Acegold Limited

The Wimborne Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 4 April and was unannounced. The inspection continued on 5 April 2017

Wimborne Care Home provides accommodation and nursing care to up to 26 elderly people with dementia. There were 16 bedrooms on the first floor 14 of which were en-suite. Two people shared a bathroom which was situated between their rooms. The first floor was accessed by a passenger lift or two sets of stairs. There were 14 en-suite bedrooms on the ground floor. A hair salon was also situated on the ground floor. The staff room, administrators and managers office were all on the second floor. The kitchen and laundry were on the ground floor. People had a communal dining room, lounge and conservatory which led out into a level access garden which had recently been landscaped.

The service had a registered manager in place. 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.

The registered manager had a good awareness of the Mental Capacity Act (MCA) and training records showed that staff had received training in Deprivation of Liberty Safeguards (DOLS). The service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest. Staff also had a good understanding of the principles linked to MCA.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and told us they had received safeguarding training. We reviewed the training records which confirmed this.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by registered nurses. Medicine Administration Records (MAR) reviewed showed no gaps. This told us that people were receiving their medicines as prescribed.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, pressure area care and dementia.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. Competency assessments on staff were also carried out to ensure safe practice and reflective learning took place.

People were supported to maintain healthy balanced diets. Food was home cooked using fresh ingredients and people said that they enjoyed it. Food options reflected people's likes, dislikes and dietary requirements. Diabetic dessert choices were being reviewed and improved by the registered manager, a dietician and the chef.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs.

People told us that staff were caring. We observed positive interactions between staff and people throughout the inspection. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available to people. This meant that people were supported by staff who knew them well.

There was system in place for recording complaints which captured the detail and evidenced steps taken to address them. People and relatives told us that that they felt able to raise concerns or complaints and felt that these would be acted upon. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered manager and others in the management team all encouraged an open working environment. All the management had good relationships with people and all worked shifts with staff.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring audits were completed by the management team and provider visits were carried out by the area manager. The registered manager reviewed incident reports and analysed them to identify trends and/or learning which was then shared. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by nurses.

Is the service effective?

Good

The service was effective. Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People's choices were respected. Staff had some understanding of the requirements of the Mental Capacity Act 2005.

Staff received training, supervision and appraisals to give them the skills and support to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

There was an effective menu planning system in place which captured people's feedback, likes and dislikes.

People were supported to access health care services and attend hospital as and when necessary.

Is the service caring?

Good

The service was caring. People were supported by staff who spent time with them and knew them well.

People were supported by staff who used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected each person's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge and up to date information about the people they provided care and support for.

People were supported by staff that recognised and responded to their changing needs.

People were supported to take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which was up-to-date. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led. The management team promoted and encouraged an open working environment.

The deputy and registered manager were flexible and worked care shifts.

Wimborne Care Home was led by a registered manager who was approachable and respected by the people, relatives and staff.

Regular quality audits were carried out to make sure the service was safe and delivered high quality care and support to people.

The Wimborne Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 April and was unannounced. The inspection continued on 5 April 2017 and was announced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider had not received a Provider Information Return (PIR) from us. 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.

We spoke with three people who used the service and two relatives. We also spoke with the registered manager, deputy, area manager and senior care assistant. We met with six staff. We reviewed three people's care files, policies, risk assessments and quality audits. We observed staff interactions with people and observed a meal time in the dining room. We looked at three staff files, the recruitment process, staff meeting notes, incident reporting, training, supervision and appraisal records.

Good

Is the service safe?

Our findings

People, relatives and staff told us that they felt the service was safe. A person said, "I feel safe here. I need help to stand they are always here for me". Another person told us, "I absolutely feel safe here. It's the most important thing. Staff make me feel safe". A relative said, "It's a very good home. A good size. My loved one is safe there".

Staff we spoke to told us that they felt the service was safe. They were able to tell us what systems and processes were in place to reduce and manage risks to people. For example, a staff member said, "People are safe, there are risk assessments, visitors sign in, we ask them who they are and who they are here to see. There are also locks on external doors".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training and training records we looked at confirmed this. We reviewed the home's safeguarding policy which was up to date and included reference to the new Care Act principles.

