Akari Care Limited

Aycliffe Care Home

Inspection report

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Date of inspection visit: 2 and 3 March 2015
Date of publication: 22/05/2015

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

This inspection took place on 2 and 3 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Aycliffe Care Home provides care and accommodation for up to 54 people, including older people, people with a dementia type illness and people with nursing care needs. On the days of our inspection there were 51 people using the service.

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

Aycliffe Care Home was last inspected by CQC on 11 November 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records.

We found the provider was following the requirements in the DoLS. However, not all consent records were signed and best interest decision making records were not in place for all the people who required them.

People who used the service, and family members, were complimentary about the standard of care at Aycliffe Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

There was a lack of activities in place for people who used the service however the registered manager was in the process of recruiting a new activities coordinator.

Care records showed that people's needs were assessed before they moved into Aycliffe Care Home and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) however not all consent records were signed and best interest decision making records were not in place for all the people who required them.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

Risk assessments were in place where required.

There was a lack of activities in place for people who used the service however the registered manager was in the process of recruiting a new activities coordinator.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good

Is the service well-led?
The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Good

Aycliffe 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 2 and 3 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. Two Adult Social Care inspectors and a specialist advisor in nursing took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

During our inspection we spoke with four people who used the service and two family members. We also spoke with the registered manager, regional manager, three care workers and a nurse.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

Good

Is the service safe?

Our findings

People we spoke with, and their family members, told us Aycliffe Care Home was safe. They told us, “Yes, very safe” and “I have no concerns”.

We saw a copy of the selection and recruitment policy and looked at staff recruitment records. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, marriage certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We discussed staffing levels with the registered manager and looked at documentation. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff or agency staff. The registered manager told us that should the dependency needs of the residents continue to increase she would submit a request to the provider for an additional nurse and care assistant.

We saw there were nine members of care staff on the day shift, which comprised of a nurse, two senior care assistants and six care assistants. There were six members of care staff on a night shift including one nurse, one senior care assistant and four care assistants. The home also employed a deputy manager, a cook, a kitchen assistant, two domestics, one laundry assistant, an administrator, a maintenance/gardener and an activities co-ordinator. We observed plenty of staff on duty for the number of people in the home.

We asked staff whether there were plenty of staff on duty. They told us, “Yes, we use agency staff sometimes” and “It can be hectic, especially first thing in the morning”. People we spoke with told us, “I think there’s enough staff” and “There’s always someone there”.

The home is a two storey detached building. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

We saw the home was clean and tidy however we did notice an odour on the first floor landing during our morning tour of the home on the first day of our visit. We discussed this with the manager who agreed to look into it. Later in the day we noticed the odour had gone and it was not there on the second day of our visit. En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw weekly cleaning schedules and mattress cleaning logs were completed and up to date. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap, towel dispensers and easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure.

Equipment was in place to meet people’s needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings, hoists and passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in January 2015 and visual inspections were carried out monthly.

We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people’s bedrooms were secured to walls. Monthly maintenance checks for window restrictors had been completed in February 2015.

The nurse call system had been serviced in August 2014. Call bells were placed near to people’s beds and chairs and were responded to in a timely manner.

We looked at the records for portable appliance testing and the electrical installation certificate. All of these were up to date.

Good

Is the service safe?

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We saw a fire emergency plan in the entrance which displayed the fire zones in the building. We saw a fire risk assessment was in place. Fire drills and practice evacuations had been undertaken in January 2015 and February 2015 which recorded the staff involved and an overall response rating. The service had an emergency evacuation file and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service, which included a colour coded assessment for what assistance each person needed to evacuate the building safely, what equipment, for example, hoists were needed, and a plan of the building.

This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at safeguarding records and saw risk threshold tools and checklists for dealing with safeguarding concerns. We saw a copy of the safeguarding register, which recorded the date of the incident, the name of the vulnerable person, the details of the incident, what action was taken, who was informed, for example, CQC and local authority safeguarding team, and whether the safeguarding was substantiated. This meant that safeguarding incidents were appropriately recorded and dealt with.

