Top Care Homes Limited

Southminster Residential Home

Inspection report

Station Road
Southminster
Essex
CM0 7EW

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The unannounced comprehensive inspection of this service took place on the 22 July 2016. Southminster residential home provides accommodation and personal care for to up to 40 people. Some people at the service are living with dementia. At the time of the inspection, Southminster was home to 32 people.

A long-standing registered manager was 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.

During this inspection, the service was rated as Good overall with requires improvement in the Safe domain.

The service had been inspected previously in March 2015 and rated as Inadequate, followed by a requires improvement rating in October 2015. During this inspection, we saw that the provider and registered manager had made significant, continued, and on-going improvements at the service.

People told us that the manager and care staff were approachable, helpful, and caring. They told us that they were very happy with the care they received, their relatives told us the registered manager, and staff team provided people with the support they needed in a dignified and compassionate way.

The service ensured that staffing levels were adequate and enough staff were employed to meet people's individual needs. The service had retained a strong core team of staff who knew people at the service well. Staff told us that they enjoyed working at the service. The registered manager did not use agency staff but increased staffing when they needed to, filling vacant shifts with existing staff, internal bank staff. The registered manager also worked occasional shifts. The service had safe and robust recruitment procedures.

People received freshly prepared meals that considered their individual likes, dislikes and health needs. If they did not like the choices available, we saw that they could request something else. Relatives were able to join their loved ones for meals if they requested to. A variety of hot and cold drinks, biscuits and fresh fruit were available throughout the day if people wanted these.

Staff had received mandatory training and training updates. The registered manager also provided additional training to staff to meet the needs of people at the service.

The service worked collaboratively with health and social care professionals to meet people's health needs. The registered manager carried out regular staff competency checks and medicine audits to ensure that medicines were being administered correctly.

Care plans, and risk assessments were individualised and updated regularly or when people's needs changed. The registered manager had devised a person centred and comprehensive dementia risk

assessment.

The registered manager had good links with outside organisations to ensure that the service kept up to date with best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Some areas of the home that should have been locked were not.

Incidents were not always recorded in incident log.

Staff did not monitor whether medicines were stored at the correct temperature

The service assessed for and had appropriate numbers of staff to provide safe care to people.

Staff were trained in safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective

Staff were well trained and supported by a manager who kept up to date with best practice.

The dining experience for people at the service was good and they had plenty of choice.

Staff ensured that they obtained consent from people and acted in peoples best interests in line with legislation

Is the service caring?

Good

The service was caring

People told us staff were caring and we observed many examples of positive engagement.

People were involved in their care whether ever possible.

Relatives could visit at any time and enjoy a meal with their loved ones.

Is the service responsive?

Good

The service was responsive

Care plans were devised with people, were individualised and met their individual needs and risks

People were able to access various activities and the local community.

The registered manager and provider responded to complaints appropriately.

Is the service well-led?

Good

The Service was well led.

The registered manager was visible, responsive to people and caring.

Good governance procedures were in place to monitor the quality of the service and action plans were developed.

The registered manager kept good links with outside organisations to continually assess and improve the service provided.

Southminster Residential 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 the 22 of July 2016 and was unannounced. The inspection team was made up of one inspector and an Expert by Experience. An Expert by Experience has personal experience of using or caring for someone who uses a health, mental health, and/or social care service. Our Expert by Experience had experience of supporting a person with dementia.

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 spoke with people 13 who used the service, seven relatives, seven members of care staff and the registered manager. We looked at the care records for seven people, including their care plans and risk assessments. We reviewed medicine administration records (MARS). We looked at five staff recruitment files, minutes of meetings and documents relating to the quality monitoring of the service, including complaints and complements, and incident recording and a variety of clinical audits.

Requires Improvement

Is the service safe?

Our findings

Episodes of aggressive behaviour were documented in behaviour charts and people's individual notes. The information recorded did not provide a detailed analysis of the incident. For example whether incidents happened at a particular time of the day or when specific members of staff were present. Recording these details would provide additional information so that themes could be identified and any necessary measures put in place to make improvements. For example, whether additional staff were needed at a particular time of the day or if staff needed additional training to support people effectively in these situations

On the day of inspection, it was one of the hottest days of the year and the temperature in the clinical room was 27 degrees. Staff told us that whilst there was a room thermometer they did not record the room temperature. This is important as the maximum temperature of a clinical room were medicines are stored is 25 degrees, temperature's over this can affect medicines. We advised that staff start recording the temperature and seek advice about the temperature from the local pharmacy.