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. For example, people who were assessed as being at high risk of falls had up to date risk assessments in place. We also found that people who required support with moving and transfers had detailed moving and assisting risk assessments in place which identified equipment to be used, the number of staff required to move people safely and what sling sizes and other equipment to use. Staff were able to tell us what these assessments said and where they were kept. We noted that risk assessments were also completed for activities and trips away from the home. These demonstrated that the service ensured safe systems and practice were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and formed part of their care plan. These plans detailed how people should be supported in the event of a fire. The service had an emergency contingency plan in place which could be used in situations such as fire, gas leaks, floods and failure of utilities. There were emergency grab bags situated by the front door which staff would take with them as they exited the home should an emergency situation arise. These bags held items such as; emergency blankets, hi-vis jackets and torches in them.

During a walk around outside the home we found that there was a back gate leading to a public footpath which was left unlocked meaning that there was a potential risk that unauthorised people could access the rear of the property. We discussed this with the registered manager who confirmed that this had not been assessed but would ensure it was addressed as a priority.

There were enough staff to support people. One person told us, "I think there are enough staff". Another person said, "I think there are enough staff, I've never had to wait a long time here". A relative said, "I think the staff ratio to people is very good for my loved one". A staff member told us, "The majority of the time

there are enough staff. If we are short we call bank staff in". Another staff member said, "I feel there are enough staff to deliver care to people safely". We reviewed the last two weeks and following two weeks rota which confirmed that shifts were covered and reflected the numbers given by the home. The registered manager took us through the staff dependency tool that they completed. This tool took into account peoples assessed needs and calculated the number of staff required. The registered manager told us that the provider does not question additional staffing and allows for annual leave and training.

Recruitment was carried out safely. We reviewed three staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system in place which included evaluation of potential staff through interviews, references from previous employment and checks from the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from the pharmacy packaging which indicated they had been given as prescribed. We reviewed three people's MAR sheets which were completed correctly and showed no gaps. We spot checked the stock for one person's medicine and found that the recorded number matched the number of medicines.

We found that only trained nurses could administer medicines and that competency assessments were completed by the deputy and registered manager. This demonstrated that people received medicines safely. There was a comprehensive up to date medicines policy in place which staff were aware of, and had read.

Good

Is the service effective?

Our findings

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.

The registered manager was aware of the Mental Capacity Act (MCA) and worked within the principles of this. They told us that staff had received training in Deprivation of Liberty (DOLS) and the Mental Capacity Act. The training record we reviewed confirmed this. We spoke to staff and asked them what the MCA meant to them. Staff we spoke to were able to tell us that it was about choices and decision making.

We found that Wimborne Care Home had a policy on the MCA in place, capacity assessments were carried out and where necessary best interest decisions were made and recorded appropriately. Care files evidenced that people with capacity had consented to their care by signing their plans, whilst those who did not had been assessed and agreement made by key people involved in their care via a best interest meeting. Lasting Powers of Attorney (LPAs) were in place for some people in relation for property and finance and health and welfare. We saw certificates for those who had LPAs in place. A Health and Welfare and/or Finance and Property Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's health and welfare or property and finance if they lose capacity. This told us that people's consent to care was always sought in line with legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection DOLs applications had been completed for everyone who lived at Wimborne Care Home.

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as infection control, fire, moving and assisting and first aid. We noted that staff were offered training specific to the people they supported for example dementia and pressure area care. A staff member told us, "I feel I receive enough training. We can also do additional. I have recently done refresher training in safeguarding, fire and information governance. Now all training is face to face instead of e-learning. This is a lot better. We can take more in and gain a better understanding". Another staff member said, "I have received a lot of training and support. It is regularly refreshed. I am currently doing my Care Home Assistant Practitioner (CHAPs) training which involves training in medicines, risk assessing, first aid, dressings and care planning. This will enable me to assist the nurses more. I have also done my Diploma level's 2 and 3 in Health and Social Care". A relative told us, "Staff appear competent and well trained. I understand they do continued training".

