Care Quality Commission

Mrs Imelda Moore

The Chapel House Nursing Home

Inspection report

Chapel House Lane
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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 visited this home on 26th and 27th August 2015 and the inspection was unannounced.

The last inspection was carried out in October 2013 and we found that the registered provider was meeting the regulations we assessed.

The Chapel House is located in the village of Puddington to the north west of Chester. It is surrounded by farmland and countryside. The home provides care for up to 35 older people. The home is a family business with the providers involved in the day to day running of the home. Car parking is available at the front of the building. At the time of our visit there were 30 people living at the home.

There was a registered manager employed to work in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 and relatives told us they were very happy with the care and support received. Comments included "The staff are lovely", "The staff are kind" and "I am happy here."

There was a wide range of person centred activities provided at the home. These were tailored to people's individual preferences and weekly trips out in the local community were undertaken.

People and their relatives spoke consistently about the caring and compassionate attitude of staff. Staff demonstrated a commitment to providing the best quality of care and people told us staff took time to understand their preferences and needs.

Safeguarding procedures were in place and the registered manager and staff knew what to do if they suspected abuse may have taken place. Policies and procedures were available and staff had undertaken training. The registered manager and the staff team were aware of the procedures to follow if they considered a person may lack capacity to make a decision. They were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how and when these should be applied. Policies and procedures and the MCA codes of practice were available.

We saw that medication was administered and stored safely. The nursing staff team administered medication and received regular updates to ensure current guidance and practice was followed.

Staff recruitment was robust and checks were undertaken to ensure staff were suitable to work with people who may be deemed vulnerable. Staff received regular supervision and annual appraisals. They also had the opportunity to attend staff meetings.

During observations we saw that people were well cared for and were appropriately dressed for the time of year. There were plenty of staff available during our visit and we saw that at least one member of staff was available in the lounges to assist people as needed. People were regularly engaged in conversations with staff and it was evident that staff had a good knowledge of the topics or activities people liked. For example staff knew peoples family and friends details and had a good knowledge of people's social history and hobbies. Some staff chatted one to one with people whilst others with reading magazines, looking at photograph albums or helping with a jigsaw. All the actions we observed were positive and people were happy and smiling.

People told us they liked the meals. We saw that people chose where they wanted to have their meal and that staff supported people with their meals as required. The mealtime experience was relaxed and people were given time to enjoy their meal.

We saw the home was clean and that domestic staff were available during the day.

Care plans were well written and were centred on the person's individual needs. They contained good information about the needs and preferences of the individual and recorded all aspects of healthcare intervention and needs. We saw daily records which showed good details of the person's well-being on a day to day basis.

A complaints policy and procedure was in place. People confirmed they knew how to make a complaint, if necessary; however they confirmed that they didn't have any concerns or complaints.

People and relatives said they thought the service was well run and that the registered manager was approachable and proactive in their management of the service. Staff told us they were well supported by the registered manager and that there were good lines of communication within the service.

The registered manager had a range of ways of obtaining the views of people who lived at the home and their relatives. These included questionnaires, speaking to people on a one to one basis and monthly service users meetings. The registered manager also had a range of audits in place to monitor the service. Action plans were produced as required.

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?

Good

The service was safe.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Is the service effective?

Good

The service was effective.

People told us they enjoyed the food provided. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given good support to eat their meals in their preferred place.

There were arrangements in place for staff to access relevant training and receive supervision. This meant that the staff had the opportunity to discuss their work and the care and support being provided.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). From discussions with staff we noted they were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

Is the service caring?

Good

The service was caring.

People were well cared for. People who used the service commented on the caring approach and kindness of the staff. We saw that staff were patient and supported people in a person-centred way. Staff encouraged people to make decisions on day to day tasks and were kind and considerate.

Staff engaged with people frequently in a very positive and friendly manner. Staff showed interest in people and knew their preferred topics of discussion. The atmosphere within the home was friendly and happy. People told us that their privacy was respected when staff supported them, particularly with personal care.

Is the service responsive?

Good

The service was responsive.

There was a wide range of person centred activities available with two activities coordinators employed at the service.

People's health and care needs were assessed with their involvement and with relatives or representatives where appropriate. People were involved in their plans of care.