We saw whistleblowing notes and guidance for staff was posted on notice boards throughout the home. This included details of how to raise a concern and a confidential helpline telephone number.

We looked in the accidents and incidents file and saw that each accident and incident was thoroughly documented on a accident/incident record. We also saw that the registered manager carried out monthly analysis of accidents and incidents to identify any trends. For example, we saw in January 2015 it had been identified that there was a high number of falls. It identified the people who had the most falls and analysis had been carried out to identify peak times and causes. Actions included, “Residents falling through the night must be checked more regularly”, “The majority of falls are upstairs. Nurses and seniors must be aware of this and ensure there is a fluidity of staff movement between peak times where possible”, “Anyone having more than three falls in any month must be referred to the falls team” and “There must be a member of staff present in the lounge at all times”. Whenever we looked in the lounge we saw a member of staff was always present.

We looked in the laundry and saw dirty laundry was placed in skips and clean/washed laundry was sorted and placed in individual trays for each person who used the service on shelves above floor level. We saw adequate hand washing facilities were available in the laundry.

We looked at the management of medicines. We found the service had up to date policies and procedures in place (issued November 2014), which were regularly reviewed to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

The nurse told us she had received medicine training and the registered manager carried out observations to assess staff’s competency when dealing with medication. The registered manager was responsible for conducting monthly medication audits to check that medicines were being administered safely and appropriately. The nurse also told us that GPs monitored people’s medication on a six monthly basis.

Medicines were appropriately stored and secured within the medicines trolley or in the treatment room. No people at the home took responsibility for self-administration of their medication and no-one received their medicines covertly. All medicines were prepared in front of the person before they took them. There was no indication to suggest that medicines were used inappropriately to control behaviour.

We saw there was written guidance for the use of ‘when required’ medicines and when these should be administered to people who needed them, such as for pain relief. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs (CD), which are medicines that may be at risk of misuse. The controlled drugs book was in good order and medicines were clearly recorded. We saw that a second member of staff witnessed a CD administration. CDs were stored in a separate locked cabinet, which was solely used for the storage of CDs. We saw the nurse, who had authorised access, held the keys to the CD cupboard.

All these measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Good

Is the service effective?

Our findings

People who lived at Aycliffe Care Home received effective care and support from well trained and well supported staff. A family member told us, "She is well looked after."

We looked at the training records for four members of staff and we saw that staff had received a thorough induction covering five standards which included the principles of care, the organisation and the role of the worker, health and safety policies and procedures, communication, how to recognise and respond to abuse and neglect and developing as a worker. Each standard contained a set of knowledge questions which staff had to satisfactorily complete to demonstrate their competency.

The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, first aid, fire safety, medication, safeguarding vulnerable adults, infection control, health and safety and food hygiene.

In addition records showed that staff had completed more specialised training in, for example, confidentiality, data protection, dementia awareness, catheter care, nutrition and hydration, risk management, risk assessment, care planning, challenging behaviour and MUST, which is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Staff files contained a record of when training was completed and when renewals were due.

We saw evidence of planned training displayed in the home between March and December 2015 which included equality and diversity, food allergy, safeguarding adults, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, end of life, oral health and moving and handling.

We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

A staff member told us their mandatory training was "up to date". They told us there was a system in place to identify when mandatory training was due and this would be highlighted so they would organise dates for training. When asked about their most recent training and what they had learnt from attending this training they told us, "I attended a tissue viability training course and the home funded this for one day a week at Darlington Teesside University. I developed good relationships with the Tissue Viability Nurse and other contacts. I am waiting to do venepuncture training".

Other staff members we spoke with told us they received "Lots of training", "Plenty of training" and "We get a notice on the staff notice board to tell us when training is on".

We saw staff received regular supervisions, six times a year, and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

A staff member told us, "I had a supervision last week and my appraisal a couple of weeks before that." Another staff member told us, "We talk about staff member's standard of care, management of staff, food/fluid charts, observations in the lounge, files for people, care plans and documentation" and they had received there annual appraisal and they had received two appraisals since they started working at the home.