The registered manager told us that they had introduced a new induction programme in June 2016 which included face to face training and shadow shifts. New staff files held induction records which included the new Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We found that the induction programme covered areas such as; introduction to people, accidents/incidents, health and safety, tour of the home, records and rotas. Staff told us that new staff received shadow shifts with experienced staff before working on their own. We spoke to two staff members who had recently been recruited. They said that they had found the induction good with a mix of training, reading care plans and shadow shifts. One new staff member said, "I like it here. I've settled in well and I feel supported". Another new staff member told us, "My induction was good. I did shadowing to see how things are done. I feel settled in". This demonstrated that people were supported by staff who had received effective inductions had the knowledge and skills they needed to carry out their roles and responsibilities.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by the management team. A staff member mentioned that they found supervisions very useful and confirmed that they took place regularly. We found that competency assessments took place on staff by the deputy manager.

People, relatives and staff told us that the food was good. Meals were home cooked using fresh ingredients and people's likes and dislikes were recorded. We found that people were able to choose from two choices for lunch and dinner. Alternative options were available should someone change their mind on the day a certain meal was served. The chef took us through people's food passports which identified people's likes, dislikes and dietary requirements. These passports also identified special equipment required such as non-slip mats, beakers and plate guards. A relative told us, "I think the food is ok. My loved one has never told me otherwise". A person said, "The food is good. The chef asks what we like or don't like to eat". Another person told us, "We are always asked what we want for breakfast, dinner and tea. Food is ok, I can't complain". We found that food and fluid charts were completed where appropriate, and were up to date. People who had dietary requirements and safe swallow plans in place were up to date and the staff and chef were aware of these. This demonstrated that the service was supporting people to eat and drink enough whilst maintaining healthy balanced diets.

We observed a meal time. A person told us, "I mostly come down for lunch. It's important to me". There was a relaxed atmosphere in the room and staff continued to pop in and out to make sure people were enjoying their meal and offered any support if necessary. Most people said they liked to eat in the dining room, although they could eat in their rooms if they preferred. Staff offered people choices of drinks, vegetables, gravy and puddings. People appeared comfortable in their company. We observed that meals for people who had chosen to stay in their rooms were taken promptly to them to ensure food was served warm. The chef told us that people have a cake made for them on their birthday.

Staff fed back that they felt there should be more options available for diabetic desserts. We discussed this with the registered manager and chef who both confirmed that a dietician was due to attend the service with suggestions and ingredient cards next month. This would provide diabetic people with more options. We also found that this had been discussed in a recent relatives and residents meeting.

People were supported to maintain good health and had access to healthcare services. We noted that appointments were recorded in people's care files and communicated between the team. We saw that community professionals like GP's and community nurses visited the home and that people were supported to appointments. We saw the hairdresser offering people the opportunity to have their hair done on day one of our inspection.

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. Throughout the inspection the atmosphere in Wimborne Care Home was relaxed and homely. During lunch we observed staff complimenting people's hair after being in the hair salon which people appreciated and thanked staff for their compliments. A relative said, "It's a nice size home, nice rooms and it's good they have their own TV's". A person told us, "Staff are caring. They talk to us and meet my needs". Another person referred to the staff as 'wonderful'.

A staff member said, "I like caring for people. I feel it comes naturally. I enjoy the job. It's nice to be nice". Another staff member told us, "We are a good team who care for people and team members alike". A relative said, "Staff are very caring and approachable".

Staff were seen to get down to people's level when communicating with them and made time to listen. We observed staff and management acknowledging and talking to people who appeared comfortable and engaged. People had life history's both in their rooms and care files which gave clear information about the people's past, their hobbies and interests. A staff member told us, "I chat to people. They are all very interesting. I like to get to know them". The staff member went onto say, "(Name) can speak fluent French. I speak a bit to them and they really like it". Another staff member said, "I got to know people by asking them questions, spending time with them and reading people's life histories". This told us how positive caring relationships were developed between people and the staff supporting them.

