

Rushcliffe Care Limited

Coalville 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 ●

Summary of findings

Overall summary

This inspection took place on the 17 and 18 May 2016. The first day of our visit was unannounced.

Coalville Nursing Home provides accommodation for up to 40 people who require nursing or personal care. There were 37 people using the service at the time of our inspection including people living with dementia.

The service had two registered managers. 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 told us they felt safe living at Coalville Nursing Home. Relatives we spoke with agreed with this. Staff we spoke with were aware of what to look out for if they suspected that someone was at risk of harm, although there was one incident during our visit when a person's safeguarding plan had not been followed.

Risks associated with people's care and support had been assessed. These assessments provided the management team with the opportunity to reduce and properly manage the risks presented to both the people using the service and the staff team.

People's care and support needs had been identified before they had moved into the service. This was so that the management team could be sure that each person's needs could be met. From the initial checks, plans of care had been developed. These provided the staff team with the information they needed in order to properly support the people in their care.

Appropriate checks had been carried out when new members of staff had started working at the service. This was to check that they were suitable and safe. An induction into the service had been provided for all new staff members and ongoing training was being delivered. This enabled the staff team to provide the care and support that people needed.

People were receiving their medicines as prescribed by their doctor. Medicines were being appropriately stored and the necessary records were being kept. There were systems in place to audit the management of medicines and these were effective in picking up any shortfalls within the documentation held.

People we spoke with felt there were currently enough members of staff on duty each day because their care and support needs were being met. Their relatives agreed with what they told us.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors, district nurses and opticians and they received ongoing healthcare support.

People told us the meals served at Coalville Nursing Home were good. People's nutritional and dietary

requirements had been assessed and a nutritionally balanced diet was being provided. For people who had been assessed to be at risk of not getting the food and fluids they needed to keep them well, records were kept showing their food and fluid intake.

On the first day of our visit we noted that some people's experiences of mealtimes were better than others. This was because the staff team didn't always interact well with those they were supporting. The second day however was much better, with the staff team making sure that they spoke with the people they were supporting.

The staff team involved people in making day to day decisions about their care and support. When people were unable to make their own decisions, we saw that decisions had been made for them in consultation with people who knew them well and in their best interest. The staff team were working in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People told us that the staff team were kind and caring and they treated people with respect. The relatives we spoke with agreed and we observed the staff team treating people kindly throughout our visit.

People were supported to follow their interests and take part in social activities. Two activities leaders were employed and they supported the people using the service with both one to one and group activities that they clearly enjoyed.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

Staff meetings and meetings for the people using the service and their relatives were being held. These provided people with the opportunity to have a say and to be involved in how the service was run.

Staff members we spoke with felt supported by the management team. They explained that they had been provided with the opportunity to meet a member of the management team on a one to one basis to discuss their progress. They also told us that there was always someone available for support and advice should they need it.

The people using the service and their relatives knew what to do if they had a concern of any kind. A formal complaints process was in place and this was prominently displayed. Everyone we spoke with were confident that any concerns that they had, would be taken seriously and acted upon.

There were systems in place to regularly monitor the quality and safety of the service being provided. Regular checks had been carried out on the environment and on the equipment used to maintain people's safety and a business continuity plan was in place for emergencies or untoward events.

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 told us they felt safe and the staff team knew of their responsibilities for keeping people safe from harm.

Appropriate recruitment procedures were in place and there were enough members of staff on duty to meet people's care and support needs.

Risks associated with people's care and support had been properly assessed.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff members felt supported by the management team and they had the skills and knowledge they needed in order to properly care for those they were supporting.

People's consent to their care and support was always sought and the staff team understood the principles of the Mental Capacity Act 2005.

A balanced and nutritious diet was provided and choices were always offered.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected and their care and support needs were met in a kind and caring way.

The staff team supported people to be as independent as possible.

People's relatives were able to visit and were made welcome at all times.

The staff team knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed before they moved to the service and they had been involved in deciding what care and support they needed.

People had plans of care in place that reflected the care and support they were receiving.

People knew how to raise concerns and they were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The service was well managed and the management team were open and approachable.

The staff team working at the service felt supported by the management team and were aware of the provider's aims and objectives.

Effective monitoring systems were in place to regularly check the quality and safety of the service being provided.

Coalville 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 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 and 18 May 2016. The first day of our visit was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our visit we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 37 people using the service. We were able to speak with six people living at Coalville Nursing Home and 14 relatives. We also spoke with the two registered managers, the deputy manager, 11 members of the staff team and three visiting health professionals.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four

people's plans of care, two of which were looked at in detail. We also looked at associated documents including risk assessments. We looked at four staff recruitment and training files and the quality assurance audits that the management team completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Coalville Nursing Home. They told us that they felt safe with the staff team who supported them and they were supported safely. One person told us, "I do feel safe, I have no concerns about being here." Another told us, "I feel very safe."

