The Fountain care Management Ltd

Nettleton Manor Nursing 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

Overall summary

We inspected Nettleton Manor Nursing Home on 17 November 2015. The last inspection of the home took place on 18 June 2013 and we found the registered provider was compliant with all of the outcomes we inspected.

Nettleton Manor Nursing Home is situated on the outskirts of the village of Nettleton close to the Lincolnshire towns of Caistor and Market Rasen. It is registered to provide nursing and personal care for up to 43 people, some of whom experience memory loss and have needs associated with conditions such as dementia. At the time of our inspection there were 33 people living at the home.

The registered provider had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to

Summary of findings

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 were involved in making decisions about how they wanted to be supported and how they spent their time. The provider had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves.

At the time of this inspection applications had been submitted by the registered manager for 21 people to have their freedom restricted and the provider had acted in accordance with the Mental Capacity Act 2005 (MCA).

Background checks had been completed by the provider before new staff were appointed to ensure they were safe to work at the home.

Staff knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm.

Staff understood people's needs, wishes and preferences and they had received training in order to enable them to provide care in a way which met people's individual needs. Positive working relationships had been developed between staff, people who used the service and their relatives and were being maintained. Staff were caring in their approach and people's privacy and dignity were respected.

People and their relatives had been consulted about the care they needed and were offered the opportunity to undertake person-centred activities in order to help them to maintain and further develop their interests and hobbies.

Staff provided the care described in care records. In addition people and staff had access to a range of healthcare and social care professionals when they required more specialist help and advice. Clear arrangements were also in place for ordering, storing, administering and disposing of medicines.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

The home was run in an open and inclusive way. Staff were encouraged to speak out if they had any concerns and there was a process in place for handling and resolving complaints.

The provider and registered manager also had a structured system in place to enable them to continually assess and monitor the quality of the services they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe living in the home and that they were well cared for.

Staff knew how to recognise and report any signs of abuse. They also knew the correct procedures to follow if they thought someone was at risk.

There were sufficient numbers of suitably qualified staff available to help keep people safe and meet their needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

People were helped to eat and drink enough to stay well and were assisted to maintain a good diet.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw visiting health and social care professionals when they needed to.

Good

Is the service caring?
The service was caring.

There was a homely and welcoming atmosphere in the home.

Staff respected people's wishes and provided care and support in line with those wishes.

Staff promoted people's dignity, recognised people's right to privacy, and respected confidential information.

Good

Is the service responsive?
The service was responsive.

People had access to meaningful activities and were supported to pursue their interests and hobbies.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

People were able to raise any issues or complaints about the service and the provider had a system in place which enabled them to take action to address any concerns raised.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff said they felt supported and were aware of their responsibility to share any concerns they had about the care provided at the service.

The provider and registered manager worked closely together and had completed quality checks to help ensure that people reliably received appropriate and safe care.

Nettleton Manor Nursing 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.

We inspected Nettleton Manor Nursing Home on 17 November 2015. The inspection was unannounced and the inspection team consisted of a single inspector 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 service. We last inspected the service on 18 June 2013.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also spoke with the local authority who commissioned services from the provider and reviewed records of visits undertaken to the service by health and social care commissioners in order to obtain their view on the quality of care provided by the service.

The provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with eleven people who lived at the service and four relatives, two community healthcare professionals and a social care professional. We also spoke with the provider, the registered manager, the operations manager, the activity co-ordinator, five care staff and the head cook.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We also reviewed the information available in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at included; staff recruitment files, staff duty rotas, training, supervision and appraisal arrangements, information and records about the activities provided and those in place for managing complaints and monitoring and assessing the quality of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. One person said, "This is my home and I feel safe here." Another person said, “I’m new here but I feel quite at home and safe.” Relatives also confirmed that they felt their family members were safe. One relative commented, "I've got real peace of mind knowing [my relative] is here."

Records showed and staff we spoke with described a range of possible risks to people’s wellbeing and how they worked to minimise the risk. For example, staff knew about the risks associated with people developing pressure ulcers. We saw staff followed plans in place for reducing these risks.