People were regularly given opportunities to be involved in making decisions about their care. Staff told us that they provided people with information which supported them to make choices and decisions in relation to their care, support and treatment. For example, clothing, nutrition, activities and personal care. A person told us, "Staff let me make decisions like what I want to wear, eat or drink and whether I want to join in with activities". A staff member said, "I always ask people what they would like to do, watch on TV, where they would like to sit, eat, drink and wear. I never just assume". Staff promoted people's independence by encouraging and enabling them to do tasks for themselves. A staff member told us, "I will put people's food in their hands and encourage them to feed themselves, give them their toothbrush and/or hairbrush. It's important to promote independence". Another staff member said, "I put people first. I assess people's independence. Support people to do tasks for themselves, for example if a person is able to wash their front and teeth I will let them do this whilst I make their bed". A relative told us, "My family member is encouraged to do as much as they can themselves".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Care files held person centred care plans with pen profiles of people, recorded important people involved in their care, how to support them, people's likes and dislikes and medical conditions.

People's privacy and dignity was respected by staff. Staff we observed were polite and treated people in a dignified manner. We saw staff closing doors whilst delivering personal care on several occasions. We asked

staff how they respected people's privacy and dignity. One staff member said, "I cover private areas, knock on doors, close doors and curtains and always explain what I am doing". Another staff member told us, "I ask people what they would like. Reassure them and always tell them what I am doing". Another staff member said, "Privacy is a human right. People are discussed in private and records are always locked away".

Good

Is the service responsive?

Our findings

People, staff and relatives all told us that they felt the service was responsive to people and their changing needs. A person said, "Staff support me with my mobility needs, they're very good". A staff member told us, "When I first started here a person was very independent. Now the person can't walk and needs a lot more staff support. Their care plan was reviewed and updated". We reviewed this person's care file and saw that a moving and assisting assessment was in place along with a falls risk assessment. This demonstrated that the service had acted promptly to address this persons changing needs.

People had call bells in their bedrooms and during the inspection we found that staff responded to these promptly. One person told us, "I have a call bell in my room. They come quickly". We talked to the registered manager about the call bell system who said that she expects staff to respond within a maximum of 3 minutes. We were told about one incident when the emergency bell was sounded during the registered nurses break. The nurse was in the staff room with the door closed and did not hear the bell meaning that staff had to come and get them. As a result nurses have been asked to keep the staff room door open and the registered manager considering into having an additional sounding devise installed in the staff room.

We found that activities regularly took place and there was a dedicated full time activities coordinator. The coordinator took us through the activity timetable that they put together on a weekly basis. Regular activities included; daily exercises, music by a guitarist and pianist and craft. The activities coordinator told us, "We arrange regular community based activities too. We went to the community centre yesterday and recently went to Bournemouth and Poole Quay". On day two of our inspection we saw that people were given the opportunity to make cakes. The coordinator said that she uses a trolley to make sure that she can give people who are supported in bed the opportunity to be involved. A person said, "I come down for activities in the lounge. They involve me".

We were shown a new tool called 'wishing wells' which the activities coordinator had been working on with people who lived at Wimborne Care Home. These recorded people's personal goals and wishes that they had set themselves. We read about one person who was supported in bed who wanted to make a salmon sandwich. The wishing well tool broke down the goal into steps which evidenced the involvement and choices people had made. For example, the person had chosen what type of bread they liked, the ingredients they wanted and when they wished to make it. There were photos of the person achieving the goal. Another person who previously enjoyed gardening wanted to make a miniature garden for their room. We saw that this person was given the choice of which flowers and resources they wanted. The photos showed the person making the garden and the end result which the person looked very pleased with. This demonstrated a positive personalised approach in responding to people's wishes and aspirations.

The home provided personalised care and responded effectively to people's changing needs likes and interests. We saw that people received regular reviews which were logged in their files. These captured information linked to people's needs. For example, they captured information such as falls, likes, dislikes, feedback on food and activities. A person told us, "Staff respond to us well if we aren't feeling our best and treat us very well". A staff member said, "People's needs are regularly reviewed and any changes are

communicated to us". A relative told us, "The service keeps me up to date with changes or concerns, its very person focused".

