with the way their complaint was managed.
The manager had maintained accurate records relating to the care and treatment of people and the overall management of the service. The manager and deputy manager had systems in place to record and monitor the quality of the service provided and to make improvements where necessary. Accidents and incidents were recorded and acted upon.
People would be protected in the event of an emergency at the home. Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

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 cared for by a team of qualified and skilled staff to meet their needs.

Risks were assessed and managed well, and risk assessments provided clear information and guidance to staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines as prescribed.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

Staff received regular training to ensure they had up to date skills and knowledge to undertake their roles and responsibilities. They also received supervision.

Mental Capacity Assessments and best interest meetings were in place for people where they lacked capacity. DoLS authorisations had been applied for where people's freedom was restricted.

People had enough to eat and drink and said they enjoyed their food.

People's health care needs were being met and they were supported to remain healthy.

Is the service caring?

Good

The service was caring and sensitive to people's needs.

People were well cared for and their privacy and dignity was maintained.

We observed staff were caring and kind and treated people kindly and with respect.

Staff were friendly, patient and discreet when providing support to people.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Care plans were well maintained.

There were a wide range of activities available to people.

Complaints were monitored and acted on in a timely manner.

Is the service well-led?

Good

The service was well led.

The manager had system in place to monitor the quality of the service provided.

The manager had maintained accurate records relating to the overall management of the service.
Staff said they were supported by the manager.

People were asked for their views on the provision of service and these were used to drive improvement.

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

This inspection took place on 17 December 2015 and was unannounced. The inspection team consisted of one inspector, a nurse specialist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care. The nurse specialist had up to date clinical experience in caring for older people.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with ten people, six members of staff, the manager, the deputy manager, four relatives and two health care professional.

We spent time observing care and support being provided. We read five people's care plans medicine administration records, recruitment files for staff, mental capacity assessments for people who used the service. We also read other records which related to the management of the service such as training records and policies and procedures.

The last inspection of this service was 12 December 2013 where we found the regulations were being met and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns about the home. One person said "I feel safe and I have no worries." Another person said "Of course it is safe here."

People were safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. Safeguarding adults training was included in the mandatory training provided by the service and staff had completed it this year. Staff were able to explain the different types of abuse. One staff said "Abuse could be physical, mental, sexual or even calling people silly names but I have never seen that here. If I did see any unkindness I would report this immediately." Another member of staff said "I don't think abuse would happen here but if it did I would know what to do. Staff had access to contact details of the local authority should they require this. The provider was aware of their role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

People were safe from harm because the provider managed risks to people's safety. When hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow around what the risks were to people and the measures needed to be taken to reduce the risk of harm. Risk assessments included moving and handling, and provided staff with guidance on how to move people safely without compromising their independence. Another risk assessment relating to nutrition ensured people were provided with a balanced diet. When people were at risk of developing a pressure ulcer the risk was managed with input from other health care professionals. These were constantly updated either routinely or when needs changed. Staff had a good understanding of risk. One staff member said "One person is restless at night so we put a bumper mattress on the floor to protect them and check them regularly." If someone is prone to a pressure ulcer we make sure their air mattress is the correct weight, check it daily, make sure they are clean, dry, apply cream and turn them every two to three hours." They said "It's all about keeping people safe." Guidelines in people's care plan supported this

There were sufficient members of staff on duty to meet the needs of people. One person said "The staff work hard and I never have to wait for anything."
The care during the early shift was provided by a nurse and five health care assistants and on the afternoon shift by one nurse and four health care assistants. The manager who is also a general trained nurse was available in the service during the day. The night shift was covered by one nurse and two health care assistants and in addition there was an on call system shared between the manager and two senior nurses. The manager told us that they decided on the appropriate staffing levels by assessing people's individual needs on a regular basis and did not use a specific dependency tool for this purpose. They told us when there were insufficient permanent staff, such as following a staff member leaving, staff sickness or increased care needs of people they relied on the support of agency staff but always tried to engage those who were familiar with the home and people's needs. For example we noted for the week beginning 7 December three nurses were employed from one agency to provide the nursing cover required for four night shifts and one health care assistant to cover for three early shifts. Staff told us that with the addition of agency staff there

were always sufficient numbers of suitable staff to keep people safe and meet their needs. They told us they never felt rushed when giving care and were able to spend time with people. The service also employed a chef, kitchen assistant, housekeepers, a laundry assistant, an administrator, an activity coordinators and a maintenance person.

