

# Nazareth Care Charitable Trust

## Nazareth House - Northampton

### Inspection report

118 Harlestone Road  
Northampton  
Northamptonshire  
NN5 6AD

Tel: 01604751385

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on the 31 August 2016. Nazareth House Northampton provides accommodation for up to 50 people who require residential care for a range of personal care needs. There were 33 people in residence during this inspection.

Following our inspection in March 2016 the service was rated as 'Inadequate' due to serious concerns about the safety and well-being of the people who lived there. The commission placed the service in special measures and the provider could not admit any new people until they had improved the care provided. At the time of this inspection we found that there has been improvements in the way that the home operated and in relation to the way in which care was being provided. However the rating reflects that more time is required to evidence sustainability of the improvements made.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff and people and staff had positive relationships with each other. Staff understood the needs of the people they supported and used the information they had about people to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support people's relatives were also consulted.

Care plans were up to date, reviewed and reflected people's current assessed needs and focussed on giving

people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. New care plans were in the process of being written in a person centred manner. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. People were able to raise complaints and they were investigated and resolved promptly.

People and staff were confident in the new registered manager of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe; the rating reflects that more time is required to evidence sustainability of the improvements made.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective; the rating reflects that more time is required to evidence sustainability of the improvements made.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the

**Good** ●

home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

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

The service was responsive; the rating reflects that more time is required to evidence sustainability of the improvements made.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

**Requires Improvement** ●

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

The service was well-led; the rating reflects that more time is required to evidence sustainability of the improvements made.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to monitor and improve the quality of care people received.

**Requires Improvement** ●

# Nazareth House - Northampton

## **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 31 August 2016 and was unannounced. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using a service like this, or has experience of caring for someone who uses a service like this.

Before the inspection, we reviewed the information we held about the service, including action plans the provider had sent us and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with nine people, six relatives/friends, two volunteers, six members of care staff, one member of kitchen staff, the administrator, the registered manager and the provider. We also spoke with a visiting health professional.

We looked at care plan documentation relating to six people, and five staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, the provider's action plan, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

At our last inspection in March 2016 we found that the provider was in breach of regulation 13 safeguarding service users from abuse and improper treatment because People were not protected against the risks of avoidable harm and abuse. During this inspection we found that the provider had made improvements in these area's; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People were supported by staff that knew how to recognise when people were at risk of harm and staff knew what action they should take to keep people safe. Staff received training to enable them to identify signs of abuse and they understood how they could report any concerns. One member of staff said, "If we have any concerns about anyone, we report them straight away." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and listed the contact details of the appropriate authorities for staff to make direct contact if they needed to. The registered manager had a good knowledge of the procedure and we saw that appropriate safeguarding referrals had been made to the relevant authorities. When a concern had been identified, full investigations had been completed and the registered manager had taken prompt action to prevent similar incidents from occurring. The measures that were in place supported people's safety.

At our last inspection in March 2016 we found that the provider was in breach of regulation 18 staffing because the provider had not implemented a systematic approach to determine the number of staff and the range of skills required in order to meet the holistic and current needs of people living in the home. During this inspection we found that the provider had made improvements in these area's; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said, "There is enough staff to help us when we need them. And there are bells everywhere so we can call them if we need to." Staff felt that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager confirmed that they used agency staff on occasions to ensure all shifts were fully staffed. They also confirmed that they spent their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff. Call bells were answered efficiently and people were not left unsupported. People who required frequent checks had a call alert set up on the call bell system which activated every 30 minutes and the care staff would visually check the whereabouts of the person and the call alarm was reset for another 30 minutes. We saw that staff spent time engaging people in conversations they enjoyed.

At our last inspection in March 2016 we found that the provider was in breach of Regulation 12 safe care and treatment because people did not consistently receive the medicines that they had been prescribed and this was considered to be exposing them to unnecessary risk of harm. During this inspection we found that the provider had made improvements in these area's; however the rating reflects that it will take time to see

these improvements embedded in practice and the areas of improvement sustained.

We observed that people received their medication from staff in a professional and encouraging way. One person said "I could set the clock by them [staff]; I always get my pills on time." People were told what their medicines were for and were given reassurance when they needed it. We observed staff giving instructions to people who required it about how to take their medicines safely. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were stored securely and there were arrangements in place to dispose of unused medicines safely by the pharmacist.