Relatives we spoke with agreed that their loved ones were safe living at the service. One relative told us, "[Person using the service] is safe yes; they [the staff team] look after her very well." Another explained, "There is always someone in the lounge." [keeping their eye on people.]

The staff team knew their responsibilities for keeping people safe. They knew the signs to look out for to keep people safe from harm and they knew the procedure they needed to follow when concerns about people's health and safety had been identified.

This said, we did note one occasion when a person using the service had received unexplained bruising. When we discussed this with the registered manager it was evident that the staff team had not followed process by immediately informing them, enabling them to refer this to the local safeguarding team. The registered manager was in the process of investigating the reasons for this and a referral to the safeguarding team had been made as soon as they had been made aware. We spoke to the person's relative during our visit and it was evident that the staff that morning had not followed the person's safeguarding care plan which included ensuring that they were sat in a specific area of the lounge. The registered manager immediately addressed the situation and the appropriate action was taken to ensure that this did not reoccur.

Both the registered managers and the registered nurses we spoke with were well aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the Care Quality Commission (CQC). Appropriate referring of safeguarding concerns makes sure that people using the service are protected from harm or improper treatment.

Risks associated with people's care and support had been assessed when they had first moved into the service and then reviewed on a monthly basis. This meant that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team. Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration and the risks associated with choking and the consumption of hot drinks.

Maintenance records showed us that regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. An up to date fire risk assessment was in place and regular fire drills had taken place. This ensured that the staff team knew their individual responsibilities in the event of a fire. Personal emergency evacuation plans were also in place in people's plans of care. These showed the staff team how each individual must be assisted in the event of an emergency.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. This provided the management team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

We checked the recruitment files for four members of the staff team and found that appropriate recruitment processes had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) A check with the Nursing and Midwifery Council (NMC) had also been carried out to make sure that the nurses working at the service had an up to date registration. Nurses can only practice as nurses if they are registered with the NMC.

People using the service told us that they felt there were enough staff members on duty to meet their care and support needs. Relatives we spoke with agreed. One person told us, "If I press the buzzer the staff are here in no time, and the staff always emphasise every time they leave the room, 'don't forget, the slightest thing just use that buzzer', they are very good and here very quickly in case it is a real emergency." A relative told us, "There is always someone around."

We looked at the way people's medicines had been managed to see if people had received these as prescribed. We saw that they had. The medicine trolleys were safely stored and secured when not in use. The temperature of the room and fridge used for storing medicines was checked twice a day and was within required limits.

We looked at a sample of Medication Administration Records (MAR) and checked medicines in stock with the records we saw. The amounts matched. We did note that there were some missing signatures on the MAR's, however these had been picked up through the medicine auditing process and this was being addressed.

We observed one of the nurses during their medicine round. They had a good understanding of people's individual needs, For example, they had a spoon ready to use where people had medicines from a spoon and a drink was always offered. They locked the medicine trolley in between assisting each person and only signed the MAR when the person had taken their medicine.

Protocols were in place for medicines prescribed 'as and when required'. This included pain relief for when a person was in pain. These protocols informed the reader what these medicines were for and how often they should be offered. We saw that people were always asked for their consent to having their medicines.

We saw that with the exception on one person's cream, creams and liquid medicines had been dated when opened. This was to make sure that they were not used for longer than the recommended guidelines. The nurse we spoke with told us that they always checked the dates to ensure the suitability of the medicine.

There was an appropriate system in place for the receipt and return of people's medicines and a comprehensive auditing process was carried out to ensure that people's medicines were handled in line with the provider's policies and procedures.

Is the service effective?

Our findings

People we spoke with told us that they were looked after well and they felt the staff team had the skills and knowledge to properly meet their individual care and support needs. Their relatives agreed. One person told us, "They [staff team] have got to know me over time; they know what help I need and know how to give that help properly." Another person told us, "The staff are pretty good and there is not much they don't do well; they are pretty efficient."

A relative explained, "The staff are definitely well trained, well the one's that look after [their relative] are." Another told us, "It is everything Mum has needed."

The registered manager explained that staff members had been provided with an induction into the service and training suitable to their roles had been completed. Staff members we spoke with and the training records we looked at confirmed this. One staff member told us, "I had an induction. I was given an induction booklet and information on legislation and policies and procedures. I also had three sample days (an opportunity to observe staff members) and three shadow days (an opportunity to work alongside another staff member)."