People and relatives told us they felt able to raise concerns and said that they would discuss them with staff or management. A person said, "I would talk to staff if I wasn't happy but have never had to". Another person said, "They listen to complaints". A relative said, "I feel that if I had to raise a complaint then I could". The registered manager told us that they see complaints as a positive thing. They said that they encourage and enable them to make improvements and maintain trust between all parties involved in the receipt and delivery of care. We found that there was a management of feedback policy in place and a system for recording and responding to complaints which worked effectively. The last complaint on file was clearly recorded and evidenced the steps taken to resolve the concerns. The registered manager told us that the person and relatives were now happy and that the complaint had been closed.

People and relatives were given an opportunity to come together in house meetings. We read the notes for the last meeting which took place on 3 March 2017. Topics discussed included activities, garden, food and the re-decoration of bedrooms. We noted that people had fed back in this meeting how much they were enjoying the present activities. We also read that people had said that they sometimes felt their portion sizes were sometime too big. In response to this we found that this had been raised in a recent staff meeting which demonstrated that an effective system was in place for information sharing and improvements to be addressed. A relative told us, "I attend the residents and relatives meetings. I find them informative". We also noted that one person had fed back saying, 'staff were first class'.

Wimborne Care Home gave people, friends and relatives the opportunity to feedback about the service via an annual satisfaction survey. A relative told us, "I've had a quality questionnaire to fill in and fed back to the home". We read the results of the 2016 survey and found that the majority of results and feedback was positive. People and relatives were asked to score different areas such as recreation and activities, environment, staff and food out of 10. All scores were then combined to give the home a satisfaction rating which in 2016 came out at 87.2 % positive. We found that the information was analysed by the registered manager and area manager where trends and themes were then identified and analysed. Comments written in the surveys included; 'the registered manager is excellent as are all the staff' and another saying, 'from day one I have been satisfied. If I was unhappy I would have moved my relative". Areas of improvement were captured on an action plan and results were displayed using a form called; 'You said, We did'. This showed what improvements people wanted and how the home had responded. These included a shortage of domestic staff; two new cleaners had been recruited. Pureed food not looking appetising, the chef attended a pureed food presentation training session. This demonstrated that the service responded proactively to people's feedback and strived to make improvements whenever possible.

Good

Is the service well-led?

Our findings

People, staff and relatives all told us that Wimborne Care Home was well wed. A person told us, "We have a very good manager. It's good value for money". A staff member said, "I really like the registered manager. They are friendly, approachable and they make time for everyone". Another staff member told us, "The registered manager is lovely. Always ready to listen. Open to new ideas and professional boundaries are well established". Another staff member said, "The registered manager is very approachable and good with people and staff. They demonstrate good leadership and would never ask staff to do something that they aren't prepared to do themselves". A relative told us, "The management are very good at the home. Capable, approachable and open". This told us that the home was managed well and that good leadership was in place.

The registered manager told us that they worked care shifts and that they felt it was important that they did this to ensure staff were working well and that they could keep track on the delivery of care to the people who used the service. Staff confirmed this. One staff member said, "I have done night shifts with the registered manager and they do day shifts too. I think it's important so that they maintain good relationships with people". We observed the registered manager having conversations with people throughout the course of our inspection. People appeared relaxed, comfortable and happy around them.

Staff meetings took place regularly. We reviewed the notes from the last team meeting which took place on 14 March 2017. Topics covered included; training, welcoming new staff, addressing concerns and congratulating the employee of the month. This was an initiative which had been introduced to the home by the provider which enabled staff to nominate each other for their work and performance. This showed us that an open, inclusive and empowering culture was set within the home.

We found that both the registered manager, deputy manager and area manager all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

As far as we are aware the service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

A person told us, "I would rate the home 10/10. They keep us clean and we have a nice rooms". A relative said, "I would rate the home 9/10 for the overall service to people and the pleasant staff". We saw that the service carried out quality monitoring regularly. These audits covered areas such as medicines, environment and health and safety. Actions and comments were logged and followed up by the management team. We saw that information from incident reports was recorded. This data was then analysed to look for trends and learning which could then be shared. During our inspection the area manager was visiting and completing a provider audit. The area manager told us that the registered manager was very open and responsive to improvements. This demonstrated that the service had systems in place to monitor, improve and deliver high quality care.