Chanctonbury Health Care Ltd

The Queensmead Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Queensmead Residential Care Home provides care and support for up to 36 older people with care needs associated with older age. The needs of people varied, some people were mainly independent, some had low physical and health needs and others had a dementia and memory loss. The service provided a dedicated respite room that included supporting people while family members were on a break, or to provide additional support to cover an illness. Some people had more complex care needs that were met with community health care support that had included end of life care when required. At the time of this inspection 26 people were living at the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 27 April 2017 and was unannounced.

Management systems that included quality monitoring did not always ensure safe and best practice in all areas. Documentation was not always up to date and accurate. Staff records were not always complete a recruitment file did not include confirmation of identity and action taken following a complaint raised about a staff member had not been clearly recorded.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service, and the approach of the staff. One relative told us "Staff really do go over and above what you could expect from them they are so good." Visiting professionals were positive about the care and support provided. They told us staff worked with them to improve people's health. Both relatives and visiting professionals told us they would recommend the service and consider it for themselves or other relatives in the future.

People told us they felt they were safe and well cared for at The Queensmead Residential Care Home. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of both and followed correct procedures to protect people's rights. People's Medicines were stored, administered and disposed of safely by staff who were suitably trained. People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported to maintain their own friendships and relationships.

Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in a care home. Staff were provided with an induction and training programme to support them to meet the needs of people. People's care needs were identified and responded to with external health care professionals involved with care and treatment appropriately when needed.

There was a variety of activities and opportunity's for interaction both in and outside of the service. This took account of people's preferences and choice and gave people meaningful interaction and activity. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships. The environment was clean and a programme of improvement was being progressed. People's rooms were individual, staff respected each room as people's own space.

People were complementary about the food and the choices available. Staff monitored people's nutritional needs and responded to them. Mealtimes were relaxed with people's preferences and specific diets being responded to.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style was open and listened to people and staff views. The registered manager was visible, approachable and friendly. Staff enjoyed working at the home and felt supported by the management.

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.

Medicines were stored and managed safely. Recruitment practices were safe and relevant checks had been completed before staff and volunteers worked unsupervised.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

The environment and equipment was well maintained to ensure safety.

Is the service effective?

Good

The service was effective

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs. Staff ensured people had access to external healthcare professionals, such as the GP and community nurses as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People told us they were able to make individual and everyday choices and staff responded to these.

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The registered manager, provider and staff were approachable and supportive.

Staff and people spoke positively of the management team's leadership and approach.

The Queensmead Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 April 2017 and was unannounced. This was undertaken by an 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. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with six people who use the service and three relatives. We spoke with six staff members, including the activities person, receptionist and registered manager. We also spoke with a local GP, and a visiting health professional. Following the inspection we spoke with two further relatives, a community nurse and a specialist nurse.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included three people's care plans and associated risk and

individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives were confident they were safe living at The Queensmead Residential Care Home. People said staff were caring and attended to all their needs. Staff were readily available and responded to people when they needed support. One person told us they called for assistance by using the call bell "We have one of these and they come straight in." People trusted the staff and felt safe with them. One person said "I feel safe here it's as good as it gets here, the staff are wonderful." Another said, "When I fell, I called for help and staff came quickly and helped straight away." One relative told us, "My mother feels safe and secure at Queensmead, she was getting frightened at night when she lived at home." Relatives told us they were able to relax knowing their loved ones were safe and being well cared for. One relative said, "I can go home safe in the knowledge that mum is comfortable and safe." Visiting health professionals were positive about the standard of care people experienced and said staff communicated well with them which helped to ensure people received safe care. For example, staff sought professional advice on any increasing health need to ensure people's safety.

Medicines were managed safely. Systems followed ensured the safe storage and administration of medicines with organisational medicine policies and procedures for staff to follow. People told us they received their medicines when they needed them. People received their medicines when they needed them. For example, one person had specific needs relating to the administration of their pain killers. A relative described how staff managed this in an individual way that ensured pain was managed proactively. People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely.