People knew how to make a complaint if they were unhappy. People commented that they had no concerns. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service had a registered manager in place. The registered manager had worked for the registered provider for 18 years. People, relatives and staff spoken with told us the manager was very organised and managed the service well.

The registered provider had a range of quality assurance systems in place to monitor the service provided. A range of audits were completed with actions taken when appropriate.

The Chapel House Nursing 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.

We visited the service on 26th and 27th August 2015. Our inspection was unannounced and the inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had knowledge and experience of caring for older people.

We spent time observing care in the communal areas and used the short observational framework (SOFI) as part of this SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the home.

Before our inspection, we reviewed all the information we held about the service. This included looking at safeguarding referrals, complaints and any other information from members of the public. The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams, infection control team and Healthwatch for their views on the service. The local safeguarding and contracts teams had no concerns. Healthwatch had visited in November 2014 and had raised no concerns about the service. The infection control team had audited the service in July 2015 and rated it at 98%.

On the day of our inspection we spoke with six people who used the service, three visitors and a professional visiting the service. We also spoke with the registered manager, registered provider and four staff members.

Good

Is the service safe?

Our findings

People who lived in the home told us that they felt safe and comfortable within the home. Visitors confirmed that their relatives were safe. Comments included "I am safe here", "Yes, I am safe" and "I am safe and the staff are good." People said they didn't have any concerns about the way they were supported by the staff. Comments included "I have no concerns what so ever" and "No I don't have any concerns."

We spoke with staff about safeguarding procedures. They were able to describe the types of abuse that could occur and what they would do if they suspected abuse had taken place. Staff gave examples of "abuse" such as physical, emotional and financial. Staff said they would speak to the person in charge of the shift and the registered manager if they had concerns. Staff told us they had received training in safeguarding adults and we saw records of this on staff files. We saw that four referrals had been made to the safeguarding team over the last two years. Documentation confirmed that appropriate processes had been undertaken and minutes of meetings kept with the outcomes of the investigations. The registered manager explained that "low level" referrals were sent to the safeguarding team on a monthly basis, and we saw copies of these reports. Low-level concerns were incidents that this did not meet the safeguarding threshold for reporting as a safeguarding referral but were appropriate to be notified as a concern. The registered provider had copies of the local authority safeguarding policy and procedures and the registered manager explained the process for reporting referrals. The registered provider had policies on the protection of service users; whistle blowing and No Secrets document.

People told us there were enough staff around to help and support them. All the people we spoke with said that the staff responded promptly to the call bell being rung. We looked at the staff rotas and saw that daily there were two nurses and seven senior care or care staff on duty. They were supported by the cook, housekeeper, laundry assistant and administrator. The service also employed two activities co-ordinators. The registered manager and registered provider also worked at the service but were not included onto the rota. Our observations during the inspection were that there were staff available to meet the needs of people who lived at the home. A staff member was always in each lounge area and was able to respond quickly to peoples changing needs.

We looked at staff recruitment and reviewed four staff files. These were clearly presented and contained all the required information. We saw staff had completed an application form and that interview questions and answers had been recorded. The registered provider had undertaken checks which included two references and a Disclosure and Barring Service (DBS) check. A DBS check is undertaken to ensure that staff were suitable to work with people who may be deemed vulnerable. This meant that processes were in place to ensure staff were suitable to work at the home. The registered manager said that staff were requested to sign an annual declaration of good character. This confirms that the staff member as not had any further convictions since the DBS was completed. This was signed by staff and copies were seen on staff files.

People told us they were supported with administration of medication. One person said "Staff help me." We saw the medication room was locked when not in use. It contained a medication trolley which was secured to the wall, sink and fridge. The temperatures of the room and fridge were recorded. The nurse on duty explained the medication system and process. They said they used a multi-med system, which were individual sealed pots with the name of the person and date on each pot. Within the system there were pictures of each tablet. On each of the Medication Administration Record (MAR) sheets there was a photograph of the person, how they preferred to take their medication, a copy of the homely remedies they could take (signed by the GP); and a sheet which detailed any PRN (when required) medication. This also included dosage, administration protocol and review date. This meant that the staff had a good reference guide to the PRN medication. The MAR sheets were appropriately signed by the staff team.

