

# Thurlestone Court Limited

# Windward House

## 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

Windward House is a care home registered to provide personal care and accommodation for up to 42 older people. The majority of people who lived in Windward House were living with a form of dementia.

We carried out a previous inspection of this service on 5 and 6 October 2015 where we found improvements were required in relation to several areas. These areas included the management of risks to people, medicines management, the suitability of the environment, the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We also found improvements were required with regards to respecting people, personalising people's care plans, increasing activities for people and ensuring records were kept up to date. At this inspection on 24 January 2017, we found action had been taken to respond to our concerns and improvements had been made.

This inspection took place on 24 January 2017 and was unannounced. At the time of our inspection there were 36 people living in Windward House. People had a range of needs, with most people living with a form of dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following our previous inspection in October 2015 the provider had signed up to an initiative called Dementia Care Matters which aims to improve the care home experience for people living with dementia. The registered manager and the staff spoke with obvious enthusiasm about the changes they had implemented at the home and how these were benefitting people. The changes being made related to the ways staff worked, the ethos of the home, the environment and the activities and stimulation available for people. The registered manager and senior managers had also worked hard to improve the quality monitoring and auditing systems within the home. These ensured records were kept up to date and any issues were picked up and acted on without delay.

Directly following this inspection in January 2017 we received some concerns relating to some issues we had looked at during our inspection along with some issues we had not. These related to the management of medicines, the culture of the management, issues to do with hot water, people having access to toiletries and recording issues. Some of these areas had been covered during our inspection, during which we did not find evidence to support the alleged concerns. Where the areas had not been covered, we asked the provider to investigate these issues and they sent us written assurances that people were receiving high quality care in an honest, well managed and supportive environment.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to

reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report any concerns. Safeguarding information and contact numbers for the relevant bodies were accessible to staff and people who lived in Windward House.

Recruitment procedures were in place to ensure people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable. Staffing numbers at Windward House were sufficient to meet people's needs and provide them with individual support.

Staff had the competencies and information they required in order to meet people's needs. Staff had a good understanding of the Mental Capacity Act 2005 and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interest decisions had taken place and recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People's care plans contained detailed information about people's histories, their individual needs, preferences and interests. This information was used to create personalised activity plans for people to ensure they had stimulation and activities that met their desires, interests and needs. Staff and people spoke about the recent increase in activities and how this had been beneficial. Staff were encouraged to spend time with people individually, engage people in different types of activities that met their needs and take people on trips out in the community and for organised activities and outings.

Staff treated people with kindness and respect. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and provided people with affection and humour. Staff knew people's needs, preferences, likes and dislikes and spoke about people with respect and admiration.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs. People spoke highly of the food and where people had specific needs relating to their diet, these were responded to.

There was open and effective management at Windward House. Staff, people and relatives spoken with at the time of the inspection spoke highly of the registered manager who led by example to ensure best practice was followed. People, relatives and staff were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

## 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 protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and action had been taken to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

Improvements to the environment had recently been made which encouraged people to remain independent. The environment had been adapted to meet the needs of people living with dementia.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink.

People were supported to make choices about their meals and these met their preferences.

### Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the caring attitude of staff.

People were treated with dignity and respect.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their preferences and histories well.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive to people's individual needs and these were reviewed regularly.

People benefited from meaningful activities which reflected their preferences.

People were encouraged to make complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff, people and relatives spoke highly of the registered manager.

There were systems in place to assess and monitor the quality and safety of the care provided to people.

There was an open culture where people and staff were encouraged to provide feedback which was used to improve the service

# Windward House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 January 2017 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with or spent time with 12 people who lived in Windward House. We also spoke with three relatives, three members of staff, the registered manager and a senior manager.

Some people who lived in the home were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. We therefore conducted a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also used the principles of SOFI when carrying out observations in the service.

We looked at the way people were being supported, looked at the way in which medicines were recorded, stored and administered, and looked at the way in which meals were prepared and served. We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for three members of staff and other records relating to the operation of the home such as risk assessments, policies and procedures.