People's medicines were safely stored. The storage facilities included a medicines room and a locked drugs trolley which was secured to the wall within the medicines room, when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. People only received their medicines from staff who had completed training and had their competency to administer medicines safely checked and monitored. When staff administered medicines, they followed best practice guidelines. For example, people's medicines were administered individually, and their Medication Administration Record (MAR) chart was only signed by staff when they had taken their medicine. Staff ensured people had a drink and asked people what medicines they needed. The supplying pharmacist had undertaken an audit of the medicine management in the service and areas for improvement identified had been addressed.

Some people were on variable dose medicines and medicines that needed to be given at specific times and these were well managed. For example, some people had health needs which required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart and we found medicines were given in accordance with any changing requirements. Topical creams were well managed with charts clearly reflecting when and where these were to be applied and then recording these had been administered.

There were systems in place that ensured the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team was available at any time for advice. Fire procedures, risk assessments and checks on fire equipment were in place with emergency evacuation information accessible near the front door of the service. There was a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. A maintenance person worked in the service and was available to respond to issues raised by people and staff.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff talked about the steps they would take to respond to any allegation or suspicions of abuse. Staff said they would report any concerns to the registered manager and were confident any issue would be dealt with appropriately. They knew the correct reporting procedures and knew where to find the correct contact numbers for referral. The registered manager had a good working knowledge of the local safeguarding procedures.

Risks to people's safety and care were identified and responded to. People were routinely assessed regarding risks associated with their care and health. These included risk of falls, skin damage, nutritional risks and moving and handling. These were used to reduce the risk and provide the safest care possible. For example, when people had falls the circumstances of these were reviewed. Staff took action to reduce the risk wherever possible and referred people for a falls assessment when the cause of falls was not reduced. One relative told us how staff had reduced the risk of falls by moving their mother's bed following consultation to promote improved mobility and therefore safety.

There were safe staff recruitment procedures in place. The registered manager was responsible for staff recruitment although records were overseen by another member of staff. Staff records included application forms with a full employment history. The recruitment process included the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring check (DBS) completed by the provider. These checks identified if prospective staff had a criminal record or were barred from working with children or adults at risk.

Good

Is the service effective?

Our findings

People and their relatives told us staff were well trained and had the skills and abilities to look after them. One person said "I feel the staff understand what I need and respond to what I want." Another said "Staff know what they are doing." People were not restricted and were able to move around the service as they wanted spending time where they wanted to and with whoever they wanted to. People told us individual health care needs were responded to quickly and effectively. One relative told us "The staff have been marvellous they involved the doctor at an early stage and gave my mother and I the support we needed while she was ill." People and relatives felt involved in what care was required and that there was an individual approach. Visiting health care professionals were positive about the skills and competence of the staff, saying they recognised when they needed to contact other health care professionals for advice and guidance.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. Staff asked people for their consent and were given choices throughout the day. People's choices were respected. For example, one person had made a decision not to be admitted to hospital despite advice from the paramedics. Staff supported this person in having this decision respected.

When people were thought not to have capacity to make decisions, staff worked in accordance with the Mental Capacity Act (MCA).The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was clear when a DoLS was required and had applied to the local authority when necessary. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Staff were aware of these applications and restrictions in place relating to people's liberty to leave the service on their own, for their safety.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. All staff had clear job descriptions and terms and conditions of employment which clarified individual staff roles. New staff received an induction programme that included working alongside senior staff in a shadowing role and the completion of essential training. A new staff member told us "I had a full induction and worked shadowing staff and feel my training has supported me to provide personalised care."

Staff and training records confirmed that a programme of essential training had been established, this was monitored and ensured staff completed the training as required. This training included health and safety, infection control, food hygiene, safe moving and handling, equality and diversity, safeguarding and MCA and DoLS. Staff told us the training provided them with the skills they needed. Staff used training to inform their practice for example staff used gloves and aprons appropriately to protect people from cross infection.