We looked at people's care plans and found they contained detailed information on their dietary needs and the level of support they needed to ensure they received a balanced diet. Risk assessments such as MUST (Malnutrition Universal Screening Tool) had been used to identify specific risks associated with people's nutrition. These assessments were reviewed on a regular basis. Where people were identified as being at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We saw people were provided with regular drinks throughout the day, for example, tea and juice. We saw menus were on the doors of the dining rooms and on each table. The menus showed there were two choices at each meal time and an alternative menu and 'light bites' were available such as jacket potatoes, omelettes and salads. We observed lunch time and saw people were asked what they would like for lunch and whether they wanted to go to the dining room or stay in the lounge. We observed staff helping people who required assistance. People who used the service told us, "There's a good choice of food", "You always get two choices" and "The food is very good". We saw a food survey had been carried out among people who used the service in January 2015. All the results we saw rated the quality and timing of food as good or excellent.

Good

Is the service effective?

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and saw a copy of the DoLS register. We saw nine DoLS had been applied for and four had been approved by the local authority. The registered manager was still waiting for the other five applications to be approved. These DoLS were in place to ensure the safety of people who did not have the capacity to leave the home on their own. We saw that statutory notifications for the four DoLS had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw copies of best interest decision making records and details of advocates and family members for those people who did not have capacity to make their own decisions. We saw family members had been involved in care planning. For example, the care plan for one person said he liked cowboy films. A family member said the person hated cowboy films so the care plan was changed. We saw records of consent provided by those people who used the service who had capacity and consent from family members of people who did not have capacity. These included consent to care planning and photographs. However, not all the consent records were signed and best interest decision making records were not in place for all the people who required them. We discussed this with the registered manager as where there was an absence of documentation, it was clear from care plans and talking to family members that they had been consulted but this needed to be recorded on the correct forms. The registered manager agreed to look into this.

Two of the care records we looked at included a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form. This was up to date and showed who had been involved in the decision making process, for example, the daughter of the person who used the service and staff. In one case, as the person lacked capacity to make this decision, a mental capacity assessment and best interest decision had been made by the appropriate people.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. We saw records that GPs, community psychiatric nurse, care home liaison nurse, chiropodist and dentist had visited people in the home. This meant that people received ongoing healthcare when they needed it and were supported to maintain their health.

We looked at the design of the dementia unit and saw that people's bedroom doors were brightly painted and included the name of the person, the number of the room and a photo of the person. We saw that bathroom and toilet doors were painted yellow and were appropriately signed, and office, maintenance and visitor toilet doors were painted white. Corridors were clear from obstructions and well lit. All of this helped to aid people's orientation around the home.

We saw that people's bedrooms were en-suite and the rooms had been personalised with items from home, such as furniture, photographs, televisions and stereo equipment.

There was a small external patio area to the rear of the premises and a garden to the side, which the registered manager told us they were looking at extending.

Good

Is the service caring?

Our findings

People who used the service, and their family members, were complimentary about the standard of care at Aycliffe Care Home. They told us, "I'm well looked after", "Very happy" and "Very well looked after". Staff had a good understanding of the needs of people who used the service. They were aware of people's individual needs, choices and preferences.

We observed staff regularly asking people if they needed anything and offering choices such as where they were located, whether they wanted to go back to their rooms and what they wanted to do. We observed the atmosphere in the home to be very calming. There was an appropriate

level of radio music in the lounge and people living in the home were singing along to

music and laughing.

We observed a member of staff comforting a relative whose loved one had passed away on the morning of the inspection and was appropriately holding their arm. We saw staff assisting a person from their wheelchair into an armchair in the downstairs lounge. The staff covered the resident's legs with a blanket and described every stage of the process to the person in a calm and gentle manner. Staff carried out the manoeuvre, ensuring the person was safe and comfortable, often providing reassurance to the person. This meant that staff treated people with dignity and respect.