Actions undertaken by staff to protect and support people to be safe included supporting people to be assisted to turn when they needed caring for when they were in bed. Care plans showed the arrangements in place to assist people who had reduced mobility, or if they needed help to promote and manage any personal care issues which included the use of special equipment such as hoists. Risks identified were regularly reviewed by the registered manager and staff, with records updated to show actions taken to respond to any increase or decrease in the risks originally identified.

When accidents had occurred we saw they had been recorded, checked and analysed so that steps could be taken to help prevent or reduce the risk of them happening again.

The registered manager showed us records and staff told us they had received training about how to keep people safe from harm. Staff we spoke with demonstrated their understanding of how to recognise abuse and the policy and procedure they would follow to report any concerns they might identify to the registered manager. Staff told us that, when required, they would also share any concerns they identified with external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). We knew from our records that the registered manager and staff had worked well with other agencies, such as the local authority safeguarding team to respond to and address any concerns that had been raised with them.

We looked at five staff recruitment files. The information they contained demonstrated staff had been recruited using checks undertaken by the provider with the Disclosure and Barring Service (DBS). These checks had been completed to ensure new staff would be suitable and safe to work with vulnerable people. The checks also included confirmation of identity, previous employment, and references from previous employers.

The registered manager had established how many staff needed to be on duty by assessing each person’s level of need. People and staff we spoke with told us that there were enough staff on duty with the right level of skills and experience to meet people’s needs, this included access to a registered nurse. During our inspection we saw staff noticed and responded quickly when people needed assistance. The registered manager also confirmed that at any time they were not available in the home they and the provider could be contacted at all times if staff needed any support or advice.

Staff rotas we looked at showed us that advance planning by the registered manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered from within the staff team. The registered manager confirmed that although it had not been required, if it was ever needed the provider would support the option for them to use agency staff to ensure there were always enough staff with the right skills available.

We observed staff appeared to be calm, not stressed or rushing about. Staff were also able to take time to sit and talk to people on a one to one basis. When asked no-one complained of having to wait for care. A relative we spoke with said, “I think there's enough staff and they treat them well.”

People we spoke with told us they had the freedom to go between areas within the home and to go into the grounds at will and staff supported them to do this. People also said they were able to go to bed and get up at what time they liked.

When we looked around the home we saw the flooring between one part of the home and another was at different levels with a small step between each level. We discussed this with the registered manager and provider as it presented a potential trip hazard. The registered manager and provider confirmed that there had been no incidents or injuries related to the layout of the flooring but recognised the potential for this. Immediate action was taken to order

Good

Is the service safe?

floor trims and to review any other flooring areas, for example where carpet joins occurred to check they were safe. After we completed our inspection visit the registered manager provided us with information to confirm the flooring issues we raised had been made safe.

The registered manager confirmed there was a fire risk assessment in place and fire alarm checks and safety drills were undertaken regularly to ensure people and staff would know the action to take in the event of a fire. A pre-planned fire alarm check was completed during our inspection. We also saw that the registered manager kept the risks associated with fire safety under review and had recently undertaken action to ensure each person had a personal evacuation plan in place as part of their overall care plan.

The provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. The registered manager also had a range of information to show relevant safety and maintenance checks, including those related to gas and electrical safety had been carried out at regular intervals.

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they needed to be taken. People said that they got their medication on time and we observed staff carried out medicines administration in line with good practice. Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. Staff also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance, this included medicines which required special control measures for storage and recording. This meant that medicine was always available for people when needed. Records showed that when any errors had been identified and reported, actions were undertaken to respond to these to ensure people could be supported safely.

Good

Is the service effective?

Our findings

People told us they knew the staff team well and had confidence in their ability to care for them. People and relatives also told us that their health needs were met very well. One person commented that, "If there's anything the matter they get the doctor or nurse in straight away."

The registered manager and staff we spoke with confirmed that new staff completed induction training when they commenced employment. During our inspection we saw one new staff member was working in addition to the main staff team. We observed they were supported to shadow more experienced staff while they completed their planned induction.

Staff told us they received a varied package of training to help them meet people's needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, training focussed on subjects such as helping people to move around safely, falls prevention and risk assessments, nutrition and hydration, and dementia care. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised care qualifications, including the care certificate.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, Chiropodists, dentists and opticians.

