Welford Court Limited

Welford Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 January 2017, and the visit was unannounced.

Welford Court provides residential care to older people including people recovering from mental health issues, sensory impairment and people who are living with dementia. Welford Court is registered to provide care for up to 14 people. At the time of our inspection there were 13 people living at the home.

A registered manager was in post. 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.

At the last inspection of the service on 6 August 2014 we asked the provider to make improvements in how medicines were stored. We received an action plan from the provider which outlined the action they were going to take. This advised us of their plan to be compliant by November 2014. At this inspection we found that improvements had been made and medicines were stored appropriately

At the last inspection we also asked the provider to take action to ensure staff gained people's consent prior to care being offered. We found that improvements had been made to how people were asked for their consent to care prior to their admission to the home. This was in addition to staff agreeing their actions prior to each caring intervention.

People were provided with a choice of meals that met their dietary needs. The catering staff were aware of people's dietary needs, and sought people's opinions about the menu choices in order to meet their individual dietary needs and preferences. A range of activities tailored to people's interests were provided by staff and external professionals on a regular basis. Staff had had access to information and a good understanding of people's care needs. People were able to maintain contact with family and friends and visitors were welcome without undue restrictions.

Relatives we spoke with were complimentary about the registered manager and staff, and the care offered to their relations. People were involved in the review of their care plan, and when appropriate their relatives were included. We observed staff positively interacted with people at lunch, where people were offered choices and their decisions were respected. Staff had access to people's care plans and received regular updates about people's care needs. Care plans included changes to peoples care and treatment and people were offered and attended routine health checks, with health professionals both in the home and externally.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home. They received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external

assistance there was to follow up and report suspected abuse.

Staff were aware of the reporting procedure for faults and repairs and had access to the maintenance contractors to manage any emergency repairs. The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours if an equipment repair was necessary.
The provider carried out quality monitoring checks in the home supported by the registered manager and home's staff. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

We received positive feedback from the staff from the local authority with regard to the care and services offered to people at Welford Court.

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.

Potential risks to people's needs were managed and concerns about people's safety and lifestyle choices were discussed to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Staff were employed in sufficient numbers to protect people. Medicines were ordered administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff had completed essential training to meet people's needs safely and to a suitable standard. Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent to care before it was provided. People received appropriate food choices that provided a well-balanced diet and met their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as unique individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way, and people were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People and their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People were confident to raise concerns or make a formal complaint

when necessary.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. The provider used audits to check people were being provided with good care and to make sure records were in place to demonstrate this. People using the service and their relatives had opportunities to share their views and influence the development of the service.

Welford Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection took place on 10 January 2017 and was carried out by one 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. Our expert by experience's area of expertise was the care of older people and those living with dementia.

Before the inspection visit we looked at the information we held about Welford Court including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

The provider is required to send us 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. This inspection was a follow up visit to check improvements had been made, so the provider did not have an opportunity to complete this.

The registered manager, deputy manager and care manager assisted us on the inspection. We asked them to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home following our last visit. We also received information from them following the inspection visit.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people and one relative to gain their experiences of living at, and visiting, Welford Court. We also spoke with the registered manager, deputy manager, care manager, two care staff, and the cook.

We looked at three people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily records and risk assessments. We also looked at staff recruitment and training records, quality audits, records of complaints, incidents and accidents and safety records.

Good

Is the service safe?

Our findings

At the last inspection on 6 August 2014 we found the provider did not have secure storage facilities in place for all their medicines. At this inspection we found improvements had been made and all medicines were being stored safely and securely.

We looked at the medication administration records (MARs) for six people. All the MARs were signed appropriately and had people's photographs in place to reduce the risks of medicines being given to the wrong person. Information about identified allergies and people's preference on how their medicine was offered was also included. This helped to ensure that people received their medicines safely. People in receipt of 'as required' (PRN) medicines had instructions added to the MARs to detail the circumstances when these should be given and the maximum dose the person should have in any 24 hour period. This helped to ensure people received their PRN medicines when they needed them.

We observed how staff administered medicines to people. People were being offered pain relief which was prescribed on an 'as required' basis. We saw staff encouraged people to take their medicine, and provided explanations as to what they were. Staff stayed with people to ensure their medicines were taken, which demonstrated that staff understood how to administer medicines safely.

However there were no records to demonstrate the room temperature where the medicines were stored was within safe limits. The registered manager said the staff would commence regular recording of the room temperature to ensure the safety of medicines. Records showed that the temperature for medicines stored in a refrigerator were in place and these were stored within the manufactures recommended guidelines.