# Is the service safe?

## Our findings

Following our previous inspection in October 2015 this domain had been rated as Requires Improvement. This is because we had identified concerns with people not always being protected from the risk of harm related to behaviours, medicines, hydration, nutrition and specific health conditions. At this inspection in January 2017 we found action had been taken to improve staff understanding in these areas, improve the processes in place for responding to risks and improve recording and reviewing care plans and risk assessments.

People told us they felt safe living in Windward House. People made comments which included "I feel safe and comfortable". People's relatives also felt the care people received in the home was safe and made comments including "I feel he's safe and happy".

The people who lived in Windward House had specific needs relating to their mobility, their nutrition, hydration, skin integrity, health conditions and behaviours. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, one person had specific needs relating to their mobility which could potentially place them at risk of harm. Some recent adjustments had been made by an occupational therapist to this person's specialised chair and this came with new instructions for staff on how to best position this person. In order to ensure staff understood these new instructions and this person was protected from harm, the registered manager had posted photographs of the steps staff should take on the person's wall. This ensured staff had clear guidance to follow and the risks to this person relating to the use of their chair were minimised.

Where people had specific healthcare needs, such as one person regularly experiencing mini strokes, there were detailed assessments and plans in place for staff to follow. This ensured staff knew how to identify when these may be occurring and what actions they should take in order to ensure this person was safe.

Some people had needs relating to their eating and drinking. Some people were at risk of choking. Staff had sought advice and guidance from outside healthcare professionals on how best to support people in these areas and protect them from risks. Staff understood people's needs and we observed people being supported to eat their meals in the way advised by professionals.

There were sufficient staff available to meet people's needs. Windward House had been loosely separated into three different zones. These zones were separated by specific colours on the walls. People's bedrooms were located within the different zones in line with the levels of dementia they were living with. People with the most significant needs had their bedrooms within one zone and people with lesser needs in another. Each zone had its own common room where people ate their meals, relaxed and took part in activities. All areas of the home were accessible to anyone living there but people tended to enjoy spending time in their own zones. Each zone had two dedicated care staff members. This change in staffing arrangements had been positively received by staff, people and relatives. During the day, there were seven care staff in the

home, one cook, one kitchen assistant, two cleaning staff, one maintenance staff, one deputy manager and the registered manager working. During the night there were three members of waking care staff working. During our inspection we observed staff responding to call bells quickly and saw people's needs were met in an unhurried manner. One relative said "I always see staff. There's always someone around".

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories; this protected people from the risks associated with employing unsuitable staff.

People at Windward House were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and staff told us they knew where to access information should they need it. Safeguarding information and relevant contact numbers were displayed in the registered manager's office for staff to use. The manager told us safeguarding was regularly discussed with staff during staff meetings.

All the people who lived in the home required support from staff to take their medicines. Staff told us they were confident people received their medicines as prescribed by their doctor. People and their relatives told us they were happy with the ways in which the staff managed their medicines. Records showed, and staff told us they had been trained to administer medicines safely and had their competencies checked by a senior manager. Senior staff carried out daily medicine audits to ensure people had received their medicines and any errors were picked up without delay.

Where accidents and incidents had taken place, the manager had reviewed these to ensure the risks to people were minimised. For example, staff had observed one person, who was at risk of falls, lying in their bed with their legs over the bed rails. Details of the incident as well as actions taken following this were recorded. Staff had discussed this behaviour and the potential risks it could pose. They had sought guidance from professionals and had created an action plan to minimise the risks of this reoccurring. A senior manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. This detailed how people needed to be supported in the event of an emergency evacuation from the home. The premises and equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's food and personal care.



# Is the service effective?

## Our findings

Following our previous inspection in October 2015 this domain had been rated as requires improvement. This is because we had identified concerns with people's rights not being respected with regards to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We also identified concerns with regards to the environment not being suitable for people living with dementia. At this inspection in January 2017 we found action had been taken to improve these areas.