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people's needs. For example, we observed one member of staff supporting people to the dining room for lunch. It was carried out in an unhurried manner and the member of staff was encouraging the person all the time. Another interaction we observed included a care worker call the person's name and gently stroke the back of their hand to get their attention. The member of staff kept up a continuous explanation about what they were doing and encouraged the person to eat. The staff member we saw was patient and gave the person the time to appreciate their food.

The registered manager and a member of staff told us about a person living at the home, who they had discussed at the member of staff's supervision session. This resulted in the home organising for pictures of cats and a Yorkshire terrier to be placed in the person's room, with their consent. This information had supported staff's understanding of people's histories and lifestyles and enabled them to better respond to people's needs and enhance their enjoyment of life.

We saw 'dignity in care' posters on notice boards. These explained to people who used the service that their "privacy will be maintained at all times", "Care assistants will not make assumptions about your likes and dislikes" and details of the level of respect people could expect to receive from staff. We asked the registered manager about this, who explained that the home had three members of staff who had volunteered to be dignity champions. These members of staff were to complete specific dignity training and workbooks and then disseminate to the remainder of the staff. People we spoke with told us staff respected their privacy and dignity. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We observed that staff were respectful when talking with people calling them by their preferred names and we also observed staff knocking on bedroom doors and waiting before entering.

A staff member told us, "People are asked when they want to get up. It's their choice" and "If a person needs the toilet we take them back to their own room. It's more dignified than using the communal toilets, especially if we need to change them".

We looked at people's care plans and found them to be detailed and gave a good overview of people's needs and the support they required, The care plans guided the work of team members and were used as a basis for quality, continuity of care and risk management. The care planning system was found to be a simple system and easy to navigate. We saw evidence regarding person and family involvement in care planning. Entries in people's care plans showed that people's care and support was reviewed on a regular basis, with the person, relatives and other professionals involved in their care.

We saw detailed information about people's life histories, working history, spiritual needs, interests and likes. For example, "Likes hair set weekly by sister [Name]." We also

Good

Is the service caring?

saw an end of life care plan in place for a person that said, "[Name] told staff they believe in god" documented in the care plan. This meant people were involved in making decisions about their care, treatment and end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. Care plans were reviewed monthly and on a more regular basis, in line with any changing needs. We saw they were signed and dated by a member of care staff.

Each care record we looked at had a client profile, which included the person's name, date of birth, date of admission, room number, name of GP, next of kin/contact number, named nurse, key worker and allergies noted in red ink. On the office wall we saw the names of the key worker and the named nurse for people living in the home.

People's care records confirmed that an assessment of their needs had been undertaken before their admission to the service. Following the initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided to all people. In addition, we saw a 'social/leisure needs assessment', together with a 'daily activities of living assessment', which was updated annually. We also saw a record of person's belongings filed in the care records.

We saw risk assessments were in place, as identified through the assessment and care planning process, and they were regularly reviewed and evaluated. This meant risks were identified and minimised to keep people safe. Risk assessments included falls, moving and handling, nutrition/MUST (malnutrition universal screening tool) and pressure ulcer/Waterlow score. The Waterlow score is a tool that gives an estimated risk for the development of pressure ulcers. For example, we saw an assessment had been carried out which showed a person was at high risk of developing pressure ulcers, We saw the person's care plan was up to date to inform staff about the person's current care and support needs.

Daily accountability notes were concise and information was recorded regarding basic care delivered and details of interactions with the person, information about behaviour, mood or presentation. For example, "[Name] has been in a bright mood spending time walking the unit. Good diet taken with encouragement. Accepted all medication. Assisted with personal care." In addition, the daily notes were signed and dated by the member of staff.

The service employed one activities co-ordinator for up to three days a week and had a vacancy for a second co-ordinator. We saw the activities plan on the notice board, which included movement group balls, word puzzles, floor games, dominoes, crafts, card games, manicure, board games, reminiscence, quiz, sing a long, knit and knatter, book readings, bingo, film, music and movement. However, during our visit we observed there was a lack of activities taking place. We did observe a member of staff engaging people in one to one activities, for example throwing soft balls and folding material into small squares to stimulate discussion however most people we saw were sat in the lounge areas reading or watching television. We discussed this with the manager who told us the home had recently advertised for a new activities co-ordinator.