Staff who administered medicines told us they had received training to ensure people's medicines were administered appropriately. Staff told us that the registered manager had observed their practice to ensure they continued to administer medicines safely. We viewed the training matrix which confirmed staff had undertaken regular medication training.

People told us that they felt safe and staff cared for them safely. One person told us, "I've been here a while, I like my room, just the job. If I had anything valuable I would give it to the staff and ask them to lock it away for me." Another person said, "It's alright in here, I could lock my door if I want to, but I don't." And another person told us, "If something happened to me there's someone here to help me. If I fall someone will help me, I like that very much."

A visiting relative said, "Mum is safe here and has been living here for six years. It must be a good care home or we wouldn't have let her stay here for this length of time." They added, "Mum's room is a nice room upstairs. It is a decent size, clean and well maintained."

Care staff felt that people at the home were safe from harm and said they would report any concerns or suspicions of abuse to the registered manager or deputy. Staff were aware how to contact external agencies such as the local authority safeguarding team or Care Quality Commission (CQC) and said they would do so

if they felt their concerns were not dealt with.

Staff we spoke with had a clear understanding of the different types of potential abuse. One member of staff said, "There's no way we would tolerate anyone being abused, we would report it on." The member of staff explained the agencies that they could refer any alleged abuse to.

The staff told us they had received training on how to protect people from abuse or harm. Staff were aware of their role and responsibilities in relation to ensuring people were protected and what action they needed to take if they suspected abuse had occurred. All of the staff we spoke with were aware of whistle blowing, and said they had not seen anything that required reporting or gave them cause for concern. They also knew which authorities outside the service to report any concerns to if required, which would support and protect people. The registered manager was aware of her responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required. The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse.

Staff demonstrated their awareness of people's individual needs, and the support they required to stay safe. We saw people were offered the support detailed in their care plan and risk assessments. People's care records included risk assessments, which were reviewed regularly and covered the activities related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided clear guidance for staff in respect of minimising risk. A relative told us they were involved in discussions and decisions about how risk was managed.

The premises were generally safe and well maintained, however we saw the fire door from the main lounge was wedged open. The registered manager explained the door catch was broken which allowed the door to partially close and presented a risk to people with walking aids. The registered manager presented evidence that this had been reported and would be repaired the day following our visit. This was confirmed following our inspection.

We looked at the people's personal evacuation plans (PEEPs). These tell staff how to safely assist people to leave the premises in an emergency. These were accessible to staff along with other emergency equipment such as a mobile phone and torches. Copies of the PEEPs were also kept in a file held in the office, and were reviewed periodically. Staff told us they took part in regular fire drills so they knew what action to take in the event of an emergency, and were aware of the location of the PEEPs and emergency equipment.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff, and found that the relevant background checks had been completed before staff commenced work at the service. This helped to ensure that only suitable staff worked at the home.

One person said to us, "There are enough staff." A relative said, "I think that there are enough staff most of the time. I do feel that there aren't enough staff at lunchtime."

We found staff were employed in sufficient numbers to protect people from harm. People told us this, and we saw people's needs and requests were responded to promptly. We spoke with the group registered manager who explained the staffing numbers were adjusted in line with people's dependencies to ensure a safe living environment for people. They provided an example where additional staff were employed to care for someone with additional care needs. That meant the provider employed staff in numbers to care for people safely.

Staff told us that they felt staff were employed in adequate numbers. Staff confirmed there was the care manager or senior carer and two care staff in the morning, afternoon and evening, and one waking night staff with an additional care staff sleeping in. In addition, there was the registered and deputy manager and catering staff. We confirmed these staff numbers were typical with the staff rota.

Good

Is the service effective?

Our findings

At the last inspection on 6 August 2014 we found the provider had not obtained the appropriate consent before providing care and support to people. At this inspection we found improvements had been made, and people's written consent had been recorded and kept on their personal files.

People's consent to care and treatment was sought in line with legislation and guidance. We heard people being asked for consent to care before this was undertaken. We heard staff asking one person, "Hello [person's name] can I give you your tablets [medicine]." The person agreed and the member of staff proceeded to administer the person's medicines. We also heard staff asking people for similar consent throughout our visit, for example people were asked if they were ready to be assisted to the dining room for lunch.

Records showed that people who used the service had mental capacity assessments in place with regard to making certain choices and decisions. When people lacked capacity to give their informed consent, the law required registered persons to ensure that important decisions were taken in their best interests. A part of this process involved consulting closely with relatives and with health and social care professionals who know a person and have an interest in their wellbeing.