At our last inspection in March 2016 we found that the provider was in breach of Regulation 12 (2a)(b) Safe care and treatment because people were not supported by staff who managed, assessed and reviewed risks associated with their care and treatment. During this inspection we found that the provider had made improvements in these areas; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. Staff understood the varying risks for each person and took appropriate action. For example, when it had been identified that people were at risk of falls, staff had put plans in place to offer additional support and ensure there were measures in place to reduce this risk. This included appropriate and secure footwear, access to walking equipment and additional staff support to stand and mobilise. One person told us, "The staff are very good at reminding me to use my walking frame." Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviour or health changed, staff raised their concerns with the senior staff and prompt action was taken to meet people's needs and keep people safe.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Staff took immediate action to prevent incidents. In addition, a monthly log was maintained and the registered manager reviewed this to identify if there were any trends or repeated incidents. For example, where a person had an increase in falls they were referred to the falls team for advice and support.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises including regular fire safety checks. We observed that the environment supported safe movement around the building and there were no obstructions for people who required support with their mobility. At the time of our inspection, one area of the building was closed due to refurbishment being undertaken. We viewed the refurbishment work and although it was near completion areas still required further attention. For example, some bedrooms required tile replacing over the sink, holes in the walls where door handles had pressed against required filling and painting. We discussed our observations with the registered manager and they were planning on escalating these to the provider.

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff. The registered manager confirmed that staff were unable to begin working until they had received satisfactory references and background checks.

# Is the service effective?

## Our findings

At our last inspection in March 2016 we found that the provider was in breach of Regulation 11 (1) need for consent because people were not supported by staff who understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). During this inspection we found that the provider had made improvements in these area's; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and involving appropriate professionals when necessary, for example regarding the high level of support people required with aspects of their personal care. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable; decisions were made in their best interests. We found that best interest decisions had been recorded in people's care plans regarding staff supporting people with their personal care. We saw that DoLS applications had been made for people who had restrictions made on their freedom, for example by ensuring people did not leave the home without staff support and the management team were waiting for the formal assessments to take place by the appropriate professionals.

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 decisions 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 is called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in March 2016 we found that the provider was in breach of regulation 14 – Meeting nutritional and hydration needs because people were not always supported to have enough to eat and drink. During this inspection we found that the provider had made improvements in these area's; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People were supported to maintain a balanced diet and eat well. One person told us "There is a good choice of food and they give you alternative options if you don't like something." Another person told us, "I have a cooked breakfast in bed sometimes; you can't get better than that!" There was a refreshments trolley in each area of the building where fresh drinks, snacks and fruit were available at all times for people to help themselves; there were also jugs of water in people's bedrooms that were in easy reach for people and we saw these were replenished throughout the day. We saw that menus were available on a blackboard in the dining area and a newly developed breakfast menu was displayed in stands on tables and people were given choices for their meals and drinks. People were given equipment to enable them to eat their meals as

independently as possible and staff provided good support and encouragement to people who required it. There was a welcoming atmosphere in the dining room which appeared calm and relaxed and we observed the meal time experience was positive and enabled lots of interaction between people and staff, people were not rushed to eat their meals and people were enabled to eat at their own pace.

People's nutritional needs were assessed and regularly monitored. Staff were aware of the importance of good nutrition and the positive impact this can have on people's health. We saw that where concerns had been identified with people's weights they were regularly and consistently monitored to ensure that people remained within a healthy range. People were also supported with their nutrition with referrals to dieticians or speech and language therapists if staff identified concerns with people's ability to eat well. One person said, "I have to have a lot of things liquidised or soft. The staff are very good with that." We saw that staff followed guidance from specialists and made additional requests for support when concerns or changes had been identified.

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "We have received a lot of training in the last six months, especially around, choices and consent." Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "We do a lot of formal training but also we learn from feedback; I see that as training as well because we are learning different ways to do things." Staff also had additional training specifically relevant to the people that lived at the home which included supporting people with dementia. A program was in place to ensure staff regularly refreshed their training and knowledge on current practices including safeguarding and supporting people to move safely. The registered manager monitored staff training and ensured staff received the training when it was required.