Additional training was also provided to support staff with developing roles, and changing needs of people living in the service. For example some staff were provided with additional training on diabetes, this informed the care provided to people living with this condition the service. One staff member told us, "I was interested in diabetes and wanted to know more about it to understand how to care for people with diabetes." Staff had recently been allocated additional roles for development, further training and support was being provided to these staff to support these roles. For example a lead on dignity and infection control had been identified.

People were complimentary about the food and how they were given choice and variety. The food met people's individual needs and preferences. One person said, "The food is nice here, there is a very good choice. One time I didn't like anything on the menu and I was given a choice and made a sausage sandwich on brown bread, it was lovely." Another person told us, "I do not eat red meat, I've not eaten it for 40 years, and the staff know that and always do me chicken or something else." A person who had recently been diagnosed with diabetes told us, "The cook has got me some diabetic ice cream it's lovely." A relative who stayed for meals said "The food is delicious, restaurant quality, very nutritious, good home cooking."

People could eat their meals where they wanted and were offered drinks and snacks regularly. People were able to sit in small groups in the dining room and tables were set attractively with decorations, napkins and condiments. Staff offered support to those people they knew needed assistance and promoted independent eating with equipment when appropriate. For example, plate guards were used for people who benefited from this aid.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments and close staff observations including people's weights were used to identify people who needed close monitoring or additional support to maintain nutritional intake. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. For people who had difficulty in eating and swallowing soft and pureed meals were provided. Where a need had been identified, staff monitored how much people ate and drank each day. Associated records were completed and included fluid charts to monitor how much people were drinking.

People were supported to maintain good health and received on-going healthcare support. People could see the GP when they wanted to and were supported to attend any health appointments. Relatives told us staff were skilled at monitoring people for any changes in their condition and responding to them. One relative said, "Staff know my mother so well and recognised that she was not well and called the GP immediately, she had an infection and this was caught early which was good." Health professionals told us staff made regular contact with them and provided them with relevant observations and information about people. This included monitoring people's skin and identifying and early signs of damage like red skin.

Good

Is the service caring?

Our findings

People were treated with kindness compassion and understanding. People, their relatives and visiting professionals were very positive about the caring nature and empathy shown by the staff working at The Queensmead Residential Care Home. People told us staff were caring, nice and friendly. One person said "The staff are all lovely, kind and thoughtful." Relatives were positive about staff approach and very caring nature. One relative was impressed with the care shown to their mother and to them. "Staff went over and above what was expected of them when making sure my mum was looked after and that I was able to go home and get some sleep." Another relative said "The staff are brilliant and extremely caring."

Staff were observant and attentive to people's needs. The SOFI and general observations showed interactions between staff and people were caring and professional. Staff communicated with people in a cheerful, friendly and reassuring way. For example, staff told a person that they would come back as they were busy, this re-assured this person they had not been forgotten. Staff had a good knowledge of the people they cared for. A new staff member told us how they were given time to understand people and to get to know them. For example, they knew one person liked a foot massage when their cream was applied. Staff also knew if people had a preference on the gender of staff providing personal care and any preference was recorded and responded to. This demonstrated a caring approach to people's preferences.

People's individual identity was promoted. People were called by their preferred name and this was recorded within individual care records. The service had a regular hairdresser who attended to people who wanted to have an appointment. The hairdresser worked in a private area of the home and the experience for people who attended was social. People were supported to wear the clothes they wished and laundry was completed and returned to people quickly and in a good condition. One relative told us "Mum likes to wear tights and she is always supported to wear these." People's appearance was important to them and ensured they maintained their own identity.

Staff respected people's privacy and promoted their dignity. People's bedrooms were seen as people's own personal area and private to them with staff only entering with permission. Privacy signs were used on the doors to prevent any disturbance when people were receiving care or had chosen not to be disturbed. Visiting professionals told us staff were mindful of people's privacy and ensured any consultations were completed in private. People's rooms were individual and contained items that made the room as homely as possible. This included items of furniture, pictures and photographs. People said they liked their rooms and were pleased they could change them to meet their individual preferences. For example, one person told us she needed a mirror in the bathroom. "The man came along and put one up for me. It is perfect and I have somewhere to put me toiletries and talc now." There was a programme for redecoration and people were being asked about the colour they would like in their own rooms.