On the day of inspection, the clinical room was not locked and at one point propped open so that anyone could enter. Staff immediately closed the door when we raised this concern. The registered manager told us that the room was always locked. Whilst medicines were locked away, it is essential that the medication room be locked when not in use to maintain people's safety. We later saw that staff in charge of the medicine keys had left them in a draw in the clinical room which was not locked. We also found the back entry to the laundry room unlocked; the concern here was that people would have access to the electrical cupboard. There was a lock above the door but this was not pulled across. We brought these issues to the attention of the manager at the inspection who told us that they would ensure that the clinical room is locked and that the person in charge of administrating medicines take responsibility for the medicine keys at all times.

We found that some bedrooms had stair gates attached to the doors. However, the registered manager had not carried out risk assessments in regards to the stair gates use. For example, if people could exit and they had not considered the potential for someone to try to climb over the gates. We discussed these issues with the registered manager who has taken measures to address the concerns we raised.
The registered manager and staff told us that people had requested stair gates on their bedroom doors due to incidents when people had gone into others bedrooms during the night and this had caused distress to people. A person at the service and their relative had requested the measure and consequently other people had requested the same. People told us that they felt safer with the gates on, as they wanted to be able to sit in their room or lay in bed without worrying someone might walk in. We checked that people were able to open the gates and get out of their bedrooms and we asked people if they would have trouble undoing the gates. One person who had poor mobility said, "No, I always have my buzzer by me, I will just press it, and they will come and help me." Consent forms were in place to demonstrate that people had requested them and why they had requested them.

Most medicines were dispensed in blister packs and staff checked these against the medication

administration record (MAR) to ensure that people received the correct medicines. We reviewed the MAR sheets and found no errors or gaps in administration. Sheets were kept orderly and were legible. We saw that when people needed medication outside of regular times, such as early morning, they were given them.

Staff monitored fridge temperature where medicines were stored. All medicines were audited monthly by the pharmacy, and the deputy manager carried out medicine audits to ensure that staff were administrating medicines safely. The pharmacy had carried out a comprehensive medicines assessment in 2015, following an inspection by CQC and we saw that the manager had acted on recommendations. At the time of inspection, the manager was introducing some of pharmacy recommended monitoring charts into people's MARS sheets. These included topical cream sheets that indicated where the cream should be applied, and pain relief patch sheets to ensure the site was changed at each administration.

The service had robust recruitment procedures. We reviewed staff files and found that everyone working at the service had enhanced Disclosure and Barring Service checks (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. At the time of inspection, the manager had just recruited an additional bank carer who was yet to start. All checks, references, and training had been verified before they could start working with people.

Care staff received annual safeguarding vulnerable adults training as part of their mandatory training from the registered manager. Staff we spoke with were able to describe what constitutes abuse and how to protect people from harm. They were also able to describe what the whistleblowing procedures the service had in place. At the time of inspection, there were no open safeguarding concerns against the home.

Staff had training to safely move people, and we observed them using the manual handling equipment appropriately. They had to take an on line e-learning manual handling training session as well as an in house training session with the manager, who had completed a train the trainer course in manual handling. We saw that hoists were checked and maintained and they had stickers on them to demonstrate when this had been done.

On the day of the inspection the service was adequately staffed and staff were available to meet people's needs. We reviewed the rotas and saw that they were not always achieving the level the staff required for shifts. The registered manager provided assistance throughout the day if this was needed, and we saw that they also worked shifts alongside care staff if people had phoned in sick or a shift could not be covered. Staff told us that the registered manager was always available to help.

We saw that the registered manager had developed their own dependency tool and regularly reviewed staffing when people's needs changed. The service was not full and the registered manager told us that if this changed the staff complement would increase. We saw that when the needs of people were high, the registered manager was able to get an extra member of staff. The service rarely used agency staff, preferring to offer regular staff overtime. Rotas demonstrated that staffing remained constant.