Staff had the guidance and support when they needed it. Staff were confident in the new registered manager and were satisfied with the level of support and supervision they received from senior members of staff. One member of staff told us, "We have regular supervisions now, usually it's once a month. We talk about my progress and how people living here are getting on. I find it helpful." The registered manager had a plan in place to complete annual appraisals with all staff in the next six months.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person told us, "The staff know when I'm not quite right and when I need a doctor they do their best to get one as quickly as possible." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs and identified when they needed extra support. For example on the day of our inspection someone's health had deteriorated and we observed the staff team acting calmly and professionally and ensuring appropriate action was taken. People had access to G.P's, district nurses, chiropodists and opticians and access to these professionals was recorded in peoples care plans. We spoke with a visiting health professional who said the care staff were very vigilant with people's health care needs. Staff completed daily charts for each person to monitor people's fluid and food intakes and pressure risk areas.

## Is the service caring?

### Our findings

At our last inspection in March 2016 we found that the provider was in breach of regulation 10(1) Service users must be treated with dignity and respect because people were not always treated with kindness and respect. During this inspection we found that the provider had made a significant improvement.

People were relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "I'd give the staff ten out of ten; give them all gold stars." One relative said "My [relative] is spoilt here - It feels clean as you walk in the door and the staff are 10/10 especially [two particular care staff] they are fantastic with my [relative]. She gets pampered when she has a bath." We saw that staff carried out their jobs with pride and treated people with care and compassion.

Staff demonstrated a good knowledge and understanding about the people they cared for. One person said "They know me pretty well and know when I'm pulling their leg – we have a nice bit of banter!" The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to have fun and share jokes together. One relative said "The staff know [my relative] really well, they have a lot of patience and they are always friendly."

People were involved in choosing their own bedroom and personalising them to make them feel as personal as possible. For example, one person told us when they moved in to the home a year ago they requested a bedroom that looked out into the garden so they could watch for birds which was facilitated by the registered manager. People were encouraged to have their own personal items around them that they treasured and had meaning to them including photographs and memorabilia from their own homes. Staff used their knowledge of people to support them to have their bedroom how they wanted, which reflected their interests.

People were encouraged to express their views and to make their own choices. One person said, "We get lots of choices here about everything really." Another person said, "The staff help me to choose my clothes every day and make sure I've got clean clothes." People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices. There was also information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care. For example, one person liked to have a bath once a week and staff respected and accommodated this.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in people's care plan or were discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. We saw that staff supported people to maintain their dignity and offered support to people to adjust their clothing when this had been compromised.

Staff provided personalised care which supported people's individual requirements. In order to help people build caring relationships with each other, each person had an identified key worker, a named member of staff. They were responsible for ensuring people had access to resources and support they required and we saw that people had good relationships not just with their keyworker but with all members of staff. One person said, "I get on well with all the staff here, but there is one that I get on very well with and I feel like I can tell them everything. They really look after me." Staff were encouraging and attentive. We observed staff offer reassurance when one person showed signs of confusion and gave them comfort about what would happen next. Staff spent time with people on a one to one basis if they did not wish to spend time with others in communal areas and spoke to people in a patient and kind manner.

People were supported to access advocacy services when they required independent support. Staff understood when people may need the support of an advocate, for example if somebody had little or no support outside of the home. Information on advocacy services was displayed on the information board for people.

Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "Things have improved 100%, the whole atmosphere has changed; staff look happy as well and I am always welcomed with a smile." We saw that staff were knowledgeable about people's visitors and greeted them in the home. Staff used their knowledge about people's visitors to engage people in meaningful conversations and visitors were supported to use areas within the home to spend time with their relative or friend.

## Is the service responsive?

### Our findings

At our last inspection in March 2016 we found that the provider was in breach of regulation 9(1)(2)(3) Person Centred Care because the assessment and care planning processes in place were disorganised, inaccurate and left people at risk of receiving inconsistent or inappropriate care. During this inspection we found that the provider had made improvements in these areas; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

There have been no new people who had moved in to Nazareth House since our last inspection; however the registered manager was confident that in the future people's care and support needs would be assessed before they came to live at the home to determine if the service could meet their needs. We saw that there was an admissions process to follow where the registered manager or senior staff would visit people in their homes, hospital or other care setting and gather as much information and knowledge about people as possible.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "They [the staff] know just how I like things and what I can do for myself." For example, one person's care plan recorded that if the sun was shining they would like staff to support them to put their 'cowboy' hat on; care staff were able to confirm that this happened. Another person's care plan recorded that sometimes they liked to eat breakfast at the dining table and sometimes they liked to eat it in bed, the person confirmed to us that staff respected their choices.