The training records showed us that specific training had been up dated on an annual basis. This included safeguarding training, health and safety training and moving and handling training. Other training also provided included, dementia awareness training, nutrition and hydration training and dignity and person centred care training. These training sessions provided the staff team with the knowledge and understanding to effectively support the people in their care.

The staff members we spoke with felt supported by the management team. They explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and there was always someone available for support and advice. One staff member told us, "I feel supported, there is always someone available, if [registered manager] isn't here there is always a nurse, they are really good." Another explained, "I do feel supported by management, they are approachable, supervisions often deal with any issues, but there is always someone around."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit 13 people using the service had an authorised DoLS in place and the conditions of these authorisations were being met.

Mental capacity assessments were included in the records we looked at. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well.

Staff members had received training on the MCA and DoLS and those we spoke with during our visit understood the principles of this legislation. One staff member told us, "It is about establishing whether someone can make simple decisions for themselves and if they can't, then making sure that decisions made are in their best interest."

We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always ask people to make sure that they are happy for me to help them. I would never do something that someone didn't want me to do." Another told us, "It's important to let them [people using the service] make decisions about their care, what they want to wear, what they want to eat."

We asked people what they thought about the meals served at Coalville Nursing Home. One person told us, "The food is excellent, The menu changes daily, there are photos on the board up there so you can see what there is." Another person explained, "The food is good and I get a choice."

There were four weekly menus in place and these provided a variety of meals and choices. For people who did not want what was on the day's menu, other alternatives were offered. This included for one person who wanted neither of the options, a bacon sandwich.

The menus were displayed for people's information, though it was noted that these were rather small. The registered manager advised that new larger menus were in the process of being printed which would be easier for people to see. Pictorial menus were also available for people who struggled to understand the written word. These supported people to continue to make food choices on a daily basis.

The cook, who was new to the role, had access to information about people's dietary needs. They knew about the requirements for people who required soft or pureed food and for people who lived with allergies. The cook was also aware of people who were on a fortified diet and made sure that food such as milkshakes and mashed potato were fortified with full fat milk. A relative told us, "One time when Mum was not well and she was not eating they gave her fortified meals and weighed her regularly and they managed to get her weight up."

During lunch time some people were supported to sit at the dining tables, whilst others had their lunch sat in an easy chair. On the first day of our visit we noted that tables were not set with napkins or cutlery and there were no condiments on the tables such as salt and pepper and none were offered. On the second day of our visit, the tables were set with napkins and condiments were offered.

On the first day of our visit we noted that some people's experiences of mealtimes were better than others. For people who were assisted with their meal, whilst some staff interacted well with them, others did not and merely carried out the task. We also noted that not all of the staff who supported people explained to the people what they were being served. Opportunities to offer choices during the meal time were also

missed. For example meals were pre plated and rather than offering people gravy once they had their meal in front of them, this was already added prior to the meals being served. We also noted in one of the dining rooms that there was a large amount of time between the main meal being served and pudding, with one person waiting 40 minutes. This resulted in one person getting up from the table and leaving.

We discussed these issues with the registered manager and lunchtime on the second day of our visit was much more inclusive, relaxed and a better dining experience for all involved.

The people using the service had access to the relevant health professionals such as GP's, chiropodists and community nurses. This was evidenced in people's records and through talking to them and their relatives. One person told us, "The doctor comes twice a week and one of the nurses will do the necessary so that you can see them." A relative told us, "If there is a concern or anything about Mum's behaviour they automatically do a urine test to check her and usually arrange antibiotics quickly for her. As there is a doctor here regularly if they are concerned about her chest they just get the doctor to listen when they are in. She gets better access to treatment in here than if she was at home and going into a GPs surgery."

Is the service caring?

Our findings

People told us the staff team at Coalville Nursing Home were kind, considerate and caring and they looked after them very well. One person told us, "They [the staff team] treat me with respect, I am given the time I need, I have no criticism of the staff at all." Another explained, "I was very ill overnight one time and two nurses came down to me to help and made me feel a lot better, in fact they left one of them here with me all night and I could just put my hand out and she was there."

Relatives we spoke with agreed. One relative told us, "I think it is very good, the staff are very polite, you can hear them talk to other people and they are always courteous. They do listen which is very reassuring." Another explained, "The staff seem really caring, I'm pleased with the care and attention [their relative] receives. They offer us cups of tea when we come in and anything we ask, nothing is too much trouble for them."