The service had policies, procedures, and safe practices in medicine management. Staff had appropriate training in medicine management, and the registered manager undertook regular observations of staff providing medicine administration every six months to ensure that they were competent in this task. The registered manager told us that they would also revisit the competencies if a medication error was made. However; there had been no recent errors. We saw recent completed observation sheets that demonstrated this had been done. Medicines were stored appropriately in a clean and organised clinical room.

Staff had access to appropriate protective wear, equipment, and appropriate waste disposal. Cleaning duties were in place and audited regularly and the environment was clean. Most toilets had paper towels for people to dry their hands. However, we found in one toilet that staff had placed a communal towel for people to use. This is not best practice for infection control and risks cross contamination. We spoke to the manager about this and they removed the towel. They told us they had recently removed the paper towels as a person had placed them all in the toilet causing a blockage.

The service employed cleaning staff and we saw that they were regularly cleaning the home. Toilets were clean, although we saw that the floors in a number of them looked dirty and stained. This was due to lime scale build up. The registered manager told us that this was in hand and that they were in the process of using a different cleaner to descale the floor.

We saw that the provider had undertaken some work to update the home and that there was an on-going improvement plan to continue updating the environment, including bedrooms.

Good

Is the service effective?

Our findings

Staff underwent good induction processes, receiving all mandatory training during a two-week induction period. We saw that staff received both online 'e-learning' training and face to face training. The service advertised that staff are required to be trained to national vocational standards in health and social care as a minimum. We saw that there was a high number of staff with these qualifications and that staff without them were registered to complete the training. In additional to this, staff were also undertaking the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

The registered manager was also a qualified nurse who had ensured the upkeep of their own professional registration through the Nursing and Midwifery Council, and successfully completed their revalidation, a process where qualified nurses have to demonstrate continued learning and practice in order to retain their professional registration.

Group and individual supervisions took place with the registered manager every three months. Supervisions allowed staff to discuss what had gone well and what had been learnt from incidents. Discussions would take place about previous inspections and how staff were working towards improvements at the service. We saw that there were good processes for individual supervision where strengths and weaknesses could be discussed and action plans made with staff to help them improve. This included how the service could support them. The emphasis was on staff working together with the manager to make the necessary improvements.

The registered manager carried out observations of staff providing care to people to ensure that they were able to able to carry out care competently, which was reflected in staff files. We saw that when areas of improvement were needed that these were appropriately addressed. For example, staff observed to be rushing with tasks or trying to do too many things at once that might detract from person centred care. We saw that the registered manager took action to support staff to improve their practices, for example, providing additional training, supervision, or training refresher courses.

People at the service and relatives told us that staff were well trained to support people, particularly those who had dementia. One relative told us, "My [relative] came in here very anxious and I did not think he would settle, but with the care of the staff who are aware of my [relative's] dementia, he has settled down well. I cannot believe how calm he is now, the staff know how to help him when he is anxious, and wanders around." Another relative told us, "Staff appear to be well trained in dementia as they are able to deal with my [relative] who is not an easy person." People told us, "I can be very moody, but the staff know how to react to my moods, and we get on well," and, "I know my memory is bad and staff will always help me remember things I forget."

The dining experience for people at the home was very good. One person told us, "The food here is

wonderful and if I don't like what they have they make me something else." Relatives also spoke highly of the food. One relative told us, "It's very nice, freshly made and they always let me eat with my [relative] when I visit at meal times. It's never an issue."

Small tables had been set nicely and we saw that thought had been given so that the experience would be dementia friendly and the dining area was bright and cheerful. All food was freshly prepared on the premises and people were given two main choices, or could request something else if they preferred. We saw that one person requested a meal but once it was given, they changed their mind and wanted something different. This was quickly changed for them. Menus considered nutritional needs of people. We also observed that fresh fruit and snacks were available to people and frequently offered throughout the day.

Fluids were available throughout the day. On the day of inspection, it was one of the hottest days of the year. One person told us, "They always make sure we have enough to drink and I can have a cup of tea whenever I like." We saw trolleys that contained a choice of juices in communal areas, and these were refreshed throughout the day. Staff attended promptly to people who could not get these for themselves.