The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 found that the registered manager had ensured that twelve people were protected by the DoLS. Records showed that the registered manager had applied for the necessary authorisation from the relevant local authority. Some of these people have been represented by a family member. They can represent the person's views to those responsible for making decisions about their care and treatment, and check those working with the person adhere to the main principles of the MCA and act as a safeguard for the person's rights.

When we spoke with care staff they recalled their training on MCA and DoLS and who was subject to a DoLS restriction. Care staff told us that they felt they would be able to recognise if a person's liberty was potentially deprived and required a DoLS application to be completed. Records we viewed confirmed that care staff had been trained in both the MCA and DoLS.

Staff felt the support and communication between the staff team was effective. One member of staff said, "It's good when you work as a team, it's good for you and the residents."

We saw there were daily handover meetings which provided staff with updated information about people's health and wellbeing. Staff also told us they were supported through regular staff and supervision meetings with the registered manager. Staff supervision is used to support and check staffs' knowledge, training and development by regular meetings between the management and staff group. That benefited the people using the service as it helped to ensure staff were well-informed and able to care and support people effectively.

People told us they were happy with the staff that supported them. They told us they felt staff understood their needs and how they liked to be cared for. We observed people were offered the support detailed in their care plan and risk assessments.

Staff told us that they felt they had enough training and felt they had no gaps in their knowledge. Staff commenced their training with an induction programme and then had access to courses relating to their role in health and safety, manual handling and food hygiene and infection control. We confirmed the induction programme by speaking with and looking at the records of a recently commenced care staff. The registered manager confirmed the staff induction training and on-going training were linked to the Care Certificate, which is a nationally recognised training course.

We saw the training matrix which showed that all staff had updated essential training. The deputy manager said the training matrix was current and was used to inform the management staff when further training was required.

People told us they felt the meals provided were good. One person said, "The food is very good, there's always something that I like with the food. I enjoy my meal at the table and enjoy a drink with it." Another said, "I choose my own food – it's good. If it's something that I don't like they will get me something else." And another said, "The food is excellent."

We found people were provided with a balanced and varied diet that helped maintain their weight. Records relating to nutrition and hydration were completed where people were at risk of malnutrition or dehydration. We saw where people had been referred to medical professionals if there were concerns about their nutrition.

We observed staff offer morning drinks to people and their visitors, and staff also offered snacks such as biscuits or fruit.

Menu preferences were discussed at regular 'resident and relative' meetings between people using the service, their relatives and staff. Information about people's likes and dislikes of food and drink were recorded in their care plans, which were available to staff. This information included any known food allergies and was also made available to catering staff. The staff were able to explain what this meant for people, and how the information was used. That helped to ensure meals prepared were suitable for everyone.

People had the choice to eat in the dining room, lounge or their bedroom. People were assisted to choose meals by staff providing a verbal choice before lunch, and then presenting people with a choice of plated meal at the meal time. People with sight impairment had the meals described to assist their choice. This demonstrated staff were able to communicate with people and promote choice.

We observed people at lunchtime. People looked relaxed throughout the meal and staff supported people to eat without rushing them. We saw some people had been provided with adapted cutlery and crockery to

enable them to eat their meals independently. Others required prompting and some required one-to-one assistance to eat their meal. This was done at a pace to suit the person, and staff were positioned appropriately to provide good eye contact.

Staff served the ready plated meals from the kitchen, which included gravy. This meant people had no choice on the amount of gravy on their plate. We spoke with staff about this and they told us they knew the people and their individual likes, dislikes and allergies.

Staff were attentive and responded to requests when people wanted second helpings or assistance with cutting their food into smaller pieces. We saw all staff maintained relaxed conversations with people throughout the meal. Fluids such as water and cordial were freely available in the dining area. Staff were observed to give choices to people throughout the meal.

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist (SALT) and the dietician. This ensured any changes to people's dietary needs were managed in line with professional guidelines. Some people were recorded as having a poor appetite. Records showed how much the person ate and drank to ensure they had sufficient to maintain their health. The registered manager said if they had concerns about the health of anyone monitored this way, they would seek further medical advice. This approach ensured that people received effective support with their nutrition and hydration.

One person said to us, "Since I've been here I haven't seen a doctor because I haven't needed to. They look after me here. I'm sure that if I needed a doctor I would see one."