Two relatives we spoke with said that their family members had originally come to the home with the expectation that they were either weeks or a few months away from the end of their life. One of the relatives told us, "[My relative] was only expected to last a few weeks and [my relative] has been he five years so they [staff] must be doing something right." The same relative reported that their family member was weighed regularly to ensure they maintained their weight and in turn their health.

Records showed the registered manager had regular contact with the local community health care professional team. We spoke with two visiting community healthcare professionals who told us staff worked well with them on a joined up approach to the care being provided at the home and that communication was good. The registered manager told us and records confirmed, they held monthly meetings with doctors from the local health centre. The records showed these meetings had helped develop the way information about people's needs was being shared together more consistently to enable greater continuity of care.

Staff told us and records confirmed staff received regular supervision and that an annual appraisal had either been completed or was scheduled. Staff also said supervision sessions helped identify any specific issues regarding their ongoing training needs and that their skills were being continuously developed as a result of the support given.

We observed that staff asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood and we saw that people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and that staff always respected their views.

We saw staff encouraged people to make decisions that they were able to, such as what they wanted to eat and drink and how and where they wanted to spend their time. Where needed care records contained mental capacity assessments, which been carried out when people lacked capacity to make some decisions for themselves. Decisions made in the person's best interests were then recorded. For example, where bed rails and sensor mats were in use there was a record to show consent had been obtained.

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 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood the principles of the legal framework. At the time of our inspection the

Good

Is the service effective?

registered manager confirmed they had submitted 21 applications for people to have their freedom restricted. The provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the foods that were available to them. We saw records to confirm people were asked for their choice from the menu for the day in advance of the meal.

Lunch was served in the main dining room which was pleasant and bright. Meals were also served in other areas of the home to suit peoples chosen preferences. We saw people were comfortable and supported to be individuals, chatting among themselves and sharing jokes. The food looked appetising and when we tried it we found it was tasty, with portions being given in accordance with what each person wanted.

The meal consisted of three courses with a choice of two dishes on each course. People were also offered a choice of drinks and people told us they were supported to have access to alcoholic drinks with their meal if they chose to. One person did not want one of the main courses offered but was asked what they wanted and the head cook prepared their choice for them immediately.

All of the people we spoke with said the food was good. Comments we received ranged from, “The food is excellent, and you always get two choices” to “The food is lovely. You can have a drink anytime you want. It’s like a home from home.” A relative told us, “[My relative] has a soft diet but [my relative] really enjoys it.”

One relative told us they visited the home every day and had lunch together with their family member. The relative commented, “I always get my lunch here because I can't manage it at home. The food is always lovely.”

The registered manager confirmed that where people were at risk of poor nutritional intake, their weight was checked regularly. Staff demonstrated their knowledge and understanding of people’s nutritional needs. They followed care plans for issues such as encouraging people to drink enough. Staff told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

We spoke with the head cook who demonstrated a clear understanding of people’s individual nutritional needs. They showed us how they had established a varied menu which had been developed through asking people about their preferred meals. We also saw the menus were adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements.

Good

Is the service caring?

Our findings

People told us that staff were kind and attentive to their needs. When speaking with people staff spoke in a caring and gentle manner. They made good eye contact and were patient when waiting for answers. Staff appeared to know people very well and during conversations discussed their family members with them in a way which showed they knew them. For example by using their first names.

Comments we received from people about the staff ranged from, “They are ever so helpful, more than helpful” and “The carers are top class” to “Nothing's to much trouble” and “They're really nice and always pleasant.”

We saw staff were familiar with all of the people and professionals who visited the home and spoke to them in a friendly manner. People told us they felt very connected to their local community. One person said, “I feel I've lots of connections with people who live here. Some I've known from when I lived in the town.” Another person said, “It’s a family, it’s like one big family and I'm part of it.” A relative commented, “Our whole family is made welcome, even the little children.”

People had access to their own rooms whenever they wanted to be in them. People said that they were afforded privacy and could have visitors in their rooms when they chose to. People also told us, and we observed staff knocked on doors to peoples rooms before entering them.