Staff received training in, and carried out nutritional risk assessments using the Malnutrition Universal Screening Tool (MUST). This is a recognised method to assess people's nutritional state. The registered manager told us that people's weights were monitored monthly and we saw that this was the case. The manager had noted that people seemed to be losing weight over a couple of months and on investigation found that they had a faulty weighing scale. There had been a request for a new scale which the service was using at the time of inspection. We saw that staff had revisited the weights, recorded the new weights and documented where weights were incorrect. This meant that staff would be able to correctly assess people's needs.
When people's weight had deteriorated, we saw that staff had made appropriate referrals to the dietician for a nutritional assessment.

The registered manager worked closely with GP surgeries, the local pharmacist, social workers and other health and social care professionals to advocate for people's physical and mental health needs.

Prompt referrals were made to appropriate health and social services when people's needs changed. They had experienced delays due to waiting lists for these services. When referrals were taking longer than planned for initial assessments we saw that the registered manager followed these up, record the responses, and updated care plans so that staff could manage potential risks.

We observed that people who had difficulty with their sight and/or hearing were wearing their glasses and hearing aids. When these were broken or went missing, sometimes due to people forgetting where they had put them, the service acted quickly to refer them to the appropriate professional to get replacements so that people would not be sensory deprived for longer than necessary.

If people required visits to the dentist, this was accommodated. We saw that people had appropriate equipment for good oral hygiene and that people's needs were recorded appropriately within their care plans.

Staff had received mandatory training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

The service had carried out Mental Capacity Assessments appropriately regarding people's care choices and needs. However, not all areas of need, such as medication had been considered. We spoke to the registered manager who was in the process of reviewing MCA's at the time of inspection. They were able to demonstrate that they had already considered these issues and were actively reviewing and revisiting Mental Capacity Assessments.

The registered manager showed us short video recordings they had taken for loved ones who lived aboard and who only saw their people very rarely. These were cherished by loved ones and helped to keep people updated. However, it is important to note that these people did not have capacity to consent to the images been taken and had no capacity assessments in place for this and the registered manager took immediate action to review this.

The provider had undertaken appropriate capacity assessments for people around leaving the home alone when they suspected that they did not have capacity to do so safely by applying for Deprivation of Liberty safeguards (DoLS). DoLS provide legal protection for people aged 18 and over who are, or may become, deprived of their liberty in a hospital or care home. On the day of inspection, we saw a DoLS assessor attend the home and carry out an assessment. The Deprivation of Liberty was granted, which demonstrated that the home applied for these appropriately. The registered manager had a system in place to chase up the applications they made with the local authority.

Good

Is the service caring?

Our findings

The service was a caring service. Most people told us that they were very happy at Southminster care home. One person told us, "The care I receive is never rushed," and relatives told us, "I come in here most days and I have only been very caring staff. They make sure my [relative] is ok when they appear anxious."

We observed some positive and caring interactions between staff and people at the service. We saw two care staff talking to residents on a one to one, asking them about themselves and what they had been doing in their past. People appeared to enjoy this engagement with staff. One person said, "Staff listen to things I like to do and help me."

We observed a member of care staff gently supporting a person in distress. The care staff appeared to know how to help the person who was living with dementia and anxiety. The member of staff was very gentle and spoke softly and clearly, to them which helped to alleviate the person's anxiety.

Staff respected people's individuality and religious and spiritual beliefs. A church service was held at the home every week and people told us that they really looked forward to this. Staff were also able to take people to the church in the village. There was not a diversity of religious beliefs at the home at the time of inspection, however, the registered manager told us that they would cater of all individuals needs and would access additional information and support as needed.

People and relatives told us that the registered manager was very caring. One relative told us, "I live in [abroad] but the manager will always telephone me if there are any concerns with my [Relative], and we have a full discussion about them. I also telephone the manager about my [Relative] and they always have time to talk to me." Another told us, "When my [Relative] was due to come in here I needed an urgent assessment and the manager came on their day off to my house to do this. They are so kind and caring here, even to me when I am upset….I have not known any one to be unkind to my [Relative]. The manager is very hands on." One person's friend told us, "I cannot stress how wonderful staff are here, I would have them looking after me."

We saw that people were involved in care planning and that people had signed their own care plans. We observed staff seeking permission from people before carrying out care and we noted that this was well received by people at the service.