We saw that people were offered their medication in line with their preferred wishes. Some people preferred liquid medication and another person preferred the tablets to be given on a spoon. The nurse knew people's preferences and supported people as needed. We discussed the controlled drugs (CDs) and saw these were appropriately stored and recorded. CDs were signed by two staff members and were audited on a fortnightly basis.

Good

Is the service safe?

Medication no longer required was destroyed on site and appropriate records were seen of disposal. We saw that staff had undertaken medication awareness training prior to administering medication.

We saw a wide range of risk assessments within the care planning documentation which covered moving and handling, falls, continence and nutrition. We noted where a risk of falls were identified then the option to use bedrails, bumpers on the beds; profiling beds or sensor mats were in place as appropriate.

We found the home was clean and well maintained. The infection control team had undertaken an audit of the home in July 2015 and had rated the service at 98% overall. A few minor recommendations had been made and the registered manager had reviewed the recommendations and had made improvements as noted. We saw these had been completed.

We looked at the safety of the home and the maintenance of equipment such as hoists, passenger lift, thermostatic valves on hot water taps, the fire and call bell system. We saw certificates which showed these were up to date and this ensured that people were living in a well maintained environment. The registered provider had a refurbishment plan in place and this showed that the work completed so far this year included upgrading work on the fire alarm system; window restrictors; locks on bedroom doors; new flooring to communal areas and hallways and new furniture in lounges. The registered manager explained that a new lift was due to be installed in September and that an on-going decoration programme was in place.

The registered provider and registered manager were aiming to change the way dementia care was delivered at the service. They intend to change the model of care over the next few months to the “Butterfly Households” model. The “Butterfly Households” model is a way of supporting people who are living with dementia in small “family-like” units or households rather than in larger groups. Some changes had already taken place which included staff not wearing uniforms or badges; no staff toilets; no drug trollies on view; and staff not watching people eat their meals. The registered manager explained that people needed to feel safe and nurtured by people who feel not like staff in charge but like family.

Good

Is the service effective?

Our findings

People told us that staff knew their needs and supported them well. They said staff knew what they were doing. Comments included "The staff are good" and "The staff are very kind." One relative commented "They always call my relative by their first name, which they prefer." We spoke with staff about how they know people's needs and they said "I know the residents well", "I know the people well and I look at the care plans and speak to the families" and "I look in the care plans for changing needs." During our observations we saw that staff were available to support people with their individual needs and that staff checked with people on a regular basis if they needed support. We saw that a staff member was always present in each lounge and they were able to respond to needs quickly.

We reviewed three people's care plan record and we saw that information was available to the staff team to help them care and support for people who lived in the home. Care plan assessments were up to date and where necessary charts for food and fluid intake and turning people regularly had been completed. We saw that people's healthcare needs were documented in the care plans. A range of professionals visited the service and these included GPs, district nurses, continence advisors, speech and language therapist and the chiropodist. Staff said they would inform the nurse on duty if they felt someone's needs had changed and they were confident this would be acted upon. Other staff said they would speak to the registered manager. We spoke with a visiting professional who said they visited twice a week and this enabled them to get to know people well. They spoke well of the staff team and the registered manager. They said they had worked with the registered manager and staff for a long time and had good, strong links with the home.

People told us they liked the food. Comments included "The food is fine", "There is a good choice" and "It's alright." Relatives commented "I have tried the food and it's excellent" and "The food smells nice." The registered manager explained that the home had recently changed to a different system for meals. The system ensured that meals were cooked from frozen in a special oven provided by the company. These provided different types of meals which were suitable for diabetics, gluten free and for people on soft or pureed diets. We saw in the soft and pureed food meals that food was "shaped" to look like meat or fish etc.

All dishes had full nutritional information to assist the home in maintaining people's nutritional needs. In the kitchen we saw a list of people's preferences and clear information about liquid thickeners or supplements that may be required by an individual. We spoke with a staff member about the use of thickeners in drinks and they were able to describe different people's requirements. We saw the kitchen was clean and tidy and that a range of records were kept which included temperature checks on hot food, fridges and freezers and information on the meals served each day. A copy of the day's menu was seen in the hallway, which showed a choice of meals available. Risk assessments were in place where people were at risk of poor nutrition. We saw that advice from appropriate professionals (speech and language therapist) was sought. A food diary which included hourly food and fluid intake was kept to ensure that the person had adequate nutrition.