There was a warm and friendly atmosphere at The Queenmead Residential Care Home and people saw it as their own home. One relative told us "My mother calls this place home and she means it." Staff were welcoming and polite. One person said, "I got a lovely welcome after being in Hospital, it was really lovely, the girls all came to welcome me back". Staff encouraged people to maintain links with their friends and

relatives and to maintain relationships that were important to them. Relatives said they felt comfortable to visit the home as they wished and were always given a warm welcome. Relatives visited often and people could invite relatives and friends for meals and to spend time in the home as they wished. One person told us "My daughter in law often visits in an evening. They give me my supper on a tray to eat in my room when she comes, as she may come during supper time after work." This allowed the person to have private time with their relative.

Staff understood the importance of an individual and caring approach and understood the key principles of dignity. One staff member had been allocated the role of dignity and dementia champion. There was a dignity board which included information about what dignity was and how people could expect to be treated. This reminded staff on how to treat people.

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. They received regular training on both. Records were kept securely within locked cabinets. Staff knew information about people was not to be shared outside of the service.

Good

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences and everyone was treated in a person centred way that promoted their individuality. People and their representatives were involved in deciding how people's individual care was provided. People told us their choices were respected and they had control over their lives. People were free to spend time where and with whom they wanted. This was important to people who did not want to socialise and enjoyed time in their own company. One person told us "I choose not to socialise, I'd join in if I wanted to. I just don't like having to fit in."

The registered manager carried out an assessment before people moved into the service which included a meeting with the person and their representatives. This assessment was used to ensure the service could meet the persons identified needs and then used in writing the person's care plan. Care plans were reviewed on a monthly basis and included the person and their representative, if appropriate. Each person had an allocated day within the month to be 'resident of the day'. During this day all aspects of their care and life was discussed with them ensuring an individual review. Relatives told us they were kept up to date of any changing needs and involved as much as their relative would want them to be. One relative said "The staff update me all the time on how she is, and if I want to know anything I can just ask, they are very approachable."

As part of the assessment, people were asked about their likes and dislikes, beliefs important to them and how they would like their care provided. Staff knew about the care people wanted and required and this was reflected in the care documentation. Communication between staff was well established and maintained the sharing of information across the staff team. There was a wipe board located in the office that identified key areas of care that had changed or were temporary needs which were being responded to. There were regular updates between staff and a formal handover between staff when changing shifts. The handover was attended by the registered manager and focussed on individual care and support which ensured this was responsive to people's changing needs.

Visiting professionals said staff knew people well and were knowledgeable about people's needs. Staff were available to discuss health and care needs and responded to any recommendations that they made to improve health outcomes for people. One health care professional told "There is always a senior member of staff available to talk to who knows the resident well including their medical conditions."

People were able to join in with entertainment and activities as they wanted to. It is important for people who live in residential services to have the opportunity to take part in activity that is meaningful to them. This helps people to maintain their health and mental wellbeing. The service employed an activities person and they met individually with people to understand what interested them. They devised a 'weekly activity sheet' this was circulated to ensure people knew what was planned. The activities on offer were varied and reflected a range of interests and promoted participation. For example, a batch of duck eggs had recently been hatched within the service and this had stimulated conversations and interest with most people in the home with the sharing of updates and photographs. An Easter egg hunt was also held in the service which encouraged family and friends to attend. One person told us "My family came along last week for an Easter

egg hunt, the great-grandchildren came down and had a lovely day, the garden here is very good for the great grandchildren." People who did not enjoy group activity were also catered for with individual time scheduled for people. This provided time for staff to sit and chat with people and to support people with individual interests. For example, one person enjoyed word games and staff had printed off a number of word searches and quiz sheets for her to complete in her room. Another person had a daily newspaper delivered each day to her room.