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. We checked whether Windward House was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded where required. For example, one person had been assessed as being at risk of falls. In order to protect this person and minimise their risks of falling during the night, staff had proposed to install bed rails on their bed to prevent them from falling. A best interests discussion and decision took place in which staff, the person's relatives and the registered manager were involved. This ensured the person's rights were respected where they were unable to make decisions for themselves.

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). The registered manager had made the appropriate DoLS applications to the local authority. All of these were still awaiting authorisation. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe.

Following our inspection in October 2015 the service had signed up to an initiative called Dementia Care Matters which aims to improve the care home experience for people living with dementia. Significant changes had been implemented in Windward House following training and involvement by this initiative. The home had been reorganised into three specific zones where people had their bedrooms, meals and activities, depending on the significance of their dementia. Each zone had been separated by being painted different bright colours to help people find their way around. A highly patterned carpet which had previously caused people confusion had been replaced by a plain green carpet and some rooms offered visual stimulation with moving lights and patterns. Throughout the home were items for people to pick up and interact with along with sensory decorations on the walls. Two previous dining areas had been turned into games rooms, with a pool table, darts boards, various board games, ball games and arts and crafts for people to use and interact with. Each 'zone' had a room where people ate their meals, took part in activities

and relaxed. These rooms were equipped with small kitchen appliances so people could drink and have snacks at any time throughout the day.

The registered manager, staff and relatives spoke highly of these changes. The registered manager told us the changes had led to a significant decrease in people experiencing falls in the home and all staff and relatives we spoke with told us people's anxieties had reduced and the home was much calmer since the changes had been introduced.

Staff had undertaken training in areas which included safeguarding adults, first aid, fire safety, moving and handling, food safety, infection control and dementia awareness. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff training needs were regularly reviewed and the manager discussed these with staff.

Staff were encouraged to work towards further qualifications and all staff at the home were either working towards a diploma in care or the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager and had regular supervision and a yearly appraisal. During supervision and appraisal staff had the opportunity to sit down in a one to one session with their line manager and talk about their job role and discuss any issues they may have.

People were supported to have enough to eat and drink. There was a full time cook at the home who catered to people's individual tastes and preferences. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. People spoke highly of the food at Windward House, with comments including "It's yum yum yum. It's my favourite part" and "It's good. It's always good here." People were regularly weighed and where they had lost weight, people were provided with specialised diets to meet their needs. We saw people being assisted to eat their meals in the specific ways that met their needs.

People in Windward House ate their meals in three different rooms, depending on their abilities and their preferences. Where staff had identified one person ate better in the conservatory staff had arranged for this to be their regular dining area. Some people ate in their own bedrooms where this was their preference. During our inspection we observed the breakfast and lunchtime meals. People's meals were presented in ways which met their individual needs and all meals looked appetizing. During meal times we observed people chatting amongst themselves, staff eating alongside people, and people being offered more food in order to ensure they had eaten enough to satisfy them. Throughout the day people were provided with a selection of drinks and snacks.

People were supported by staff to see healthcare professionals such as GPs, social workers, district nurses, chiropodists, occupational health practitioners, opticians and dentists. For example, where staff had identified one person's eye looked sore they made contact with their GP without delay and obtained some drops and guidance on how to care for them. This ensured people's health and wellbeing was monitored and managed by professionals where required.

# Is the service caring?

## Our findings

Following our previous inspection in October 2015 this domain had been rated as requires improvement. This is because we had identified concerns with people not being respected by staff. At this inspection in January 2017 we found action had been taken to improve these areas and identified no concerns.

People and their relatives spoke highly of the staff at the home. Comments from people included "They're always gentle and kind" and "The staff are extremely nice. We're on very friendly terms". A recent questionnaire completed by people contained the following comment: "The staff are very pleasant. I'm not afraid to ask for anything".

Relatives' comments made during the inspection and within a recent questionnaire included "The staff are nice, warm and helpful" and "He's always treated with respect and dignity."

