Yorkshire Property Investment Fund Limited

Ernelesthorp Manor & Lodge

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

Overall summary

We carried out this inspection on 18 December 2014 and it was unannounced. This meant that the provider did not know in advance, when we were inspecting the service. We last inspected the service in September 2013 and at that time, we found there were no breaches in the regulations we looked at.

Ernelesthorp Manor & Lodge is registered to provide nursing and residential care for up to 65 people. It is a purpose built care home situated in the village of Armthorpe, near to Doncaster. The home is in two units, the Manor and the Lodge. The Lodge is more geared to supporting people who are living with dementia. At the time of our inspection 57 people were living at the home. There were 34 people were living in the Manor and 23 people were living in the Lodge.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with people who lived at the home and their relatives. We were told they were happy with the service the home provided. For instance, one person said, "I have to say, they are all very good. Nothing seems to be too much trouble."

We observed people were encouraged to participate in activities that were meaningful to them. We saw staff were attentive and patient when supporting people. People were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

The care records we saw included risk assessments, which identified risks and described the measures in place to make sure people were protected from the risk of harm. There were procedures in place to instruct staff in the action to take if they were concerned that someone was at risk of harm and abuse. The care records we looked at also showed us that people's health was monitored and referrals were made to other health professionals as appropriate.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We found that staff had received appropriate training and the registered manager was aware of recent legislation. The records we saw in relation to MCA and DoLS was good overall, but there was room for minor improvement.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and the staff we spoke with confirmed they attended training to maintain their skills. We also looked at documentation that showed us there were recruitment checks in place and staff confirmed these had been carried out when they had been employed.

We saw a complaints procedure was displayed in the home. This provided information on the action to take if someone wished to make a complaint.

We discussed the quality assurance systems in place with the registered manager. We saw that people and their relatives were asked for their feedback about the quality of the service and we saw that audits of accidents, incidents and falls were carried out and these were investigated to make sure risks were identified and improvements made.

Summary of findings

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.

Staff we spoke with could explain indicators of abuse and the action they would take to make sure people's safety was maintained.

Records showed recruitment checks were carried out to help make sure suitable staff were recruited to work with people who lived at the home. Staffing was arranged to make sure people's needs and wishes were met promptly.

There were arrangements in place to make sure people received medication in a safe way.

Good

Is the service effective?
The service was effective.

Staff received training and development, and formal and informal supervision and support from senior staff.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to make sure people received care and support that met their needs.

Good

Is the service caring?
The service was caring.

We saw staff provided support to people with respect and warmth.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Good

Is the service responsive?
The service was responsive.

Relatives told us they were involved in their family member's care and we saw documentation

reflected individual needs and wishes.

There were systems in place to enable people to express their comments, concerns and complaints,

to improve the service offered.

Individual and group activities were provided that reflected people's preferences and interests.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a registered manager.

There were systems in place to make sure incidents and accidents were recorded and analysed to minimise the risk of reoccurrence. Incidents were notified to the Care Quality Commission as required.

Quality assurance systems were in place to make sure the quality of care was maintained.

Relatives and staff we spoke with told us the registered manager and management team at the home were approachable and listened to their views.

Ernelesthorp Manor & Lodge

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 the 18 December 2014 and was unannounced. We last visited the home in October 2013 and found there were no breaches in the regulations we looked at.

Before this inspection we reviewed previous inspection reports and information we held about the service, which included incident notifications they had sent us. We contacted Doncaster Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We obtained information from Doncaster Council who commission services from the provider and used the information we gained to plan our inspection.

The inspection team was made up of two adult social care inspectors and a specialist advisor, who had a background in nursing.

We spoke with nine people who used the service, eight relatives, who were visiting at the time of the inspection. This was to gain their views of the service. We also spoke with two external health professionals who visited the home on a regular basis. Both health professionals spoke positively about the home, although one did identify some areas for improvement.

Some people who lived at the home could not always tell us their experiences. Due to this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we spoke with two nurses, eight care staff, activities co-ordinator and the registered manager We reviewed a range of records about people's care and how the home was managed. These included six people's care records and care plans and people's medication records. We also looked at five staff's personnel files and the recruitment, training and induction records for staff, the complaints records and quality assurance audits. We looked at all areas of the home including the lounges, people's bedrooms and communal bathrooms. We observed care and support being given to people who used the service, one meal and two different social activities.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and they told us they did. Comments we received included, "Yes, they look after us," "I feel very safe. They don't let just anyone in," and "I'm safe enough." Relatives we spoke with told us; "I visit most days and the staff are good. They do keep (my family member) safe," and "They check people all the time," and "Yes, I think they're safe here. I wouldn't have (my family member) here if they weren't."