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.

The manager and staff demonstrated a good understanding of the MCA and DoLS. Staff told us they had been provided with training and refresher training was undertaken each year. Staff training records and the services annual training plan for 2015 confirmed this. The provider had a policy and procedure in relation to MCA and DoLS and a copy of the MCA codes of practice. The registered manager said DoLS authorisations were in place for a number of people who used the service, and was able to provide the details of those people and the reasons for the authorisations. These were accompanied by the relevant documentation in relation to the applications and authorisations. The registered manager also kept details of when authorisations were due to expire.

People told us that they thought staff had enough training to support them. They said "Yes, I think they do" and "Yes." One relative said "Staff appear to have a very clear role." Within the staff files we saw copies of the induction checklist. The induction process was completed over six weeks and covered all aspects of the role and was in line with the care certificate. The care certificate is provided by

Good

Is the service effective?

Skills for Care organisation and is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice. Staff confirmed they had undertaken an induction process and had shadowed an experienced member of staff as part of this process. We saw that staff had read and understood the employee handbook, employee safety handbook and the health and safety at work policy. Staff had signed to confirm their understanding of these documents.

Records demonstrated that staff had undertaken training which covered the necessary subjects relevant to their role as well as additional courses as needed. Staff said that there was a good range of training and that it met their needs. They said “I am fully trained”, “I am always learning” and “Yes the training is good, but I would like to do medication and administration courses.”

Staff told us they were well supported by the management team. They explained they had regular supervision sessions, annual appraisals and had the opportunity to attend staff meetings. Records showed that regular supervision was planned throughout the year with an annual appraisal. The last full staff meeting was held in January 2015 and nursing staff meetings were held on a regular basis. The registered manager explained that handovers occurred at the end of each shift and that all the staff on duty were involved in these. A detailed document was used to assist in this process and included all relevant information about each person who lived at the home.

Good

Is the service caring?

Our findings

People told us that the staff respected their privacy and dignity and that they helped promote their independence. People said "Staff listen to what I want" and "Staff are very caring." Relatives said that the support their relatives received was very good. Relatives told us staff understood their emotional needs and focused on their wellbeing as well as the wellbeing of their family member. They said "My dad is totally dependent on the staff", "The staff take my relative to the toilet every two hours" and "I have never seen my relative incontinent, or anybody else thinking about it." Staff told us that they respected people's privacy and dignity by talking to them and finding out their wishes. One person said they kept eye contact with the person and by listening to what they were being told. On discussions with the staff it was evident that they knew the people very well and chatted with them on a range of topics that were of interest to them. Examples included, one staff member sitting with a person and they were looking at a magazine together and discussing the pictures. Another staff member was talking to a person about their family and another staff member was assisting a person to eat their breakfast. We saw that call bells were answered promptly during our visit.

People told us that the staff were kind and friendly and that there were enough staff available to meet their needs. We spoke with staff and they confirmed that staff were always available to support people and that all runs smoothly on a normal day.

During our observations we saw that people were well cared for and dressed appropriately for the time of year. We saw there was a strong person-centred culture which ensured that people were supported appropriately when they needed it. This was demonstrated by the numbers of staff that were available to meet people's needs. We were told that one staff member was always in the lounge areas and staff made sure someone was there if they left the room, and we found this to be so. Often there was more than one staff member present. This meant that people had access to a member of staff at all times. We saw that staff were proactive in reacting to differing situations. For example we saw one staff member was supporting people with a quiz, but that the radio was on in the background and one person was finding it difficult to hear. They went and turned the radio off and made sure the person could hear them. Relatives confirmed that they knew the staff who supported their relative. Comments included "I know most of the staff", "There is a collection of staff who look after my relative" and "[name] the nurse is very good."

Some people who were living with dementia were not able to verbally communicate their needs. Staff used picture aids to assist them, for example, there were pictures to show the toilet, to see if they needed to go there. Also there were picture cards to show a visit to the hairdresser. A picture of medication with different parts of the body to explain what the medication was for. For example there was a picture of a heart to show the medication was for this part of the body. Staff explained that with some people this form of communication worked well.