People told us that staff spoke to them in a respectful manner and made efforts to protect their privacy and dignity. For example, one person told us, "A male carer came in and asked did I mind if he washed me, I did not mind." Another person told us, "The carer said I must ask for more help and not struggle with things I cannot do."

People appeared well dressed for a hot day. We saw that care plans clearly documented that peoples likes and dislikes in personal care and that the preservation of people's dignity and gender preferences were maintained. For example, if females liked to wear certain hair bands or hairclips, wear makeup, and

necklaces, or if males liked to be clean-shaven and how often.

Friends and relatives were able to visit people without restriction. One relative said, "What I like here is that I can come and visit any time, I do not have to let them know I am coming. Some relatives who had lost loved ones continued to come to sit and talk with people. People told us that there was a real family atmosphere at the home. There was a separate quiet dining room off a lounge area and a tea trolley. The manager told us that they had had a number of people use this space for when relatives visited, for example on a person's birthday and the staff would make up the tea trolley with drinks, biscuits and freshly made cakes. People had also been able to host meals with their family members privately.

Good

Is the service responsive?

Our findings

Care plans were individualised and we saw that these focused on people being able to retain their independence for as long as possible. People told us that they felt their needs were reflected in the care that they received. One person told us, "Care staff are very nice and support me to do what I can, but also help me when it will be a struggle."

We saw that people signed their care plans and the registered manager involved people at the service and, where appropriate, their family members about care plan interventions and how people could be supported. Staff had a good understanding of the people they cared for and what people's individual likes and dislikes were. They spoke about people at the service in a manner that demonstrated good empathy and understanding and told us how they had adapted their practices or routines to fit around people rather than making them fit into a task orientated regime.

People's needs and risks, were clearly documented within care plans. Care plans documented peoples preferences, likes, and dislikes. The registered manager had also devised a dementia risk assessment tool that clearly and easily informed staff about people's individual needs and how they liked to be treated, for example what might distress the person and what type of support should be given. These assessments were thorough and personalised. The registered manager told us that they felt when people needed support they needed it quickly and the tool was quick for staff to read. This was a new innovation and the registered manager had yet to reflect the information within the care plan, but this was work in progress.

People at the service were supported to get involved with a variety of activities led by the staff on duty and two activity workers who worked throughout the week. These were mostly group activities, although we saw that people did receive individual time with staff to sit and chat. These interactions included art activities, puzzles, and group activities if people wanted to do this. We observed people sitting together and staff playing music and singing with people. We asked people and relatives if this was common practice and they told us that it was. One person said, "There are things you can join in if you want to each day," whilst another said, "A lady often comes in and asks would I like to join in the activities today."

We saw photos of people involved in activities, such as making their own pizzas, and a visit from a local travelling zoo. The registered manager had planned a fete and the travelling zoo had been booked to come again at the request of people at the service. The home had pet birds and people told us they loved watching them. People at the service also enjoyed regular visits from PAT(Pets as Therapy) dogs.
The manager had identified that a number of people had enjoyed gardening and consequently the service had built raised vegetable beds that were accessible to people so that they would grow their own vegetables.

Staff took people out on occasion to the local shops and park and sometimes to church when they wanted to go. People told us, "I do not have any hobbies, but we have activities going on so I can join in with them," and, "The activities ladies will frequently ask what we would like to do each day." The service had a good supply of wheelchairs that were maintained to support people if they were unable to walk long distances.

The service was responsive to complaints. People told us that staff listened to them and they felt able to make a complaint without a problem. One person said, "I have made a complaint, and the manager was very good and sorted it out for me so quickly." One relative told us, "If you have a complaint to make you speak to the manager, and it is soon sorted." We saw that complaints were logged and the manager addressed these thoroughly and if complaints could not be immediately resolved, the provider would invite people for a meeting, investigate the complaint and act appropriately to resolve it. We saw that the service had a formal complaints procedure, which set out how a complaint would be dealt with, and this was displayed on the entrance wall.

Good

Is the service well-led?

Our findings

The registered manager was extremely visible within the service and often went the extra mile to accommodate people to ensure that they received the support they needed. For example, working extra care shifts and going out to assess people requiring urgent placement on their day off. Staff told us that the manager and owner were approachable and led by example. One person told us, "I know who the manager is, she is always walking around." Three people each told us that the manager was very kind and caring and five people told us, "She always comes to speak to us." One relative told us, "My [Relative] came in here with mental health issues and if it had not been for manager's support I do not know what I would have done."