People's care records showed that people received health care support from a range of health care professionals and were accompanied by relatives and staff to routine medical appointments. Records we viewed confirmed people were subject to regular health checks by the GP, specialist nursing staff and hospital consultants.

Good

Is the service caring?

Our findings

We observed people were treated with kindness and compassion by a caring staff group. We observed staff interactions with people throughout the inspection which showed that staff were caring and helpful and people were treated with dignity. We heard one member of staff asking, "Let me help you back to your chair." The person agreed and asked, "You won't leave me will you?" The staff member reassured the person, and assisted them to sit in their chosen seat in the lounge.

We observed two members of staff who assisted two people to eat their lunch. We saw where one of these staff prompted another person to eat their meal. They told us this was important to preserve people's skills and independence. The staff ensured the people's clothes were protected from food spillages, which assured their dignity. That demonstrated staff took steps to promote people's dignity.

We saw a member of staff assist a person to mobilise with a walking frame. This was done in a caring and unhurried way giving the person time to follow the instructions given by the member of staff. We observed staff greeted people in a friendly manner when entering communal areas. People were given the choice of where they wanted to sit. We observed care staff had a good rapport with people and engaged them in meaningful conversation throughout the day.

Staff knew people and the name they preferred to be called. Some people were unable to express their views and opinions. Records showed that family members had been involved in care plan reviews and there was information in care plans to ensure people were referred to by their preferred name.

The registered manager confirmed some people's relatives were involved in care planning and reviews. Some care records were not signed by the individuals or a family member, but staff told us care plans were read to people and their comments recorded. The registered manager told us care plans reflected people's needs and were reviewed every month. Staff confirmed people were asked to take part in care plan reviews but only a few of them chose to take part in this process. The care manager added that relatives and close family members were informed when people's health or wellbeing changed.

We observed that staff checked on people's well-being throughout the day. Individual choices, preferences and decisions made about peoples care and support needs were recorded. These daily records included the care and support people received, and demonstrated that staff supported people's decisions about how they wanted to be cared for.

Staff said there was a good staff team who knew people's needs and they all helped each other. They all said they enjoyed working at the home and got on well with the people they supported. One member of staff said, "I am one of the newer staff, some have been here over fifteen years, one person has been here thirty years." This showed that people had continuity of care form some of the staff that supported them.

Good

Is the service responsive?

Our findings

People told us they felt the staff had got to know them well since they had moved into the home. We looked at people's care plans and found they included pre-admission assessments, which identified each person's individual needs. The registered manager said these were carried out before people moved into the home, which ensured that staff could meet the person's identified care needs as soon as they moved in. The deputy manager showed us the format that the care plans are being changed to. This was to update the way the plans were written to make them easier for people to read.

Care planning was linked to people's needs which ensured care plans were individualised. We saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and past life histories completed by people and their families.

Staff had access to people's plans of care and received updates about their care needs through daily handover meetings. The care files we viewed were comprehensive, and revealed regular reviews, which demonstrated the care process was responsive to people's changing needs.

One person told us, "I enjoy listening to music, and reading the paper." Another person said, "I normally join in with the activities." Another person said, "We have a lady visit and we play games, I enjoy that." However not everyone was happy with the activities on offer, one person said, "I don't go out. There isn't enough staff for that. I would like to go out sometimes." We spoke with the registered manager about this who said there had been outings arranged, but all had been cancelled due to people being unwell. He said they would bring outings up at the next meeting where a new programme will be put together.

We spoke with the registered manager about how activities were decided in the home. They said people were asked through the regular meetings for those in the home. We looked at the copies of the 'residents meetings' minutes which included discussions around activities, the menu, staffing changes and changes to the home environment. Suggestions from these included a garden party and visits to garden centres, both of which were provided. For people with sensory (sight) impairment, there has been staff training about activities that people can undertake. There were a range of recorded books available, as well as some personalised activities organised by the family of one person.

Relatives were also asked to comment through the quality questionnaires that were sent out annually. Suggestions included reminiscence afternoons, nail care and reflexology in the home, and trips out to Bradgate Park, Foxton Locks, Twycross Zoo or the Pub. Some of the suggestions were adopted by staff and a beautician was hired to undertake nail care. A further suggestion was more privacy for relatives' visits so staff had decorated the conservatory which could be used for that purpose.
People told us they had regular visitors. One person said, "I have a visitor who comes to see me. She's a friend that I have known for a long time, and she can come to see me anytime that she wants." Another person said, "Christmas was smashing. We had a wonderful day, lots of visitors came." And another said, "My visitors are able to come to see me anytime that they want to come."

