

CLS Care Services Limited

Turnpike Court 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?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Turnpike Court on 16 December 2015 and the inspection was unannounced. Turnpike Court provides accommodation and personal care for up to 28 people, at the time of our inspection there were 27 people living at the home. The home is situated in Elworth, near Sandbach in Cheshire, close to local facilities. The home is a two-storey building, with accommodation on the ground floor, the first floor being used as training rooms. There are 28 bedrooms, thirteen of which have en-suite toilet facilities. There are two large open plan lounges and a dining room, with extra seating in the connecting areas between the lounges.

At the time of the inspection there was a home manager in post, who had recently transferred there from another CLS location in October 2015. She had made an application to the Care Quality Commission to become the registered manager and was awaiting the outcome of this application. 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.

The manager was available for part of the inspection and engaged positively with the inspection process. The manager was friendly and approachable; she operated an open door policy for people using the service, staff and visitors.

People told us that they felt safe and told us that they received the support that they needed, in a way that respected their wishes. There were sufficient numbers of staff to meet the needs of people. We noted that the current arrangements for staff breaks over the lunchtime period should be reviewed to ensure that maximum staff were available during this busy period. The manager assured us that the tool made available by the provider to calculate the numbers of staff required based on the needs of the people using the service would be fully implemented.

The provider had recently recruited a number of new staff members, which meant that the use of agency staff would no longer be required. Staff members had a thorough induction process when joining the service, as well as regular on-going training.

Staff had an understanding of the abuse and safeguarding procedures which should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible. Effective recruitment processes were in place and followed by the service.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met.

People were able to choose the food and drink that they wanted and staff supported people with this.

People told us that they were well cared for and treated with compassion. Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. People were treated with dignity and respect.

Care records were personalised and up to date; they reflected the support that people needed so that staff could understand how to care for the person appropriately. We noted that some of the life plans held more detailed information than others; the manager told us that this had already been identified as an area for further improvement. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required.

People were able to take part in a range of activities should they choose to. An activities organiser arranged an entertainment programme and also provided one to one support to individuals.

The home was well led. There were good quality assurance systems in place, to enable areas for improvement to be identified

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.

People told us that they felt safe. Staff were knowledgeable about protecting people for harm and abuse.

There was sufficient and suitably qualified staff to meet the needs of the people living at the home. The manager had recruited a number of new staff members.

Risks to people's health and wellbeing were assessed, managed and reviewed.

The provider used safe recruitment practices.

People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and well trained. Staff members had induction training when they joined the service and staff had regular ongoing training.

Regular one to one supervision was provided to support staff.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and they were provided with the necessary support to eat their meals if required.

People had access to health care professionals to ensure they received effective care and treatment.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring. We observed that staff treated people in a compassionate manner.

People were treated with dignity and respect.

Staff respected people's wishes and preferences and people were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities and were offered a range of activities and entertainment within the home.

Care and support plans were personalised, up to date and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people felt able to raise any concerns with staff.

Is the service well-led?

Good ●

The service was well led.

People knew the manager, who was friendly and approachable. She had an open door policy so that people could talk to her at any time.

The manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care and changes were made in response.

The home had effective quality assurance systems in place to monitor and make any improvements.

Staff felt well supported and were able to raise any concerns with the manager.

Turnpike Court 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 16 December 2015 and was unannounced. The inspection team was made up of two adult social care inspectors. As part of our planning we reviewed the information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we contacted the local authority contract monitoring team to gather further information. The registered manager had not received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However this information was gathered during the inspection.

During the inspection we spoke with 17 people who lived at the home, five visitors and one visiting health professional. We also spoke with staff including the registered manager, the administrator, a senior care assistant, two care assistants, the maintenance person and the cook.

Throughout the inspection we made observations of the care and support provided to people, including how the staff interacted with the people and made a specific observation of the way that people were supported during lunchtime. We completed a tour of the home and inspected bathrooms, toilets, communal area and some people's bedrooms with their permission. We examined a number of records relating to the day to day management of the service including three staff files, staff rota's, quality audits, meeting minutes, training records, supervision records, call bell response times and maintenance records. We also inspected three of the care records of people living at the home.

Is the service safe?

Our findings

People told us that the support provided by the service made them feel safe. Comments included "Staff make me feel secure as I know they are always around if I need them" and "I know everything works properly and if it does not then it gets fixed quickly." They told us "The girls (staff) run around after us and it would be better for them if there were a few more to help out." Relatives told us that their loved ones were safe in the home. Comments "We know she is fine here she is safe", "It's a good place, they maintain it well, warm, comfortable and safe" and "The staff work hard but there always seems enough of them to provide good care".