The staff recruitment procedures in the service were safe. Appropriate checks were undertaken before staff began work. Staff employment files contained information to show the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. There were also copies of other relevant documentation including character references, employment histories, job descriptions, and staff contracts in staff files.

People received their medicines safely and in a timely way. There was a medicines administration policy in place and all staff administered medicines according with this policy and in line with the Nursing and Midwifery Council's (NMC) Code of Professional Conduct. Formal competency checks were undertaken to ensure medicines were administered safely and nursing staff had undertaken regular medicine awareness training.

The general storage of medicine was well managed. There was a dedicated lockable room for the storage of medicines, and trollies used for medicines were also locked so that only authorised people could access them. Medicines were labelled with directions for use and contained both expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge was monitored daily to ensure the safety of medicines. We saw good audit trails of how medicine is checked into the service and how medicines were returned to the chemist.

The Medicines Administrations Records (MAR) charts for people were fully completed by staff when medicines had been given. People had a photograph at the front of the MAR so staff could be sure they were giving the medicine to the right person. Allergies were included in MAR charts for information.

Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We heard staff ask people if they were in pain and if they required any medicine for this. Staff followed the guidelines by signing when PRN medicine had been given and the information was shared at handover to ensure the staff knew medicine had been given.

The premises were safe for people who lived in the service. Radiators were covered to protect people from burns; and ramp access was provided as appropriate. Fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Windows had the appropriate and safe restrictors in place to reduce the risk of people falling out.

People's needs had been identified so they would be supported in the event of an emergency. People had PEEPs (personal emergency evacuation plans) in case of fire or emergency. This is a plan that is tailored to people's individual needs and gives detailed information to staff about supporting people's movements during an evacuation.
The manager told us the home had an emergency plan in place should events stop the running of the service. Staff confirmed to us what they would do in an emergency.

Good

Is the service effective?

Our findings

People were supported by a staff team with the skills and knowledge to meet their assessed needs. One person said "I put my trust in staff as they know what they are doing." A relative said "Staff seem pretty competent." The manager told us that all new staff completed an induction period in line with the recently introduced Care Certificate, covering 15 standards of health and social care. They said this included a period of shadowing alongside an experienced member of staff for at least three days when they were supernumerary, and would not work alone until they had been assessed as competent to do so. Agency staff were inducted and received a tour of the building, evacuation drill, security, call bell system, policies and procedures, patient information and record keeping to ensure people received effective care.

All staff undertook mandatory training which included health and safety, moving and handling, infection control, first aid and safeguarding people from abuse. Staff were also encouraged to gain further qualifications and staff had been enrolled onto NVQ level 3 and level 5 training by the manager. The manager had recently completed an End of Life Course which they planned to feed back to staff and there was a talk on diabetes by the local GP arranged to take place in January. Comments from staff on training included "Training is good and if you see a training course you particularly want to do you can approach the manager and they will try their best to arrange it for you." Another staff member said "The training is fantastic you learn from it and it refreshes your memory. Qualified staff told us they were given to opportunity for further training and career development. They also said they had access to nursing journals in the staff room for up to date reading and keeping up with current best practice.

Staff received support and guidance from the manager and were able to discuss their performance. The manager told us that all staff were now receiving regular formal supervision every three months. Records showed areas covered included general performance, key worker group issues, person centred care, equality, diversity, choice, rights and training objectives. We read on one file 'needs to attend all in house training', and positive comments for recognition of work undertaken. We also saw that issued raised were followed up from one session to the next. Staff told us they found supervision sessions useful. Comments included "It is useful as we can tell them how we feel about things." "It gives us the chance to say if anything is wrong and to talk about what could be improved.
At the time of our inspection staff had not attended an appraisal but the manager told us that now they had a schedule to keep on top of supervision they planned to introduce appraisals in the near future.

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 make a particular decision any made on their behalf must be in their best interest and as least restrictive as possible.
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 was being met.
People can only be deprived of their liberty to receive care and treatment when this is in their best interest

and legally authorised under the MCA. The application procedures for this in a care home are called deprivation of Liberty Safeguards. We saw people who required them had a DoLS application in place.