Some relatives had been involved in sharing information to be included in people's care plans and in review meetings with the individual person's permission. Relatives confirmed they were aware of the care plans and had supported their relative initially in giving information to the staff. Some relatives said they had more involvement than others. Staff told us that they looked at the care plans regularly and one staff member said "I am kept up to date about people during the handover and I regularly read the care plans. Another staff member said "I read the care plans often", "Regularly, as and when" and "Frequently, according to the staff handover."

We looked at the information available about the service. We saw the statement of purpose and service users guide. These had been reviewed by the registered manager in October and November 2014 respectively. Both documents gave good information about the service which included details of the registered provider and registered manager, the staff team and information about the services provided. Also included was information on how to make a complaint and how this would be dealt with. We saw that people had received a copy of these documents on admission.

We saw that staff were highly motivated and provided kind, caring and compassionate support to people. Staff were aware of what was happening within the lounge and quickly reacted to people's needs. We asked staff about different people and they were able to describe the support they needed and any particular preferences they had. They said they would report any changes to the person in charge and that these would be documented in the handover record so that staff coming on duty would be aware of the changes. They confirmed that the handover sessions were

Good

Is the service caring?

detailed and gave a good overview of each person, including information on their safety, comfort, emotional status, health needs and nursing care changes. We saw a sheet for each individual person was completed on a daily basis, and completed sheets were kept within the care plan documentation.

Good

Is the service responsive?

Our findings

People told us they were happy at the home and were well cared for by the staff. They commented "I am happy here", "The staff are kind" and "The standard of care is pleasant."

We reviewed three people's care plan documentation. We saw that there was pre-assessment information documented which showed the process undertaken prior to a person being admitted to the home. The care plans were showed good information on how to support and care for the individual. Examples included where a person was being assisted to eat by a staff member and they started to refuse the food. The staff member withdrew from assisting them and another staff member went to assist them instead. They were able with coaxing to encourage the person to eat. With another person they decided they didn't want a shave and the staff member respected their wish as they started to become cross with the staff member.

Risk assessments in the care plans covered areas such as people's skin integrity. Where it was noted there was a risk the person's position was altered on a regular basis. The assessment showed how often this should be dependent on the individual's needs. This was usually every two to three hours. This meant that where risks were identified the staff ensured appropriate measures were put in place to minimise the risk.

Daily care records detailed good information about how people were supported and their general well-being. Information also included details of diet and fluid taken and care needs undertaken. For example, comments such as assisted (name) to turn two hourly in line with their care plan; (name) appears to be in a good and relaxed mood toady. Restful period noted this afternoon; checked (name) skin which remained intact; (name) bright in mood and chatty on approach; and (name) appears to have had a relaxed night and was sleeping well.

The service provided a wide range of activities. The registered manager explained that how activities were undertaken had changed. They did not do things in large groups but rather tailored to people's individual needs and interests. Weekly mini-bus trips were undertaken with small groups of people to local places of interest. Some people had suggested places and these had been visited. One relative often visited and requested they be taken out locally and this is accommodated meeting this couples need to be able to visit local places together. Day to day activities included quizzes, reading the daily newspaper together, reading the "Daily Chat", which is a reminiscence newspaper, weekly cheese and wine evening, movie afternoon and playing card games. The mobile library visited monthly and delivers a reminiscence box which is used throughout the following month. A therapist visited each week to undertake reflexology, hand, calf and head massages to people who enjoy this. Ten staff had undertaken a reflexology course at the local collage so they could undertake this when the therapist was unavailable.

Staff were creative in overcoming obstacles to achieve the best possible outcomes for people. One person who used to have pigeons became unhappy and anxious at not having them anymore. They became prone to falls, whilst trying to "feed the birds". The service obtained some decoy pigeons which were put in the garden and this person now goes and "feeds" them daily. This has reduced their anxiety and falls.

People told us that they were aware of how to make a complaint. They said they would speak to the registered provider or registered manager. All the people we spoke with said they had not made a complaint about the service. Comments included "I have never made a complaint" and "No, I have made no complaints." Staff we spoke with said they would speak to the registered manager if anyone made a complaint to them. The registered provider had a complaints policy and procedure in place. A copy of the complaints policy was seen in the service user's guide. The policy contained all the information needed for a person to make a complaint and included contact details for the local authority, local government ombudsman and the Care Quality Commission. A record of all complaints received was kept and showed details of how the complaint was investigated and the outcomes were noted. We had not received any complaints about the service.