Staff told us that risk assessments were carried out, so people were protected from the risk of harm and their needs were identified and care and treatment was planned to meet their needs. We looked at care records and found that people had risk assessments in place. These provided detailed information about how they should be supported in areas such as skin integrity, nutrition and falls. We saw that if a risk had been identified, the care records included information for staff on how to support people safely.

In mid November 2014 we received information from the local authority safeguarding team regarding their investigation into one person's care. The outcome was that they found there had been neglect and acts of omission on behalf of the service in relation to the care provided to the person. We discussed this with the registered manager and it was clear that they had made sure the lessons learned from this incident were shared with the staff team, to prevent anything similar from happening in the future.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the

action they would take to make sure people remained safe. They told us they would raise concerns with the more senior member of staff on duty, or the registered manager, or contact the local authority safeguarding team if required. One member of staff told us; "I've never had to do it, but I know what to do because of the training we've had. If I thought someone was being harmed in any way, I would report it straight away."

Nurses and care staff told us all staff had training in safeguarding people and seniors staff had higher level training, about making referrals. All the staff we spoke with were also aware that there was a whistleblowing policy and said they could report anything that worried them, in confidence. This showed that the procedures in place helped people report concerns to the appropriate agencies to enable investigations to be carried out when required.

We talked with one person's relative who told us they visited daily. They had had some concern about an injury their family member had sustained. We reviewed the records for this person and it was clear that appropriate medical support had been sought, the situation had been addressed appropriately and the risk of a reoccurrence reduced. We asked the person's relative about their opinion of the overall quality of care and they told us they felt the care had improved.

We asked five people who lived at the home if they were happy with the number of staff available to support them. One person said, "Yes, I never have to wait long." Another person said, "They always come if I need something." A range of staff were employed to meet people's needs.These included qualified nursing staff and care staff.

On the day of the inspection the nursing and care staff complement for the home was two nurses, supported by 10 care staff and one nurse with five care staff at night. The nursing and care staff worked a combination of 12 hour shifts and traditional 'early' and 'late' shifts. Staff from the in-coming shift came on duty 15 minutes before the end of the shift for a handover. The nursing staff divided their role between the Lodge and the Manor, and in each area direct care was managed by a designated senior care assistant, who supervised a number of care workers.

We saw documentation that showed us staffing was arranged in advance, so sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave. The registered manager told us they did not use a formal assessment tool to assess the number of staff required for each area. However, they monitored accidents and incidents, carried out observations and assessed people's individual needs to make sure sufficient staff were available.

A senior care assistant told us they were part of a "Good Team." The care staff we spoke with on the day of the inspection, felt the shift combinations they worked suited them and the home, although the 'long days' were

Good

Is the service safe?

considered 'hard work.' Three care staff did comment that they "Could do with more staff sometimes." We discussed this with the registered manager who told us that if an area required more staff, this would be arranged.

During the inspection we saw that staff responded promptly to people if they required support or assistance. We saw staff being patient when helping people to mobilise and people were not rushed or hurried. This was in both the Lodge and the Manor, and was mainly moving people from their wheelchair to a chair and one person, who was cared for in in bed. Each time, these transfers were undertaken safely, and staff gave clear explanations to people.

We saw a process was in place to make sure safe recruitment checks were carried out before a person started to work at the home and we asked three staff to describe the recruitment process to us. All the staff we asked told us that prior to being employed by the service they had attended an interview and satisfactory references and Disclosure and Barring Service checks (DBS) had been obtained. The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The records we saw confirmed this. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

We asked two staff to describe the arrangements in place for the safe administration of medication. We were told that all medication in the Lodge was administered by staff. One staff member told us the morning medication took the longest time in each area, so any medication for people who required pain relief was given first, unless the person was asleep.

We observed the administration of some people's medicines during the lunchtime period. The staff member was competent and administered the medication in safe manner. The home used a monitored dosage system. This meant that tablets were dispensed by the pharmacy in separate 28 day, 'bubble' packs. Photographs of people aided identification.

We checked the storage of medicines in both the Lodge and the Manor and found this to be of a good standard with standard steel, locked drug storage in both areas. The rooms were clean and tidy and there was no overstocking of medicines or supplements. The medication fridges were within the prescribed temperature ranges. There were separate locked, wall mounted steel cabinets for any Controlled Drugs (CDs). We checked four people's CDs at random, (two in each area) and found these were in date and the quantity matched the written records.