Staff had a good understanding of the Mental Capacity Act 2005. They were aware of people's rights to make decisions about their lives. They told us they always asked for peoples consent before providing care, explained the reasons for the care and gave them time to think about their decision before taking action. One staff member said "If people don't want something to happen we respect their decision as it is their choice." Another member of staff how one person would not sleep in their bed so they had a best interest meeting with health care professionals and relatives to agree that it was in the person's best interest to respect their choice and let them sleep in their chair." Staff had undertaken training regarding the Mental Capacity Act 2005 and they demonstrated its use as we saw some good care practice throughout our visit when staff promoted choice regarding personal care, menu choice and activity participation.

People were supported to keep healthy. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with a local GP who visited the home weekly or more frequently if required. One person said they could see their GP when they needed to. People had regular access to dental care, a chiropodist, and an optician. Specialist input from a tissue viability nurse (TVN) community psychiatric nurse and a continence advisor were also in place. Appointments with consultants or specialists were made by a referral from the GP if people's health needs changed.

Staff were knowledgeable about people's health care needs and were able to describe what signs could indicate if people were unwell. For example if they suspected a person had a urinary tract infection or a chest infection.
Relatives were very pleased about the way the service managed their relative's health care support. One relative said "They keep me informed about everything and when there is a chance to care or treatment."

People had enough to eat and drink. Staff were aware of people's dietary needs and preferences. The chef told us "Meals were freshly prepared and cooked daily and I wouldn't have it any other way." People had a choice of meals from a four weekly rotating menu. The menus were displayed in the dining areas in both written and pictorial format. There was excellent feedback from people regarding the food. People said "The food is lovely here." Another person said "The food is home cooked and really enjoyable." The chef told us if people were not happy with the choice offered they would always prepare something else such as an omelette. They said "I will always cook an alternative for them as long as they are eating that's what is important."

People could choose where they wanted to eat. Some people ate their meals in the dining areas or sitting in their chairs in the lounge. People were encouraged to eat and if help was required this was given in a discreet and gentle way. Some people had their meals in bed and staff took their time when supporting people to eat and ensuring good interaction was maintained. Everyone was offered a selection of cold drinks with their lunch and there was ample hot and cold drinks and snacks provided throughout the day. Special diets were catered for which included diabetic, vegetarian, soft, pureed or low sodium. The chef told us they had a nutritional plan for everyone and that the manager kept them informed of any changes. For example a person had been discharge from hospital the previous day with specific dietary needs. The chef researched this information to maximise the person's food choice to promote wellbeing.

People's weights were monitored monthly to confirm they were having enough to eat and drink. Staff said it they were concerned about someone's nutritional intake they would monitor and record their food and fluid intake more closely, weigh them weekly, seek advice from the GP and consider introducing fortified drinks.

Records we examined confirmed this.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The staff are so caring and nothing is too much trouble for them." Another person said "I have no complaints about the care here." Relatives spoke highly of the standard of care and the kindness of staff. A relative said "They understand my family member so well and can almost predict what they want by certain expressions, it's wonderful." A member of staff said "We treat people how I would like my grandparents to be treated."

Staff were caring and attentive to people and their needs. Staff interacting with people in a kind and caring way. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting people. Staff encouraged people to make choices and interacted with people individually. They got down to their level and gave eye contact when talking with people and spent time explaining what was on offer, listening to them and responding to their queries. Staff were knowledgeable about the people they cared for. They knew what time they got up and went to bed where they liked to spend their time, what activities they enjoyed and their preferences in respect of food and drink.
It was evident by observing care that staff had enough skills and experience to meet people's needs. We saw a member of staff sitting with a person who became anxious and talk with them about their younger days and their family. This engaged the person in conversation and they became settled and relaxed. The staff member later told us "This was something the person liked and I made the effort of finding out this person's past interests and hobbies so we would have something to talk about."

People were well cared for and wore appropriate clothing and footwear. Their hair was neatly combed and hairdressing appointments were arranged as required. Gentlemen were clean shaven and were able to have their hair cut when required. People who were nursed in bed looked comfortable and their bedding was nicely laundered. Staff ensured that when people wore glasses or a hearing aid they remembered to use them. This promoted good communication and respected people's dignity because they did not have to talk loudly when communicating.