People also spent time in the homes two main communal areas and the dining room area. We observed staff asked people where they would like to be and if they required assistance to move from one room to another. Relatives told us that staff were reassured people when helping them manage any risks associated with the care they gave. For example when using special equipment or when giving direct personal care.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices and listened for the responses people gave. For example during lunch time staff gave people the time to express their wishes and about the meals they had chosen and when they changed their minds this was respected. We also saw people were supported to access and use condiments and cutlery and regularly offered a choice of drinks. People also had access to a range of adapted utensils and plate guards in order to help them eat their food as independently as possible.

People told us staff were supportive to them in dealing with sensitive subjects and that they listened to their views and wishes. Two sets of relatives told us that plans had been made for the end of life care of their family members.

The registered manager and staff we spoke with understood how to maintain confidential information and said care was not discussed openly in front of others. One person told us how staff respected confidential information saying, “I can talk to the staff about my worries. I can talk about intimate things you know. They are out of this world and that's the God's honest truth.” We saw peoples’ care records were stored securely in the nurse’s office so only the registered manager and staff could access them. This meant people could be assured that their personal information remained confidential. A relative we spoke with said they had other family members working at the home. They told us that they respected confidentiality and maintained this at all times including when they were not in work saying that staff “see all, hear all, but say nought.”

The registered manager was aware that local advocacy services were available to support people. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. The registered manager and staff confirmed they knew how to access any additional information people may need in order to make contact with advocacy services and the details were clearly on display in the reception area of the home.

Good

Is the service responsive?

Our findings

People told us they thought staff were responsive to their needs. One person said, “I tell them [staff] what I want and get it.” Another person commented “I'm very very happy here, I cannot praise it enough.”

Staff we spoke with had a good knowledge of the people who lived at the home. Staff told us they referred to the care plans and daily records each day and that these gave them the guidance they needed to care for people. Care plan records we looked at showed that identified risks to people’s wellbeing had been recorded as part of a risk assessment, which had been reviewed and where needed updated on a regular basis when people’s care needs changed.

Staff told us they understood the risk assessments and that they used this information to keep people safe. Care record reviews were being completed regularly and people and their relatives had been consulted about any changes to the plans and records. Relatives we spoke with told us that they were invited to take part when any formal review of their family's care was being discussed. They said this was usually annually, but they said they could have input at any time. Information in the care plans we looked at showed whether people and where appropriate their relatives had agreed to any proposed changes before they were made.

Two visiting healthcare professionals we spoke with said they worked well with the registered manager and staff team. They told us staff responded well to the advice and instruction they gave staff to follow and that communications between them were good.

The registered manager told us they employed two activities co-ordinators over a set number of hours per week but that all of the staff team worked together in assisting people to maintain their hobbies, interests and beliefs. For example, one person said they were able to take communion each month. People and staff told us activities took place most days of the week with outings several times a year. People said they enjoyed the activities provided.

Many of the activities were provided on a one to one basis or involved small groups of people. For example, we saw a coffee morning had been planned for the day of our visit. A small group of people who chose to attend were being supported to take part and the activity co-ordinator showed us they had baked a cake for the event. In another area of the home people were occupied with and supported by staff to take part in puzzles and games.

One person we spoke with said that although they had access to some group activities and outings they felt there could be more made available for them to do all together. We spoke with the registered manager and the activity co-ordinator about the development of activities within the home. They showed us activities had already been identified as an area for improvement in the last survey which had been undertaken with people.

As a result of the survey the activity co-ordinator told us they were developing a wider programme of more group focussed activities to complement the individual activities which took place. With this in mind they showed us they had started to keep an individual record of each person’s activities in separate books. We saw that each person had their own book. The records were updated each day and were then being used to identify wider group activities which people might enjoy. The records included the comments people had made, not just about the activity they had enjoyed, but how it made them feel. For example, one record stated the person thought they smelled nice (after a hand massage). In another entry it was recorded that the activity co-ordinator had made the person laugh.

Group activities highlighted in the homes latest newsletter included visits from local singers, a chair and dance exercise company and a group reminiscence session, which had been pre-booked for December 2015.

During a discussion with one person they told us they had been thinking about going to church at Christmas and had wanted to also visit a family member’s grave. The person told said they had not discussed this with anyone at the home because they “Haven't got round to it.” We observed the person openly spoke with a staff member about this. Within minutes the information was added to the person’s records and we saw arrangements were being made for the visit.