We saw a copy of the provider's complaints policy on the downstairs foyer wall. This described the process for people if they had a concern or complaint. We saw the complaints file, which included a copy of the concerns and complaints register. We saw there had been 12 recorded complaints in the previous 12 months. Each complaint record we looked at included a copy of a letter of acknowledgement sent to the complainant within three days of the complaint being made. Each complaint was recorded and included the date, time, description of the complaint and date of resolution. We also saw details of the investigations carried out and copies of letters sent to complainants advising them of the outcome. For example, a family member had made a complaint that they had not been notified that their relative had a black eye from a fall at the home. We saw that a full investigation had taken place, what actions had been taken, for example, statements from members of staff, discussion taken place at a staff meeting regarding the need for completion of documentation and the reporting of incidents to family members. We also saw a safeguarding referral had been made for this incident.

People who used the service, and their family members, we spoke with did not have any complaints but they knew how to make a complaint. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

We looked at the audit file, which included copies of care plan audits carried out by the registered manager. These checked that all the necessary paperwork was in place and up to date and identified any areas for improvement. For example, "Rewrite [Name's] sleep care plan as there are lots of additions and changes." The registered manager carried out a daily walk around of the home, including checks of the communal areas, the well being of people who used the service and checks on charts, staffing and meal times. The registered manager also completed a monthly KPI (key performance indicators) report, which included weight and nutrition, pressure sores, infections, hospital admissions and accidents/incidents.

We saw a copy of the provider's most recent quality monitoring report for January 2015, which was carried out by the regional manager. This included a review of the home development plan, updates and views on the service, comments and complaints, accidents and incidents, infections, pressure sores, nutrition and hydration, safeguarding, observations of care practice, case files, staffing, environment and risk assessments. The regional manager also checked the results of audits carried out by the registered manager. These audits included monthly checks of medicines, infection control, nutrition and care records, three monthly checks of staff files and finances, and a six monthly check of health and safety. We saw copies of the most recent audits and saw action plans had been put in place for any identified issues. For example, kitchen assistants to attend level two food safety training.

The regional manager carried out a 'quality monitoring frequency risk profile', which was used to determine how often certain checks and audits needed to be carried out. A bi-annual audit was also carried out by the regional manager of ten key areas including quality, health and safety, infection control and cleanliness, safeguarding, individualised care and treatment, nutrition and catering, medicines, management, human resources and marketing. We saw the most recent audit carried out on 18 August 2014 and saw the home was rated as 'green', with scores for each of the ten sections between 82% and 100%. We saw development plans were in place for those areas that required improvement and the regional manager told us these were reviewed on a monthly basis with the registered manager.

We asked staff how frequently they had staff meetings with the registered manager, together with what was discussed. They told us, "Monthly, we had one in the last 2 weeks, I wasn't there however they discussed nutrition, food/fluid charts, documentation. We need a senior and nurses' meeting".

Staff told us they got a lot of support from the registered manager. They also told us, "[The registered manager] is fabulous and supports me really, really well. They're excellent at supporting staff", "Any problems, go to [registered manager]" and "I do think the service is well managed". They also told us, "It's a very nice home to work in" and "I love working in the home, absolutely". A family member told us, "It's a very nice atmosphere."

We saw records of residents' and family meetings, which took place approximately every two months. We saw future meetings were planned on the notice board in the ground floor foyer and agenda items included menus, entertainment and ideas for the summer fete.

We saw the results from a relatives' survey displayed on the notice board in the foyer and the registered manager told us a 'your care rating survey' had been carried out via an independent survey by IPSOS MORI in December 2014 however the results of the survey were not yet known. The regional manager told us a new policy was in place to survey people who used the service and family members twice per year.

This meant that the provider gathered information about the quality of their service from a variety of sources.