People's privacy and dignity was maintained and people received personal care in the privacy of their bedrooms or in bathrooms provided with lockable doors. One staff member said "Dignity is all about respecting people. I close people's doors and curtains and cover them when undertaking personal care." If people wished to have gender specific staff to undertake personal care this could be accommodated in order to promote dignity. Staff knocked on people's doors and waited for a reply before entering. We noted people were addressed by their preferred name which was usually their first name.
When staff discussed people's care needs they did so in a respectful and compassionate way. They showed an understanding of confidentiality and told us they never spoke about someone in front of another person or relatives as this was not respectful.

People were encouraged and supported to make choices regarding their daily living routines. People could have their breakfast in bed or in their room according to how they felt on the day. People had the choice how they wanted their personal care undertaken. For example if they liked a bath or a shower and if this was

more convenient in the morning or the evening. A member of staff said "If someone does not want to have a bath when we offer it that's not a problem. We just come back later to see if they have changed their mind." People also had the choice of how they spent their time and what activities they participated in. One person said "I like to sit in this room because it is peaceful." Relatives were very positive about the standard of care provided at the service.

Bedrooms were pleasantly decorated and people had the opportunity to bring personal possessions and items of furniture with them into the home. One person said "My photographs mean a lot to me." They then showed us some pictures and spoke about them. Rooms overlooked the garden which people told us they enjoyed. One person "I enjoy looking out no matter the weather. It fascinates me and keeps me occupied."

Relatives told us they could visit their family member at any time and always found them well cared for. They could visit their relative in the privacy of their room or there were private areas throughout the home that people were able to use. Relatives also said they were kept well informed of any changes to care by the registered manager.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff told us "We provide person centred care here and see people as individuals." And "In person centred care the person is our main concern, and we have plenty of time to talk with them about their life." During our inspection staff were responsive to people's needs. One person said the manage spoke with them regularly to find out if there was anything they wished to be provided or included in their care to make them more comfortable.

People had been consulted and included in their care as much as possible. People had needs assessments undertaken before they were admitted to the service in order to ensure the service had the resources and expertise to meet their needs. Pre admission needs assessments were comprehensive and included all the information necessary to help make sure the home could meet people's needs. the service make an informed decision regarding the placement. These were reviewed within weeks of a person being admitted to the service to ensure they reflected people's current needs within the service setting.

Care plans were well maintained and were reviewed monthly or more frequently when needs changed. Care plans were written with information gathered from the needs assessments, input from people and their relatives. Each care need was supported with an objective and guidance for staff to follow on how to achieve this. Staff recorded daily entries in the care plans about how care was delivered on each day. This information was communicated to the staff team during the shift handover to ensure continuity of care and that no important information was missed. During handover arrangements were made in advance to plan for hospital visits or external appointments so staff could plan ahead and respond to people's needs.

People told us they could please themselves regarding activities. Some people liked to attend more activities than others. One person said "I like the music and exercise but otherwise I like my own company." Another person said "I like it all." We sat in an art and craft session and were able to talk with people collectively. They all had praise for the activities provided and said "We all chat together and can moan or laugh." One person was making and writing all their own Christmas cards for their family and was clearly enjoying this. There was an activity coordinator who arranged a programme of activity for people which was supported by staff and external entertainers who were engaged to provide specific sessions. The programme included art and craft, gentle exercises, board games, musical entertainment, and movie sessions with films shown on a large pull down screen. In addition there was an easily accessible enclosed garden with raised flower beds and sitting areas which people enjoyed. People who were confined to bed or who chose to stay in their rooms were offered one to one activities. This included hand massage, nail painting, reading aloud and listening to music. One person said "I have my remote control and know which programmes I like." An activity plan was available on the notice board together with forth coming events so people and relatives were kept informed.

The service was responsive to people's mobility needs. Assisted bathing and toilet facilities had been provided to promote people's mobility. Grab rails were fitted throughout the service which provided people with the confidence to move about more freely. There were ramps in place enabeling people to access the

front and rear gardens with ease.