We spoke with another person who was peeling potatoes in advance of lunch. The person said they enjoyed regularly helping out and that they were supported by staff to do this whenever they wished to. The person also told us the tasks they undertook reminded them of a job they used to do

Good

Is the service responsive?

saying, “I like being useful” and “I'd do the washing up if they'd let me.” The person also said, “I help lay the tables at meal times and really enjoy it. It’s like looking after my family.”

The provider had a complaints policy in place and we saw that it was available for people to access in the home. We knew from the records we held that the registered manager responded to concerns or complaints raised with them. People we spoke with told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken to address any issues at the time they arose. One person said, “There's no falling out here with staff or residents.” A relative told us, “Its 110% here. I couldn't be happier.” A social care professional we spoke with told us they thought the registered manager was responsive to any concerns raised and was happy to raise any issues or concerns direct with them. Records showed that where informal or more formal concerns or complaints had been raised they had been responded to in line with the provider’s complaints policy and records were maintained by the registered manager regarding any resulting actions.

Good

Is the service well-led?

Our findings

People and their relatives said that the service was well led. One relative told us, "I can't fault the manager She'd do anything for me. If anything happens to [my relative] in the night, the manager would send a member of staff to collect me."

When we asked staff about the support the manager gave them one staff member told us, "She's always there if we need her." Another staff member said, "The manager has got an open door; you can ask them for anything." We observed this was the case during our inspection and staff and people could access the registered manager when they needed to. We also saw that when needed the registered manager took the time to close their door when people wanted to speak in private.

During our inspection we also observed people, relatives and staff knew the home owner well and spoke with them openly when they came into the home.

We observed that staff were provided with the leadership they needed to develop good team working practices. Staff said that they were happy working at the service and felt supported by the registered manager and provider. Staff demonstrated they knew their job roles and their levels of responsibility. We observed staff making clear and timely reports to the registered manager and the nurse in charge regarding any events and changes in people's needs.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff we spoke with told us hand over meetings were held daily between shifts. These were used to share information about each person's needs and any details regarding changes that staff starting the shift needed to be aware of.

The provider had a policy, information and guidance about whistle-blowing which was available for staff. Staff described the actions they would take in order to escalate any concern they may have and said they would not hesitate to use them if they needed to raise any of these types of concerns, including the contact details for The Care Quality Commission.

Staff meetings were in place so staff were aware of any changes or improvements in care that were needed. Staff said the meetings were useful and that they could voice their opinions and contribute their ideas for developing the service. Records showed the meetings were held regularly.

The registered manager confirmed and people told us that they and their relatives were asked for their opinion on the services provided at the home. People and relatives we spoke with told us that they completed annual surveys, were invited to meetings and were kept up to date with any changes or plans for the future of the home. Both people and relatives told us they appreciated the meetings and felt they were kept informed about events in the home. One relative said, "They always let us know what's going on and they're quite happy to have your ideas."

Information and general records from the meetings were displayed on the notice board in the reception area of the home. We also saw the information was given to people and relatives in the form of a regular newsletter.

The registered manager showed us they had developed a quality assurance and audit framework to enable them to routinely monitor and audit all aspects of care and general maintenance within the home. The provider showed us an environmental action plan which was also on display in the home for people and visitors to view. Work already completed during October 2015 included the replacement of the homes lift and a newly refurbished lounge, dining room and quiet sitting room.

Regular audits for areas such as fire safety, accidents and incidents, infection control and medicines management were also carried out regularly with outcomes recorded. The registered manager showed us the response and action plan they had completed following a recent external medicine audit. They also confirmed they had invited the auditor to return to the home to show them the actions had been completed in full.

The registered manager held monthly meetings with staff to go through all audit outcomes and action plans they had produced for staff to follow. Staff said this enabled them to quickly recognise any areas which needed improving upon.

The provider carried out regular visits to the home to check on the development of areas such as the environment, and any concerns or complaints received. Records regarding

Good

Is the service well-led?

any actions planned or undertaken were maintained and the registered manager and provider told us that they worked closely with the provider to ensure all actions were followed up.