We saw a range of letters and cards which complimented the service and showed people's appreciation of the care and support provided. Comments included "A great big thank you, we are grateful to you all", "Knowing your family member is receiving the best care is a great comfort" and "Thank you for the sincere and professional way you looked after my relative."

Good

Is the service well-led?

Our findings

The manager has been registered with the service for five years. The registered manager had worked for the registered provider for 18 years. She had a wealth of experience and during discussions she showed she understood well the needs of the people who lived at The Chapel House.

People told us about their impression of the registered manager. Some people said they knew who she was, and others were able to recognise her by pointing to them. All the relatives we spoke with knew who the registered manager was and had regular contact with her and the registered provider. Visitors said they felt able to discuss any concerns with them and said that the registered manager is "Proactive." People said "She is lovely" and "She is very good." We spoke with staff about the support they received from the registered manager and comments were positive about the support they received. Comments included "She is very professional and supportive", "Brilliant and supportive", "She is fair" and "She is ok and supportive."

We asked people who lived at the home and relatives about the service. People commented that this was well managed and that the atmosphere within the home was good. During our observations we found the atmosphere to be warm and welcoming. People said "The home is well managed", "All concerns are dealt with", "Very well managed" and "The standard of care is pleasant."

The registered manager told us about the ways in which they gathered the views of people who lived in the home and relatives and friends. Questionnaires were sent out periodically about different topics; resident and relative meetings were held and annual reviews of care were undertaken. The last questionnaire was undertaken in February 2015 and the topic covered was "Is the service caring?" People were positive about the care and support given. Comments included "All the staff are very good, which is good to see" and "Many thanks for your good service." The previous questionnaire was undertaken in November 2014 and covered "Involvement in care planning." People commented "Informal discussions are always on-going with staff" and "Staff are very attentive and act accordingly." Following analysis of the questionnaires feedback was reported in the next newsletter. Service users meeting were held each month and the last one was held in July 2015. The registered manager explained that some people were spoken with on an individual basis prior to the meeting to gather their views and to feed this into the meeting on their behalf. Information on forthcoming activities and outings were discussed. It was noted that none of the people who attended the meeting wished to raise any issues.

Newsletters were completed regularly throughout the year. They contained a variety of information on topics such as infection control week; quality assurance; beauty treatments available; improvements being made at the home; and dates for your diary.

We saw the registered manager completed a wide range of audits on the service. These included medication; NHS safety thermometer; care planning; accidents and incidents, falls audit and an action plan for developing the specialism in dementia care. All audits had action plans where appropriate and these were signed by the registered manager when completed. For example the falls audit was completed on a monthly basis and the registered manager looked for patterns and trends regarding the falls. She reviewed people's health at the time; reviewed risk assessments for slips and trips hazards and where appropriate referred the individual to other professional people such as the GP, specialist falls service or community physiotherapist. One person had sixteen falls in a month and this process was undertaken and a request for further funding was made to the continuing healthcare for one to one support for two hours as the manager had reviewed the falls and found they usually occurred between 8pm and 10pm. The funding was granted and an extra staff member was assigned to this person. The following month they did not have any falls. The infection control team had completed an audit of the service in July 2015 and rated the service overall at 98%. Minor recommendations had been made and addressed by the registered provider. The fire authority had visited the service in January 2014 and made some recommendations for improvement. They revisited in November 2014 and noted all recommendations had been addressed.

The registered provider was in day to day contact with the registered manager and home. The registered manager stated that they usually visited each day. The registered provider undertook an audit of the service on a quarterly

Good

Is the service well-led?

basis. This included a day and night visit. Records showed that where issues were raised then an action plan was completed and once the issues resolved these were signed by the registered provider.

Notifications were sent in regularly to the Commission by the registered manager. Notifications are a legal requirement and cover a range of information. The registered manager had informed us of any accidents and incidents at the service; deaths of people who lived at the home; Deprivation of Liberty Safeguards (DoLS) authorisations; and any allegation of abuse.

The registered provider had a business continuity plan, a crisis management plan and a business recovery guide and pan in place. These documents showed what to do if there was a serious incident such as a fire, flood or arson and who would be responsible for action to be taken. The registered provider was the co-ordinator in these cases.