Medication not given for any reason was signed for, with a reason given and disposed of appropriately. Those for collection were kept in suitable storage containers. These were collected and signed for by a specialist contractor. This showed us there were systems in place to make sure medication was managed safely.

During this inspection we spent time in all areas of the home. We saw the environment was reasonably well maintained, although some decoration was tired in some areas. The 'heavy traffic' areas of the home looked worn in some areas. We saw some minor repairs were needed. This included toilet flushing problems in bathrooms and toilets due to loose handles, resulting in partial flushes, and some residual smell. These issues were discussed at the time of the inspection and the registered manager undertook to ensure they were addressed.

Good

Is the service effective?

Our findings

One relative we spoke with described the care and support their family member had received. They told us the home had worked with them to achieve the best outcome for the person and as a result they believed their quality of life had improved. They told us, "(My family member) wasn't eating before they moved in, now they've put on weight and are much more responsive, talking more."

We looked at a sample of care records and these showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to make sure people's needs were met. For instance, one person's records showed a range of professionals were involved in the provision of their health care, including a physiotherapist, community matron and occupational therapist, speech and language therapist, and continence advisor.

We saw people had assessments by external health professionals and the recommendations that had been made were documented in their care plans. For instance, one person's records showed that advice from the physiotherapist had been included in their care plan for moving. During the inspection we observed the care and support the person received and saw this was in accordance with the recommendations made. This showed us the service identified changes in people's needs and took action to make sure their needs could be met.

We spent lunch time in one dining room. The food was plentiful and varied and people's individual needs were catered for. The cook had a very clear idea of everyone's individual needs and preferences. There was a relaxed atmosphere in the dining room, 16 people were seated and some people chatted with each other. The meal was not rushed and staff supported people to enjoy their food. There was a choice of main meal and of puddings. We observed that individual preferences were supported. The cook came round to check that people were happy with their food and asked the staff if there were any issues. When we spoke with her later, she understood people's needs and showed us a folder in the kitchen which contained full details of everyone's dietary requirements and preferences. We could see this had been updated regularly.

After the meal we asked if people had enjoyed their food. Comments about the food were varied. One person said they were enjoying their lunch. They said, "It's a really, really good place." and another person said, "The food's very good. Yes I enjoy it, today I've had corned beef hash." We spoke with one person who told us they had enough to eat, but said, "It's a bit monotonous." Staff responded to people kindly and appeared to know and understand people's needs. During lunch one member of staff served food, while two staff members supported people to eat, on a one to one basis. The activity coordinator was involved in supporting people to have their lunch. If people required assistance to eat their meal, this was done in a dignified manner. For instance, one staff member fetched a plate guard for one person when they saw that they needed one and another asked one person if they wanted to wear an apron to protect their clothing.

One person chose to have an alternative instead of the choices on the menu. One person we spoke with during the morning said that they enjoyed a particular soup and that this was provided for them. During the day we observed staff taking drinks round to the lounges and bedrooms, asking people what they would like and encouraging them to drink.

One healthcare professional told us, that although no one who used the service was at risk, some staff needed further training and the standards of care depended on which staff member was on duty, as some staff did have enough knowledge about the people who used the service. They said they had not discussed this with the registered manager, but had they serious concerns, they would do so.

All staff we spoke with said that the management team gave a high priority to staff training. One care worker said, "There's lots of e-learning going on, the owner is very keen on it."

One nurse and one senior care assistant listed the training they undertaken recently. This included e-learning and other training and such as, infection control, medication administration, care of substances hazardous to health (COSHH) , moving and handling, dementia care, the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), mental health and person cantered care planning. The senior care assistant told us they had competed NVQ Level 3 in social care. The activities coordinator said they had completed the Doncaster

Good

Is the service effective?

Metropolitan Borough Council passport training course and was an accredited trainer for manual handling; death, dying and bereavement and customer care for staff in the home.

The staff we spoke with also told us they received formal and informal supervision and support from senior staff, as well as an annual appraisal to enable them to identify their training needs and reflect on their practice. This helped to make sure people were cared for by knowledgeable and competent staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Nurses and care staff told us all staff had training in these areas and nurses had higher level training, about making complex decisions. We saw documentation within people's care records that showed us the correct processes were followed, so people who did not have the capacity to make significant decisions had their rights upheld. There was a personalised 'end of life wishes' document in place, as a form of advance directive in the records of one person. The records we saw in relation to MCA and DoLS was good overall, but there was room for minor improvement. The home had introduced good practice checklists in each person's file, which staff had not always properly completed, signed and dated.