The registered manager said there was a flexible policy for visitors, with people being able to visit late at night by pre-arrangement and on occasion have overnight visits.

The provider had systems in place to record complaints. One person said, "If I had a complaint I would tell the staff and they would deal with it. I would complain to any of the girls [the female staff]." Another said, "I've not got any complaints. If I had a serious complaint I would tell someone." And another said, "I haven't had the need to make a complaint but I would feel comfortable talking to [named registered manager] if I did have a complaint." And another said, "If I wasn't happy here I would be able to tell someone. I would tell one of the helpers - they would do something about it."

People we spoke with said they knew how to make a complaint, some said they would speak with a member of staff. The relatives we spoke were aware how to make a complaint, and were aware who to approach in the staff group to have these followed up. Records showed the service had received two written complaints in the last 12 months. An outcome had been provided for each, and changes were made to the service, as a result. Complaint information was fed back to staff though staff meetings or individual supervision sessions, so that staff were aware of the issue and any change required. Analysis by the registered manager did not reveal any patterns or themes with previous complaints.

Good

Is the service well-led?

Our findings

People and a visiting relative told us they had good relationships with the managers and staff in the home. One relative said, "I know the (registered) manager (named). I've sat with him and had a dinner with him, he's a nice man to talk to."

One member of staff said, "If we have a problem we can approach [named registered manager], and if he's not here the deputy or [named care manager], they will help you with anything."

The registered manager understood their responsibilities and displayed a commitment to providing quality care in line with the company's vision and values. The deputy manager promoted an inclusive and transparent management style in the absence of the registered manager. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required.

People who used the service and their relatives were enabled to contribute to the quality assurance process and quality of care in the home. One relative said to us, "We have filled in a questionnaire about what we think of the care home. I've completed two I think."

Questionnaires were distributed so people had the opportunity to comment about the quality of service offered by the home. Staff confirmed people participated in the process and if necessary staff assisted them in completing questionnaires. We saw some of the feedback had been adopted by the provider, and changes had been made to food and nutrition, activities and privacy (when visiting) for visitors. A collated response from each annual questionnaire was circulated to people in the home and their representatives. The outcomes were also added to the agenda of the residents and relatives meetings so people were aware of the outcome and could comment on this. One relative told us they had suggested use of some equipment to increase their relation's comfort. This had been taken on-board by staff and resulted in a greater degree of comfort for their relation.

People who lived at the home and their relatives were also invited to meetings with the home's management team. We looked at the minutes of these meetings. We saw that people requested to be able to have more activities such as games and daily papers to read, which were then provided. That meant the provider embraced the quality assurance process and also provided evidence of a culture which was personalised and empowering.

The provider understood their responsibilities and ensured that we were notified of events that affected the people, staff and building. The provider had a clear understanding of what they wanted to achieve for the people at the home and they were supported by the registered manager, deputy manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff had detailed job descriptions and had regular staff and supervision meetings. These were used to

support staff to maintain and improve their performance. Staff confirmed they had access to copies of the provider's policies and procedures. They understood their roles and this information ensured that staff were all provided with the same information. This was used to provide a consistent level of safe care throughout the home.

A visiting relative confirmed they could make comments or raise concerns with the management team about the way the service was run.

The registered manager undertook regular audits with the assistance of the deputy and care managers and staff in order to ensure health and safety in the home was maintained. We saw records of these checks that had been completed to ensure the building was safe for people. Audits also included regular checks on the medicines system, care plans, risk assessments, accidents and incidents, people's weight loss or gain and their nutritional and dietary requirements. These had resulted in follow up appointments being arranged for people at risk of malnutrition or dehydration which showed that action had been taken in response to people's needs changing.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The deputy and care manager oversaw staff who carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. The registered manager also undertook some quality checks, oversaw the checks that staff had done and discussed any changes to ensure that people who lived in the home were safe and well cared for. The registered manager also spoke with people, visitors and staff whilst in the home to ascertain how effective the staff group were.

We saw a system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. We saw where a record had been made about a fire door that required repair. This was planned for the day following our inspection. That meant the regular staff checks and audits had revealed the need for the repair, which in turn ensured a safe environment for those in the home.

Staff were aware of the process for reporting faults and repairs, and had access to a list of contact telephone numbers if there was an interruption in the provision of service. Other information included instructions where gas and water isolation points were located and emergency contact numbers if any appliances required repair. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained.

A copy of the last inspection report was displayed in the foyer of the home, which displayed the rating from the last inspection.