People were positive about the activities and entertainment provided. Comments from people included, "I enjoy the word games and quizzes they are fun and interesting" and "I love music too; sometimes we have bands come in." Relatives were encouraged to be involved with the service and supported the activities and entertainment provided. For example, relatives and visitors attended the activities and entertainment making it a family event. One relative told us "There is always something going on in the home, plenty of things for people to do if they want to. The activities person is marvellous, always got new ideas on what can be put on in the home."

People said that they would have no problem in raising any concern or complaint if they needed to. They expected that any complaint or concern would be dealt with quickly and correctly.
People said they would speak to staff directly or the registered manage if it was a 'bigger problem'.
Relatives told us complaints and niggles raised were responded to with the registered manager responding effectively to information provided to her. One relative told us, "I raised a concern about an agency staff and the manager ensured they never came back to the service." There was a complaints procedure in place which was accessible to people. Records confirmed any formal complaint was recorded and responded to.

The registered manager and operations director maintained regular contact with people and their relatives and often sought them out to gain individual feedback. Communication was effective and maintained as part of the daily conversations with people. Residents meetings and satisfaction surveys were also used to gain additional feedback.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. People told us they were happy living at The Queensmead Residential Care Home. They were confident the registered manager had a good overview of people living in the service and managed it well. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. One relative said "The manager knows what is going on and runs a good home." Staff were also positive about the management of the service telling us a stable team had been established and staff morale had improved. Visiting professionals told us the management was approachable and worked with them in people's best interests.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice in all areas. For example, the emergency evacuation plans held centrally to inform any emergency evacuation were not accurate. The record did not detail who was not in the home and if used as the register in and emergency there was a risk that evacuation would not know who was in the home. This could impact on the safe and quick evacuation of the people in an emergency. We also found some care documentation did not fully record how individual personal care needs were to be met. This related to when and how people would have baths and showers. The management team had not ensured accurate staff records were maintained. For example, one recruitment file did not contain evidence of identity and a complaint investigation had not been fully documented to demonstrate the action taken to improve staff practice. These areas were identified to the registered manager as areas for improvement.
There was a clear management structure at The Queensmead Residential Care Home. The registered manager was appointed in May 2016 and was registered with the CQC in July 2016. A catering manager had been appointed recently and a deputy manager was being recruited to complete the management team. The registered manager was supported by an operations manager who visited the service on a regular basis. The registered manager said that she was well supported and had members of the management team within the organisation to call on if required at any time. The Queensmead Residential Care Home is one of three care homes in an organisation. The directors, operations manager and the registered managers met on a weekly basis. These meetings were used to review the quality of the service provided and to look at strategies for improvement. Complaints were shared and discussed to allow the organisation to learn from any matters raised.

Staff told us the service was well managed and they were fully supported as people as well as a member of staff. One staff member said, "The manager is fair, calm and a great manager. All staff know they can approach the manager for an honest and confidence giving answer, she listens." Staff told us the registered manager was approachable and was readily available to staff and anyone wanting to talk to her. Another staff member explained how the registered manager listened and responded. "I suggested that we needed more commodes and these were provided." There was an on call arrangement to ensure advice and guidance was available every day and night to staff if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

There were a number of feedback mechanisms from people and relatives. The provider sought feedback

from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings, satisfaction surveys and regular contact with people and their relatives. Staff and relatives told us the manager had an open door policy and was 'always available and made time for them.' Meetings with people were used to update them on events and works completed in the service which had included the recent redecoration programme. People also used these meetings to talk about their views, including the quality of the food and activities in the home.

The service and organisation used quality audits to monitor the standard of the care and practice within the service. This included internal quality audits completed by the operations director. An external consultant has also been employed to complete a full quality review based on the governing legislation. The registered manager had received feedback on these audits to address. Further quality monitoring had been completed internally and included a regular audit of medicines and accident and incidents. These audits were used to improve and monitor outcomes for people. For example, daily checks on the medicine charts ensure all medicines are given as prescribed.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.