During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff regularly held hands with people to comfort them and give them affection. Staff told us how much they cared for the people who lived in Windward House and spoke about them with affection. One member of staff told us how one person had a beautiful smile which could light up a room. They told us this person's smile was worth waiting for. We also observed a member of staff talking to a group of people about the artistic talents of one of the people in the group. They said "She is amazing at painting. A real artist". This made the person smile and was a way for the member of staff to validate the person's abilities whilst boosting their confidence.

Staff treated people with kindness and respect. People's privacy and dignity were respected. People had keys to their bedrooms where they were able to and staff always knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not speak about people in front of others. One person who had a key to their bedroom told us "They ask if they can have the key to my room and when I've gone back in they've made the bed and tidied".

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what people were still able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to enable them by putting toothpaste on their toothbrush for them or passing them the flannel to wash their face.

People were involved in all aspects of their care and were asked for their opinions. People were involved in their care plan reviews and were asked for their views on their personal experiences of the care they were receiving but also the changes in the home. Staff offered people choices in ways they could understand in order to ensure people were involved as much as possible. We saw staff asking people for their opinions throughout the inspection, from where they would like to sit, to what they would like to eat and what activity they wanted to take part in.

The environment was warm and welcoming, with people receiving visitors throughout the day. Windward House was decorated in a homely way with pictures on the walls, tables beautifully laid with china and table cloths and old vintage tea sets available for people to use. One visiting relative told us "I've never seen such a lovely place".

Staff told us they truly cared for the people who lived in the home and went above and beyond to express this to them. They gave us examples of one member of staff purchasing one person's favourite cider when they saw it because they thought of them and knew they would like it. Another member of staff purchased a bird house for one person, helped them decorate it and then hung it outside their window because they knew the person loved watching the birds. Another person was a lover of animals and therefore staff had organised to purchase an elephant shaped hot water bottle for them and encouraged them to help staff fill it every night in order to encourage their independence.

## Is the service responsive?

### Our findings

Following our previous inspection in October 2015 this domain had been rated as requires improvement. This is because we had identified concerns with people not being provided with suitable activities and people's care plans lacking personalisation. At this inspection in January 2017 we found action had been taken to improve these areas and identified no concerns.

People, staff and relatives told us they were confident people at Windward House were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. People had needs relating to their physical health, their mental health, their dementia and their wellbeing. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person.

We looked in detail at the care and support plans and other records for four people receiving care. The registered manager told us people's care plans had all been reviewed and new emphasis had been placed on making them as personalised as possible. We found people's care plans contained details of people's specific needs, their preferences and their histories. Each contained clear guidance for staff to follow in order to ensure people's needs were met and risks were minimised. Staff were able to tell us about people's specific needs, their histories and how they supported people.

People's care was responsive to their needs. Where people had specific needs relating to their health, mobility, well-being, nutrition or behaviours, these were planned for and responded to by staff. For example, one person was particularly self-conscious. Staff had taken care to ensure any guidance on how to care for this person, particularly when providing them with personal care, included instructions on how to ensure the person was spoken to with tact and that they were covered to their liking.

Where there had been changes to people's needs, staff had taken action to respond to these. For example, where one person had suffered a fall, staff had organised for the person to be seen by their GP and for a review of their medicines to be carried out. Staff had also put in place control measures which included checking on the person regularly, reviewing their risk assessment and installing a sensor mat in their bedroom.

Staff told us the number of activities people participated in had greatly increased. Their comments included "We are able to do more activities with people now" and "We just go to the manager and ask if we can take people out and they usually say yes". They told us this meant people went out in the minibus more often but also out with staff in small groups or individually. One staff member told us how they had taken two people out a few days prior to our inspection. They had taken them shopping and had then taken them to the bakery for a hot drink and a cake. They had then purchased cakes for all the people in the home and brought them back. They told us they could identify how much difference going out could make and they felt happy they could now provide this more to people.

People had access to a range of activities which met their social care needs. The registered manager told us

they had worked hard to increase the number of activities provided to people. Each person's care plan contained some information about their likes, dislikes, interests and histories. This information was used to create personalised activity plans for people.