We observed the staff team interacting with the people using the service. Staff were kind and respectful. They spoke with everyone in a cheerful manner and we heard pleasant conversations during our visit. People were treated kindly and support was provided in a caring and considerate manner.

We saw members of staff getting down to people's eye level and engaging in conversation which people clearly appreciated. We did note however that there were one or two occasions when people were left without any interaction which resulted in people falling asleep or simply watching the day go by.

For people who were unable to move around independently. Assistance was provided by the staff team with the support of a hoist. We noted that whilst the majority of the staff team explained what they were doing and put the person they were supporting at ease, others did not, with little interaction being noted. We shared this with the registered managers. A decision was made by them to provide the staff team with training on the importance of talking to people when supporting them. This meant that the staff team would understand the importance of good communication.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I always knock on people's doors as their room is their own personal space." Another told us, "I always close the door and curtains when I'm providing personal care and when I'm hoisting in the lounge, I cover people's knees with a blanket." Whilst on the whole people's dignity was maintained, we did note one occasion when a person using the service was put in a wheelchair, but their clothing was not adjusted so their underwear could be seen as they were assisted out of the lounge. This was shared with the registered manager who assured us that the staff team would be reminded of the importance of ensuring people's dignity at all times.

People told us they were able to make decisions about their care and support and relatives told us they were actively involved in making decisions with, or on their relatives' behalf. One person told us, "I can choose what I want to do; I can stay in my room or go to the lounge. I can also choose whether to get up or stay in bed." A relative told us, "They [staff team] support [person using the service] to make her own

decisions and at the beginning we all decided what care and support was needed."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Throughout our visit we observed staff involving people in making choices about their care and support. This included where they wanted to sit, whether they wanted to go out in the garden, whether they wanted to join in an activity or whether they wanted to attend a trip being organised.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One person told us, "I can have as many visitors as I want and they can stay all day if they want." A relative told us, "We always feel welcome; if the tea trolley is coming round we always get offered a drink."

Is the service responsive?

Our findings

People we spoke with told us that they had been involved in planning their care when they first arrived at the service. Relatives we spoke with confirmed this and told us that they too had been involved to make sure that the person using the service had their care and support needs met. One person told us, "They filled out a form at the beginning and asked me what help I needed. My daughter was involved, she looked at various ones, she wanted somewhere homely and of the ones she looked at, this was the best." A relative told us, "[Registered manager] carried out an assessment and we discussed what help mum needed."

People had been visited prior to them moving into the service so that their care and support needs could be assessed. This provided the registered manager with the opportunity to determine whether the person's needs could be properly met by the staff team. A relative told us, "[Registered manager] came out to see mum and do an assessment." Another explained, "[person's name] came from the hospital, [registered manager] went to see her there to make sure this was the right place." From the initial assessment, a plan of care had been developed.

We looked at four people's plans of care, two of which we looked at in detail. This was to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that on the whole, they did. We did note that one for person who required it, a plan of care for their respiration had not been completed. This was immediately addressed by the registered manager and one was put in place.

The plans of care were detailed and had personalised information about the people in them including information about their history and preferences in daily living. Documents entitled 'This is me' and 'Getting to know you' were included in the plans of care we looked at. These documents included information about the person and them as individuals including any special events that were celebrated, if the person was right or left handed and what the person liked to be called. The plans of care also encouraged the staff team to offer people choices and to develop and respect people's independence. For example one stated, 'provide me with choices for my meal and allow me time to feed myself to maintain my independence'. Another plan of care recorded the persons preferred routine. For example, it stated, 'I like a warm drink and a wash before bed. Ask me if I want the television and lights on or off. It also told the staff team to obtain consent, greet me, give me a choice, offer options and make sure I like to look smart'. This type of information enabled the staff team to provide much more person centred care.

The staff members we spoke with told us that they had read people's plans of care and were aware of what people liked and the support people preferred. One staff member explained, "I know in the morning [person using the service] loves a big bowl of porridge so I would offer that, it's about being person centred." Another explained, "The 'Getting to know you' document is really helpful, you get to know about people's history and what they like."

The plans of care we looked at had been reviewed on a monthly basis. When changes in the person's health and welfare had been identified, input had been sought from relevant healthcare professionals and their plans of care had been reviewed and updated to reflect this. This showed us that people's care and welfare

was monitored and the appropriate action taken.

People were supported to follow their interests and take part in social activities. There were two activities leaders in post and they provided both group activities and one to one sessions. One person using the service told us, "There is nothing I can't do if I want to, I can go in the garden sometimes, and I play games with the staff. Sometimes one of the staff takes me to the garage for a paper on a Sunday." Another person explained, "If I wished I can request to go outside in a wheelchair, to the garden, in fact some of the staff take some residents into Coalville in wheelchairs, and the other week there was a trip to the Garden Centre."