Relatives told us that manager constantly updated them on how their loved ones were and made efforts to inform them not of just when incidents occurred but also when people were having a really good day, particularly those with advanced dementia. One relative told us, "The manager will contact me regularly with an update on my mum, as I live aboard, that gives me great piece of mind." Another relative told us, "The manager will always keep you updated about any concerns."

The registered manager interacted with people in a caring and compassionate manner. Relatives and people who used the service told us that the manager was very caring. One relative told us, "The manager is very approachable," whilst another said, "You will often see the manager out on the floor talking to the residents," and, "The manager will always help with any concerns you have."

The service had on occasions cared for people with complex needs and behaviours that challenge. However, we saw that care plans for these individuals were person centred and that the manager worked closely with other professionals, such as the local mental health team to try to advocate for people so that the service could meet their needs safely. When the service had exhausted all options to support people with behaviours that challenged, they acted appropriately to get the support that people needed.

The registered manager told us that the provider at the service was supportive and when they needed additional equipment or staff, they were able to request it. We saw that the registered manager had requested and received two tablet computers for people at the service to use to skype loved ones. They told us that they also used these for staff to access training when they did not feel confident to use the computer.

The service had regular resident and relative meetings. We saw the minutes from these and saw that people did attend the meetings. Minutes demonstrated that people were involved in the day-to-day running of the service.

Staff told us they liked working at the service and felt supported by the manager. We found that morale at the home was good. Staff comments included, "We feel we have very good team support here," "The manager supports the staff well," "We can always go to the manager for support," "We can apply for training, and the manager will help us with what we want to do," and, "The manager always wants to know any concerns we have."

The registered manager carried out regular meetings, supervision's, and daily handovers to keep staff informed about service changes and service expectations. We saw that staff received one to one supervisions from the manager every three months, and group supervisions. Supervisions encouraged staff to think about their strengths and weaknesses and how they could be supported to be the best they could be within their role. This type of supervision encourages staff to reflect on their own practice and involves them in addressing how they will overcome any performance issues.

The service had good governance systems in place to identify service issues and address these with relevant time scaled action plans. The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medicines, care plans, and risk assessments, and infection control monitoring.

It was evident that the service learnt from the majority of incidents and accidents and we saw that the registered manager had investigated these thoroughly to understand how they had occurred and developed actions to minimise future risks. For example, increasing staff interaction with people at times identified as high risk of falls. However, this was with the exception of incidents where people presented with behaviours that challenged, which was instead documented within individual behaviour charts. Whilst we observed that the service learnt for episodes of behaviour that challenged, evidenced by care plan intervention reviews, the lack of incident reporting around these incidents meant that the service could not monitor effectively how often these type of incidents occurred and whether there were wider service issues that impacted on people's behaviour. Although all notifications received by CQC from the service were thorough and contained appropriate analysis and action plans.

We saw that the manager undertook annual risk assessments of the environment and developed with the provider a clear action plan and time scales for improvements to be carried out to the home. The home itself is an old building and consequently requires continued updating and maintenance.

The registered manager actively sought views from people about what they thought of the service by carrying out regular satisfaction surveys with people at the service, their relatives, and visiting professionals. We saw that these were individually filled in and that feedback was good. The manager told us that this helped them understand what they were doing well and what they could be doing better. Surveys were also carried out following admission to see if they could have made the transition smoother, recognising that this is often a difficult time for people. The registered manager had recently updated the surveys to be easier for people to understand and fill in, and focused on issues that were important to people, such as maintaining their dignity, individuality, and quality of life at the service.

The registered manager had made various links with other services and organisations in an effort to constantly review and improve practice. They had recently signed up to work with PROSPER, (Promoting safer provision or care for elderly residents) who are funded by the local county council in partnership with other organisations. In addition to this, the registered manager was part of a patients participation group representing older adults, and had been part of a 'home life group,' where registered managers met every few months to share positive practice. Staff had also signed up to the dignity network, shared ideas of how to promote people's dignity, and had good links with Age concern.