People took part in organised activities within the home, such as visiting musicians, quizzes, pampering sessions, head massages and crafts. The home also had a minibus which was used to take people out to external activities such as day trips. On the day of our inspection a visiting musician came into the home to entertain people, some people went out on a trip in the minibus, some people had their nails painted and others had head massages. People were given a choice of which activity they would most like to take part in. People also took part in individual activities such as reading magazines, reading books, and listening to the radio. People spoke highly of the activities and enjoyed the activity they had taken part in that day. Comments from people included "We get trips and stuff", "The music man was good" and "The trip today was good. We went somewhere lovely".

Community based group activities also took place, with people going in a group to see local shows and to see a local steam railway station. The registered manager told us they were working towards making the home more active in the community. They had organised for neighbouring primary school children to come into the home each Friday afternoon to read with people and spend time with them. They told us this brought joy to the people living in Windward House and the children enjoyed it.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. The registered manager encouraged people and staff to share their views and concerns with them in order to enable them to take action without delay. When complaints had been received, investigations had taken place, complainants had been spoken with and learning had taken place. Prior to our inspection a complaint had been made to the ombudsman about an incident and the home's subsequent handling of the complaint. The ombudsman had found in favour of the complainant. The registered manager told us they had learned from the experience and had improved their processes. People and their relatives told us they felt comfortable raising concerns with the registered manager and were confident they would listen and take action. Comments included "I wouldn't hesitate to complain" and "I can approach the manager. She would listen".

## Is the service well-led?

### Our findings

During our previous inspection in October 2015 we identified concerns relating to record keeping and to the auditing system in place not effectively identifying shortfalls in practice. Following this, action was taken to improve the quality assurance systems at the home. At this inspection in January 2017 we found these areas had been addressed.

Since our previous inspection the registered manager and providers had worked hard to improve the care and environment provided at Windward House. They had taken steps towards improving the quality of the care being delivered, the records management, the activities available for people, the quality assurance processes, the environment and the culture of staff at the home.

People told us they felt comfortable approaching the registered manager and we saw people talking with them throughout the day. The registered manager told us their objective was to provide people with care that met their needs and activities that met their interests in an enabling and calming environment.

Staff spoke highly of the registered manager and told us they led by example to ensure staff provided people with a high standard of care. The manager set high standards for themselves and the staff in relation to providing people with high quality care which met their needs. Where they identified practice which fell short of this standard, the manager had taken action. The registered manager told us about a recent example when they had observed one person with a stain on their shirt. They knew this person would have been embarrassed about having a stain on their shirt so they spoke with staff about it during the shift, who rectified this, and again during the next day's handover. This ensured that respecting people's dignity and being conscious of their personalities and values was at the forefront of staff's minds.

There was an open culture at the home, led by the registered manager and the senior staff. The registered manager told us they had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. Staff told us they were regularly asked to share their views and that these were listened to. One member of staff said "They ask us for our opinions. They listen and take our views on board".

People and their relatives were encouraged to give feedback. Yearly questionnaires were sent to people who lived in Windward House and their relatives. Once these questionnaires were completed and returned, they were analysed and action plans were created to respond to any issues raised. For example, one relative commented on the layout of their loved one's room and the registered manager organised for the furniture to be moved around to make the room more comfortable and meet their needs better.

'Resident meetings' also took place during which people were asked for their views and ideas. During the most recent meeting people were asked about the recent changes to the layout of the building and the new dining arrangements. People were also asked for their feedback about meals. People commented that they wanted a wider variety of puddings. The registered manager had listened and had spoken with the cook about adding some more pudding options.

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, during a recent audit by a senior manager, it was identified that staff had not followed the falls flowchart appropriately when recording one person's fall. The senior manager implemented an action plan which included reviewing all falls to ensure the process had been followed and speaking with staff.

The registered manager, senior managers and senior care staff had worked hard towards improving records management at the home. Regular checks and audits ensured records were regularly reviewed. During our inspection we found records were clear, well organised and up to date. As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.