The registered manager was aware of recent legislation and had discussed the arrangements for DoLS assessments for the people who lived at the home with representatives of the local authority. At the time of this inspection we were told by the manager that there were no DoLS in place. We looked at records for one person, for whom a previous application had been made and saw that the correct processes had been followed to make sure the person's rights were protected, an independent mental capacity advocate (IMCA) had been involved and the least restrictive approach had been sought.

Ernelesthorp provides care to some people living with dementia and had started to create an environment that helped people to orientate themselves. However, there was room to improve the signage and use of 'memory boxes' to help people to find their way around the home. The ground floor layout allowed people easy access to an outside garden area. Although the decor was in need of attention in bathrooms and corridor areas, there was a choice of lounges, which were homely and gave people opportunities to spend time with their visitors. The people's bedrooms we saw were homely because people had brought in and displayed many of their personal items, such as pictures and ornaments.

Good

Is the service caring?

Our findings

The people we spoke with were complimentary about the care they received from staff. People said the staff were caring. For instance, one person told us, "I feel they (the staff) really do care about me." Other comments we received included; "The staff are very nice" and "Oh, yes, I am cared for. We all are."

The relatives we spoke with told us they were involved in the care and support their family member received and we saw in people's care records that people and their relatives were involved in care planning. This helped make sure that important information was communicated effectively and care planned to meet people's needs and preferences. We spoke with one visiting relative who told us they felt fully involved. Other comments we received from people's visitors included, "Lovely atmosphere." "There is a good team of staff here." and, "Give them (the staff) a big tick from us."

People's cultural needs and beliefs were included in their care plans and respected. Ministers from different faiths visited the home. One person told us they were very happy living in the home and that the activities coordinator took them to church on Sundays.

Staff we observed during the day were friendly and professional in their approach. We found this particularly amongst the care workers and domestic staff in their interactions with people. They approached people in an attentive and respectful way. There was friendly banter, and in many cases conversations were humorous. This helped in giving a relaxed feel to the home. People approached staff, or asked for support freely and without hesitation.

Staff were seen to be kind and patient, and communicated well with people. During the afternoon one person came to sit in the dining room saying that they would like some cornflakes. The staff member explained in a sensitive way that it was nearly tea time. The person said that they would still like cornflakes. The care worker went to the kitchen and got these for the person. This demonstrated a sensitive approach, enabled the person to make their choice and have independence.

We spoke with one person who told us their buzzer (call alarm) was not working but, that it had been reported to the staff and they had been told it would be mended by the end of the day. They said they preferred to stay in bed and did not like to socialise. They explained their family members visited at least twice a week. Their visiting family member told us, "I can't think of anything that's wrong here."

People were well cared for. Throughout the day we observed that people who were up and dressed were dressed appropriately, clean and comfortable. We observed the care given to one person and this was undertaken with sensitivity and professionalism by the two members of care staff. They interacted well with the person, with some elements of humour both ways. When staff approached people to deliver care they gave explanations of what was being done, gave time to people, and interventions were unhurried. We particularly noticed this following lunch when people were being assisted to move around.

People's rooms are personalised, with personal possessions, small mementos and photographs of family. Some people had photographs on their bedroom door, which may assist people to orientate in the home. We observed staff upholding people's privacy and dignity by knocking on people's doors before entering, and if staff needed to discuss a person and their care, this was done in a way that made sure information remained confidential.

Good

Is the service responsive?

Our findings

People we spoke with all told us they were happy, content and well cared for. We looked at a sample of people's care records and plans. Within this, we case tracked two people from their admission to the home through to the day of inspection. Each person had complex care needs, including the risk of falls or pressure sores or other health related risks.

Each had a comprehensive assessment of needs. There were risk assessments for each person for specific areas that were relevant to their care. These included the risks of pressure sores, choking, nutrition, manual handling and falls. The assessments were all found to be completed accurately and were up to date. Individual care needs were identified from the range of assessments, which were incorporated into detailed, personalised care plans. The care records we saw were of a good standard. We saw staff were responding to specific actions identified in people's care plans and the records we saw also confirmed this. Plans were reviewed on a regular basis and there was evidence that where relevant, people's family members were involved in their care planning.

Most people had a 'this is me' or 'this is your life' profile. 'This helped to make sure staff had a good knowledge about the person's background and history, likes and dislikes and the people and things that were important to them. People also had care plans about their social contact, to help protect them from social isolation. There was a wide range of different activities on offer. We spoke with the activities coordinator who explained that when people come into the home she worked with them to develop their 'life story' and to find out what they enjoyed doing. Group activities included looking at items from the past in the reminiscence box, which encouraged discussion, laughter yoga, which was explained as gentle exercises, while laughing. We saw the records of activities which included other options, such as bingo and beauty treatments. Trips out included visits locally and trips further afield, including Cleethorpes and Chatsworth House and periodically, entertainers come to play into the home.