Relatives also told us that the people using the service were provided with a range of activities. Comments included, "There is an activities board outside and plenty of things on, they have done some singing and that was really beautiful." "There are activities in the lounge and they have come and showed me the programmes for outings and I was very impressed," and, "Mum went out to the fish and chips shop trip last week."

We checked the activities board and found a number of trips had been arranged for the near future. These included trips to Loughborough Park, Staunton Harold Garden Centre and Whitwick Park and a boat trip had also been arranged.

During our visit we saw that people were supported to play skittles, participate in arts and crafts, benefit from a hand massage and enjoy an ice cream in the garden. We could see by the positive interactions that took place that the people who participated in these activities clearly enjoyed them.

People we spoke with knew who to talk to if they were unhappy about anything. One person told us, "I would talk to [registered manager] or [team leader] they know me and would know what to do." Another person explained, "If I have a problem I go to the head nurse and tell her, she either sorts me out or gets someone else to help me." A relative explained, "I would talk with [registered manager] or you can always talk to one of the nurses."

There was a formal complaints process for people to follow and this was displayed for their information.

Is the service well-led?

Our findings

People we spoke with told us that they felt the service was properly managed and the management team and nurses were open, friendly and approachable. One person told us, "[Registered manager] is the manager and she is up and down all day and comes in to see if I'm getting better." Another person explained, "[Registered manager] is always approachable and always helpful and she talks to you." A relative told us, "I speak to [registered manager] if there is a problem, there have been very few occasions when I've needed to speak to her but when I have, she has responded very quickly." Another stated, "I know the manager, if I have any queries I go to the office. I had a query about medication one time as it had changed, I feel kept in the picture."

Healthcare professionals we spoke with told us that the service was well led and the staff team worked well with them to ensure the people using the service were properly supported. One explained, "They [staff team] manage the people using the service very well. They have contacted the relevant healthcare professionals as needed. The staff team are open and transparent and want what's best for people." Another told us, "Communication is good and we have a good working relationship. I have always said if I had a relative with dementia I would like them to come here."

Staff members we spoke with told us they felt supported by the management team and the nurses who worked at Coalville Nursing Home. They explained to us that they felt able to speak to any of them if they had any concerns and there was always someone to talk to should the need arise. One staff member told us, "The manager is very approachable and she is always around, there is always someone that you can talk to." Another staff member explained, "The manager is always available, there is a member of the management team pretty much always around."

We saw that staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "The staff meetings are good, communication is good and they [the management team] act on any issues that are raised," We looked at the minutes of the last meeting. We saw that a discussion had been carried out with regards to a recent incident that had occurred at the service. Refresher training in moving and handling and safeguarding adults had been arranged as a result and copies of relevant policies had been made available. This showed us that the management team used events that happened at the service as a learning tool to drive improvement.

People using the service and their relatives and friends were encouraged to share their thoughts of the service they received. Regular meetings had been held enabling people to have their say. The minutes of the last meeting showed us that discussions had been held around menus, activities and laundry. We saw that actions had been taken when concerns had been raised. This included a meeting with the kitchen staff to address issues around meal times and a notice posted for relatives regarding concerns with lost laundry. This showed us that the management team acted on people's concerns.

The management team had also used surveys to gather people's views of the service provided. Once completed surveys had been returned, a 'You Said...We Did' action plan had been developed and this was

displayed on the service's information board. One of the comments in the 'You said' section regarded a better choice of food to be available. Following receipt of the comment, the menus were revised. Another comment regarded the decoration of the service. Following receipt of the comment a programme of redecoration was developed. This showed us that the management team took on board people's thoughts and acted on the comments received.

There were monitoring systems in place to check the quality and safety of the service being provided. Both monthly and weekly checks had been carried out. These included checks on people's medicines and the corresponding records that were in place, people's plans of care, accidents and incidents and health and safety. Regular checks had also been carried out on the equipment that the staff team used and on the environment.

Where issues had been identified within the monitoring processes, action plans had been developed and these had been followed. This included an action plan around people's plans of care which had been developed following a comprehensive audit of the documentation. The registered manager hoped to have this completed by the end of this month. This showed us that people using the service, visitors and the staff team were protected, because the service was properly monitored and well maintained.

The management team was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

A copy of the provider's aims and objectives were displayed at the service for people to view and the staff members we spoke with were aware of these. One staff member told us, "We are here to deliver the highest quality care that we can, to keep people safe and to assist and enable people to live as fulfilling a life as possible."