People's care records detailed what was important for staff to know about each person. Information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about their family and when they would next be visiting. People showed signs of happiness and enjoyment throughout staff interactions. The registered manager and senior staff team were in the process of developing more detailed person centred plans, we viewed some that had been completed and we found them to be more detailed and inclusive.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. One person said, "We are going out to a garden centre this afternoon; I really enjoy our trips out." Another person said, "I am joining in the quiz session this afternoon, it keeps my mind active." One volunteer told us "The trips we organise are always fully booked, we go out somewhere different every week depending on where people want to go and the weather." People were supported to access the chapel for mass and the chapel was also used to facilitate other religious faiths on a regular basis to meet everyone's spiritual and cultural needs. The registered manager confirmed that they offered a programme of activities and this was an area they were looking to develop further. Staff encouraged people to participate in activities if they wished and supported people within their own abilities to be as independent as possible.

People's changing needs were understood and maintained by staff. Staff reviewed people's care plans

regularly and adapted them to meet people's current needs. One relative told us they now felt very involved in changes that were made to their relative's care. They said, "The staff let us know if something has happened or if anything changes. They're very good at keeping us informed." We observed that all care plans had been updated and were reflective of people's current needs.

Staff were responsive to people's needs. One person said, "I only have to ask once for something and the staff do it for me in a flash!" We observed that staff spent time with people and responded quickly if people needed any support. For example, we saw one person drop the pen they had been using for a word search and staff quickly picked this up so they could continue with their activity. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and communication style which was also documented in people's individual care plans.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. One person said, "I love it here, I've got no complaints but I'd just tell them if I did." Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. One member of staff said, "I'd support people to make a complaint, in whatever way they wanted to do it. And I'd say sorry. If they're upset about something then something has gone wrong somewhere. Complaints get recorded and investigated and rectified." We saw that complaints that had been raised were responded to appropriately and in a timely manner and further action had been taken to prevent future incidents.

## Is the service well-led?

### Our findings

At our last inspection in March 2016 we found that the provider was in breach of regulation 17 Good Governance because the registered provider had failed to implement effective governance systems or processes and had not effectively assessed, monitored or driven improvement in the quality and safety of the care being provided in the home. During this inspection we found that the provider had made improvements in these areas; however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People and staff at the home reacted positively to the new registered manager and staff commented that they had confidence in the management and felt that the team worked well together. One person said, "I know who the manager is. They come and have a walk around every day and check how everything is." Another relative told us, "The manager is very approachable and I feel like they listen to us. They have made a really big improvement in the home, in all areas." Staff felt able to speak with the registered manager or senior staff and felt well supported. One member of staff said, "The manager is very genuine and fair." We saw that the management team worked together to continue to improve the quality of service.

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. One person said, "I know I've got to be here and they [the staff] do what they can to make it good. The home is very good." All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I'm really happy here now, we have more staff, better structure and the manager is clear about what she wants from us." Staff were focussed on the outcomes for the people who lived at the home. Staff clearly enjoyed their work and told us that they received regular support from their manager. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals. One staff member said "Everything fell into place really once we got a new manager, more staff and it has re-focused everything. We have time now to spend with people and the whole atmosphere has changed."

Systems were in place to encourage people, visitors and staff to provide feedback about the home and the quality of care people received. In addition to the meetings people had about their care, people were invited to residents meetings to discuss general issues regarding the home. We saw that the residents meeting were very popular and well attended. Since our last inspection the provider put in place relative meetings to discuss the action they were taking to improve the quality and safety of the service; we saw that these had been attended by a lot of relatives and the meetings enabled the provider to be transparent about the issues that were raised and to reassure everyone that action would be completed in a timely manner.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the Care Quality Commission when required, for example, as a result

of safeguarding concerns.

The home had a programme of quality assurance in place to ensure people received good quality care. Dining room experience audits had proved very beneficial to providing a better dining experience; the manager completed these audits at different times of the day and provided feedback to the staff on what things could have improved the experience. In addition, the service completed health and safety audits, medication audits and completed monthly monitoring of care plans, health records, staffing levels etc.