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty for every shift. The rota identified that the manager and care team leaders worked flexible hours to ensure management support was available. People told us that although staff were kept busy, there was always enough staff on duty to provide care and support. One person said that the home could benefit from having more staff as they had been kept waiting for a long period of time when using the call bell. We reviewed a sample of the call bell response time records over three separate days, which all demonstrated that the calls were responded to within a few minutes and did not suggest that people were regularly left waiting for extensive periods of time. Throughout the inspection, we saw that staff responded quickly to call bells and to any unexpected events such as people becoming anxious or upset. We observed that staff took appropriate action to minimise the risk of avoidable harm.

During the lunchtime period we noticed that arrangements were in place so that staff took their breaks individually over this time. We saw that this left two members of staff on duty at a particularly busy time when people were requiring support to access the toilet or move to a comfortable seat after lunch. This meant that some people had to wait for staff to be available to provide this support. We discussed this with the manager who assured us that she would review the arrangements in place around the timings of staff breaks.

The manager told us that over recent weeks some of the care shifts had been covered by staff provided by an agency and that the same agency staff members were used to provide consistency for the people who lived at the service. The manager had recruited four new members of staff who were in the process of completing their induction training. We were advised that the use of agency staff would no longer be required from January 2016.

We asked the manager how staffing levels were calculated and how they related to the needs of the people who were living in the home. The manager told us that each person had a dependency assessment and received a score which was inputted into a data base each month to calculate overall dependency levels, which assisted the manager to ensure that staffing levels were adequate. However we noted that the individual scores had not been inputted onto the database since June 2015. The manager told us that since she had arrived in post at the end of October she had used her judgement about the level of staff required, she was knowledgeable about the needs of the people using the service and we saw that staffing had been increased to support a person who had been particularly unwell. The manager acknowledged that this

information should be inputted into the system and gave the inspectors assurances that this would be completed in future.

Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. There were posters on display to remind staff and visitors how to report any suspicion of abuse. Staff told us they had been provided with safeguarding training and discussions with staff identified that they understood the mandatory requirements around adult safeguarding. We saw the home's whistle blowing policy and staff spoken with demonstrated their understanding of the process involved. One staff member said "I have worked in care for a while now and know what to do if I saw or suspected something was not right". Discussions with staff demonstrated that they understood the process to follow to alert external organisations if necessary. The manager demonstrated that she understood her responsibility to identify and report any suspicion of abuse. We saw that the manager held a safeguarding file, which held current guidance and procedures from the local authority about how to report any suspicion or allegations of abuse. The local authority Safeguarding Adults Procedures were available for staff to access. There had been no recent reportable safeguarding incidents, but we noted that the provider had followed appropriate procedures to report care concerns to the Local Authority, this demonstrated that the manager had taken appropriate action to ensure that people who use the service were protected and safe.

We reviewed three staff files which evidenced that recruitment procedures were followed and applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Two references were also seen on each file, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people. Staff were provided with a copy of the staff handbook and an induction log.

People's medicines were managed safely. Staff who administered medicines had completed training and the care team leader told us that competency assessments were carried out to ensure staff remained safe to administer medicines and we saw these were recorded on file. Medicines were kept safely in a lockable trolley within a locked room. Controlled drugs currently prescribed to people living in the home were stored in a special cabinet. Controlled drugs are prescribed medicines that are controlled under the Misuse of Drugs Act 1971. They require specific storage, recording and administration procedures. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates of medicines were checked. The administration of medicines was recorded including the administration of creams as part of people's personal care. Records showed that a local pharmacy supplied the medicines for the home and medication training had been provided for all the staff who were responsible for the management of medication. We spoke with the care team leader who was responsible for the medication administration at the time of our inspection. She was able to demonstrate clear knowledge and understanding of all aspects of medication management. We looked at the administration and recording of medicines. We looked at a sample of the medicines and checked them against the Medication Administration Records sheets (MARs). We saw evidence which indicated that medicines had been administered and recorded correctly. Staff spoken with knew the importance of giving medicines at the prescribed time, for example, some medicines were given once a week and others were required an hour before food.

The provider demonstrated that risks to individuals and the service were managed so that people were protected. We saw that a fire risk assessment had been completed in September 2015, with each person having a personal evacuation plan which showed the support that they would need in the event of a fire. A home emergency plan was also in place in the event of an emergency which required an evacuation of the home; the manager was able to demonstrate the actions that would be taken. The home employed a maintenance person and we saw from the records that he completed various daily, weekly and monthly checks to ensure the safety of the premises.