We asked about support for people who usually stayed in their rooms. The activities coordinator explained that she visited people who were nursed in bed in their rooms for a chat or to talk about past times, Saying, "Nine of ten people will talk about times when they've been at the seaside and we talk about what it's like to be at the beach near the waves."

The staff we spoke with told us people who used the service were asked if they wanted to be involved in activities and we saw that people's individual wishes were taken into account. For instance, on the day of the inspection the Salvation Army visited the home and conducted a service. We heard staff asking people if they would like to attend the service and saw that those who wanted to be involved were supported into the lounge for the event.

In the afternoon, we saw the activities coordinator facilitating a group of people making Christmas cards and decorations. There were four people involved in this activity and three people had relatives with them who were joining in. This included young children. There was a warm atmosphere, and people were chatting, laughing and joking. One person we spoke with said. "It's a very kind and caring home." They told us they had to leave the activity early, as they were going out to tea with their relatives.

A visiting dietician we spoke with said the staff worked well with them, were aware of any risks and issues and responded well to people's needs. Another health care professional told us that on the whole, the staff were good, but some people were left in bed longer than they would have liked. They added that people's beds were sometimes not made until the afternoon, which was not ideal if people wanted to return to their rooms to relax. We fed this back to the registered manager.

The relatives we spoke with told us they found the registered manager approachable and would discuss any concerns with them. In the reception area of the home we saw information was displayed explaining how people could make a complaint if they were unhappy about any aspect of the service. The registered manager told us residents' and relatives' meetings were held. We looked at the home's record of complaints. We saw if a complaint was made this was responded to appropriately. We also saw that the regional manager maintained an overview of all complaints made and would become involved in this process if required.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Everyone spoke positively about the manager and the leadership at the service and said staff and managers were approachable and listened to their views. For instance, we asked people and their visiting relatives their opinions of the management of the home. Comments included; "I see the manager most days. She asks how I am. She is very nice." and "I have to say, they are all very good. Nothing seems to be too much trouble."

On the day of inspection the standard of care observed, and the general feeling of 'openness' around the home indicated a good level of leadership. We met the registered manager, who had been in post for a number of years, and was clearly motivated to maintain good standards of care. From our conversations with the whole staff team it was clear they knew the needs of the people who used the service.

There were staff interviews taking place during the day and the registered manager was unavailable for some of the time. However, she made herself available to help us with the inspection and we saw that she made time to speak with people who used the service, visitors and with staff. We observed the interaction of staff and saw they worked as a team. For example we saw staff communicated well with each other and organised their time to meet people's needs. The senior care worker on duty on the day of inspection came across as calm, confident and positive in relation to their role, and keen to develop further. The overall feeling on the day was that staff were aware and confident in their roles in relation to care they were providing to people.

All the staff we spoke with were complimentary of the management team. They said they worked as part of a good team and good communication played an important role in this. They told us they had staff meetings, so they were kept up to date. Staff we spoke with said that if they had any concerns they could talk with the manager, deputy or a member of the senior team. The registered nurses told us that training was a priority to maintain staff skills and quality within the home. The home had clear, well established links with a wide range of healthcare professionals who had input into people care, and no problems were noted in obtaining specialist input if required.

There was a quality assurance system in place. The regular audits that were undertaken included any instances of people having pressure sores or falls. We saw incidents and accidents were recorded, the registered manager, and the regional manager reviewed each incident that occurred. We looked at a sample of incident reports and saw that actions and outcomes were recorded. The registered manager was also able to describe the actions taken to minimise the risk of reoccurrence. This meant there were systems in place to seek improvements in the care delivered to people who used the service.

We saw in two people's care records we looked at that the manager had undertaken a routine audit, and highlighted individual issues for improvement. This was clearly recorded on an 'action sheet' placed in the folder, with a 'completion by' date. We saw evidence that staff responded to these instructions appropriately. We looked at a sample of medication audits and saw evidence that if improvements were required these were discussed with staff and appropriate action taken. The staff we spoke with about their responsibilities in the administration of medication confirmed that audits took place.

We asked how people were supported to give feedback to the home regarding the quality of care they received. We were told that they were invited to coffee mornings and residents' and relatives' meetings, and they were asked to fill in a quality survey each year. The registered manager shared the findings of the quality survey with people and their relatives. This meant the home was actively seeking feedback from people to monitor their satisfaction. We saw some of the most recently completed questionnaires and these included positive feedback, showing that overall, people were happy with the service.

The management team had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.