People and their relatives knew who they could speak to if they had concerns or a complaint about any aspect of the care received. They had been provided with a copy of the provider's complaints process when they moved into the home. They told us they had confidence that their complaint would be dealt with effectively. The service had a complaints policy which was displayed where people, relatives and staff could access this. There was also a copy of this policy in people's care plans. Staff were not aware of any complaints but said if people or their relatives expressed any concerns they would tell the nurse in charge who they were confident would take appropriate action. One relative said "I have not had to use the formal complaints process. I had an issue and went directly to head office and this was managed immediately." Another relative said "I have not used the formal process to make a complaint, I spoke with the manager and this was resolved." People told us the manager was always approachable and they could openly discuss any problems when needed.
There had been one formal complaints received since the last inspection. The manager told us outcomes of any complaint would be shared with the people involved and used a learning opportunity for staff.
Residents and relatives meetings took place and issues relating to the running of the home and forthcoming events were discussed. Minutes of these meetings were available. People had an opportunity to share their views and suggestions were acted upon. For example the manager introduced 'grazing bowls' for people to nibble when their appetite was poor and changed the supper time to 18.00 and people had opportunity to give feedback at the next meeting.

Good

Is the service well-led?

Our findings

The service was being managed by an experienced manager. The manager had been in post three months and worked alongside the registered manager who deregistered the day before our inspection to become the head of clinical care/ deputy manager. So technically the service did not have a registered manager on the day of our inspection.

People told us they were happy with the management arrangements in place. They said the manager and the deputy manager spoke to them and listened to what they had to say. They told us they felt the management team were capable and efficient. One person said "The manager and the deputy manager are caring and will do anything for you."

Relatives told us they could talk to the management team at any time. One relative said "They keep us informed of any changes to care and new treatment." A relative said "The core staff team don't change too often which is good for us."

Staff described the service as being calm and relaxed. Staff felt supported by the management team. One staff member said "The manager is approachable and helpful." Another staff said "I like working here and it is a good place to work." A further member of staff said "We have an excellent team and we work well together."

The provider had systems in place to monitor the quality of the service being provided and to make improvements when these were highlighted. The manager undertook internal audits including reviews of care plans, risk assessments, audits of medicines, infection control and training to further enhance the care provided. Housekeeping audits and catering audits were also undertaken and people's feedback welcomed in order to improve services. Heads of department meetings took place to exchange information and to plan ahead for any proposed events.

Monthly corporate quality auditing visits were undertaken by the quality assurance team. These visits were based on CQC's domains of safety, effective, caring, responsive and well led. Reports were issued that recognised good practice and identified areas for improvement. A member of staff told us "The company is very supportive and both the Chief Executive Officer and Regional Operations Manager visit here regularly."

Health and safety audits were undertaken to ensure the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment. Records relating to health and safety for example maintenance checks, utility certificates, fire safety, and equipment were maintained to a high standard.

Staff meetings enabled staff to discuss any concerns regarding matters in the home or issues they had.

Management listened and took action For example had staff felt there should be a designated laundry person at weekends. This was addressed and there is someone now in post. The manager operated on open door policy and staff members were able to approach the manager during our inspection and were supported in open and inclusive way. The manager's office was located on the top floor which was not as easily accessible to people with mobility needs. The manager recognised this and was going to consider locating their office to the ground floor with the approval of the directors. A member of staff said "It is important that we can talk with the manager and are listened to."

Residents and relatives meetings took place and issues relating to the running of the home and forthcoming events were discussed. Minutes of these meetings were available. People had an opportunity to share their views and suggestions were acted upon. For example the manager introduced 'grazing bowls' for people to nibble when their appetite was poor and changed the supper time to 18.00 and people had opportunity to give feedback at the next meeting.

The provider monitored the quality of the service and generated a business plan to drive improvement. For example there was an ongoing programme of refurbishment to keep the home clean and safe for people who lived there.

People and their relatives were asked to provide feedback about the service and provision of care. This was done by sending satisfaction questionnaires. The most recent surveys were still in the process of being compiled. We saw surveys based on the findings of the 2014 satisfaction surveys which included an overall satisfaction in relation to care, staffing, cleanliness, communication, activities, and management of the service. Relatives felt the most effective way of getting things done was to voice their suggestions to the management. One relative said they wanted to say something they did not wish to put in a survey so they contacted the Chief Executive who came to the service to see them.

Accident and incident records were reviewed to ensure appropriate action had been taken and lessons learned to reduce the risk of them happening again. Where someone had a high level of falls recorded the manager was proactive in seeking support from the falls team to reduce the frequency and promote wellbeing.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.