We carried out a tour of the premises which highlighted that the building was homely, well decorated and well maintained. Equipment was stored appropriately. The building was clean and hygienic. We saw that aprons and gloves were readily available and staff wore these to protect people and reduce the risk and help the prevention of infections.

Is the service effective?

Our findings

We asked people who used the service at Turnpike Court whether they found the care and support to be effective. People spoken with told us that they felt that their care needs were met within the home. A visiting relative commented that "The staff provide (relative) with a good quality of care", a visiting professional gave positive feedback about the support provided to a person and commented that the staff "know her well and understand her needs, she looks great".

We looked around the home and found the environment to be conducive to the needs of the people who lived there. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. We saw that there was a court yard with a small seating area and pond, which was easily accessible so that people could sit outside if they wished.

Staff spoken with had the knowledge and skills needed to carry out their roles effectively. We spoke with three staff and asked them about staff supervisions and annual appraisals. Staff told us that supervisions were conducted by the registered manager or a care team leader. These meetings were arranged two monthly, more often if required and provided staff with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in the three staff files that we looked at, these files also identified that performance and capability issues were addressed and managed as appropriate. Some staff had worked at the home for a number of years and had good knowledge of people's needs. A member of staff told us that they "loved the place," as there was a good team spirit. There was a sense of pride as staff told us that they had been nominated for their providers in-house "Team of the year" and that they had won.

Examination of records and discussion with the staff confirmed that they had access to induction training and a range of on-going training to assist in their continued professional development. The manager told us that they had access to a locality trainer and training included moving and handling, fire safety, medication, safeguarding, infection control, dementia awareness amongst other training. We saw from the staff training records that staff training was up to date and we noted that staff were encouraged to develop their skills such as one person had completed a higher apprenticeship level 5 in care management and was undertaking a diploma in dementia care. We saw from staff files that staff had completed induction training at the start of their employment. The manager showed us their new induction documentation, which is being implemented to meet the requirements of the Care Certificate. The Care Certificate provides a set of standards which social care staff should adhere to in their daily work.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated DoLS with the manager, who was aware of these requirements and showed us that policies were in place. We saw that the manager had a monitoring form to record those people for whom a DoLS application had been made, with the outcome and date when the authorisation needed to be renewed. At the time of our inspection, there were three people subject to DoLS authorisations and a further two awaiting assessment by the supervisory body (the local authority). The manager informed us that the provider intended to implement a data base in which this information would be inputted and would indicate more effectively when an authorisation was due for renewal.

Some staff demonstrated an understanding of the MCA and that decisions may need to be made in a person's best interests. One member of staff spoken to explained about their role and involvement within best interest meetings. We saw that mental capacity assessments had been completed appropriately and recorded in people's life plans. We heard that people were supported by staff to make decisions and consent was gained to provide care. For example we heard a carer asking a person whether they would like a shower and sought further consent to assist with aspects of this personal care.

However, we saw in the care records of one person living at the home that a 'consent to care' form was included in the records. We saw that staff had left it blank and intended to ask the person's relatives to sign this form on their behalf. We highlighted this to the manager and explained that this indicated a gap in that staff member's knowledge around the MCA, as another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do so. Where a person lacks the capacity to give consent, staff must act in accordance with the requirements of the MCA, ensuring that decisions are made in a person's best interests. The manager informed us that MCA and DoLS training had been provided, this being incorporated into the provider's current safeguarding training. However, the provider had developed an e-learning course specifically on the subject of MCA and DoLS which all staff would be required to complete and the manager gave us confirmation that dates had been arranged for all staff to have completed this training within the next six weeks. Some staff did already appear to have a good understanding of the MCA, we also saw an example where staff had advocated on behalf of a person using the service and had appropriately upheld the person's rights and explained to a visiting professional that the person was unable to give consent for a particular activity.

People we spoke with told us that the food was good. The menus were displayed in written form in the dining room and choices were available. Most of the people dined in the dining areas, however people if they wished, could dine in the privacy of their own room as was their choice. One person told us, "Drinks and snacks are always available and you can generally get anything you like at any time you want it". Another person told us "The food is always nice; sometimes I cannot remember what I am having but it's always tasty". People's relatives told us that the food looked very good and was well presented. One person said "When I visit my relative I am invited to join the residents for lunch. The food has always been very tasty, well cooked and plentiful." Staff told us that the dining experience was flexible to suit the needs of the people who lived in the home. They said that most of the people ate lunch and evening meal at a given time to enable people to have a structured approach to dining if they choose to do so.

We observed the meal being served at lunchtime, which looked appetising. The meal was served by two members of the catering team from a heated trolley, which meant that the food was hot and people were

able to request specific portion sizes. People who we spoke with told us they were provided with a choice of meal and that staff asked them each morning what their preferences were for lunch and tea that day. We observed that the tables were laid out with table cloths and place settings. We saw that a carer was available throughout lunchtime and offered discreet support to some people who required assistance to cut up their food. The atmosphere at lunchtime felt pleasant and calm, there was soft music playing in the background. The manager also told us that the home took part in a "marvellous meal times" initiative whereby the manager completed an audit of people's experience at meal times to ensure that the staff were providing the best experience possible. The manager advised us that she was due to carry out one of these audits the day after our inspection. We saw from the care records that people's nutritional and hydration needs were recorded, there was evidence that staff were monitoring people who were at risk of losing weight, for example staff had supported one person with a number of measures and we saw that this person had started to regain weight.

We spoke to the cook who was knowledgeable about people's individual nutritional requirements. The cook told us that the menus were discussed at residents' meetings and have been adapted to include individual preferences, we saw evidence of this in the minutes of a residents meeting. Turnpike Court had been awarded a food safety rating of five, in their latest food safety inspection carried out by Environmental health, this meant that their standards were rated as very good.

Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. We spoke with a visiting health professional who told us that the support provided to a person living at Turnpike Court had been very effective, because the staff knew the person well and understood their needs; they told us that they had seen a significant improvement in the person since living at the home.

Is the service caring?

Our findings

People told us that staff provided them with compassionate care and support. Comments included "Staff are kind and caring could be more of them but they never let us down" "Very nice caring people who look after me well" and "Lovely people could not ask for more". Relatives of people who lived in the home told us that the home environment was one of care and comfort. Comments included "The staff provide (relative) with a good quality of care" and "Since (relative) has been here we have been delighted with the care and compassion shown by the staff. We feel happy about (relative) being here as we know she is loved and cared for by very nice people".

We spent time with people using the service and their visitors during our inspection of Turnpike Court. We found that interactions between staff and people were positive, responsive to need and caring. We saw staff chatted with people in a friendly way and they gave time for people to respond. For example, we saw that a carer had supported a person to have a shower, when they returned to the lounge the carer spoke in a kind manner and asked the person if they would "like a nice cup of tea." We observed throughout the inspection that the home had a warm and friendly atmosphere.

A staff member told us they felt quite humbled recently when a relative of a person who lived in the home thanked them for providing a high level of care and said "Thank you so much for giving us our (relative) back".

Relatives and visitors told us they were able to visit the home at any time, comments included "As a visitor I have always been very well received no matter what time I call." We saw staff welcomed visitors and spoke with them as needed about their family members' care.

We saw that people were treated with dignity and their privacy was upheld. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity. A person living at the home told us that the "Attitude of staff is very good" and that they were treated with dignity and respect. The care records also demonstrated that staff had awareness of treating people with dignity, for example it was recorded that staff would provide "discreet supervision" to a person to ensure their safety.

We saw that people were supported and involved in planning and making decisions about their care. A person told us that the staff "Assist me to do what I want them to do". We saw that where they were able to people had been involved in the development of their plans of care and had signed them to say that they had been consulted with. The staff supported a person to communicate through the use of a specialist communication method which enabled them to express their views.

Information about people living at Turnpike Court was kept securely in a locked office to ensure confidentiality.

Is the service responsive?

Our findings

People told us that the care and support provided at Turnpike Court was responsive to meet their needs, people felt that they were listened to. Comments included "I have my own space because that is how I like it but there is always something going on if you want to join in". A relative of a person who lived in the home told us that their relative had visited the home for a day a week prior to making a decision about moving in. They said that this enabled the person and their family to assess the home and enable the staff to assess the person's needs to make sure they could provide the appropriate level of care.

We saw that people were involved in the planning of their care and support. We inspected the care records of three people who live at the home (which the service called life plans) these reflected how people would like to receive their care, including their individual preferences. We saw that life plans included information about people's preferences to a bath or shower, the types of foods they liked/disliked and that the times that some people needed support to get out of bed may vary each day. Some people had signed their life plans to demonstrate their involvement with the plan of care, we saw that relatives had also been involved in the development of life plans. However we also noted that some staff members had signed life plans on behalf of some people living at the home, this was when the person was not able to do this themselves. We discussed this with the manager who was aware of this practice; she told us that the staff had been given previous incorrect guidance which she had started to address.

Life plans contained pre-admission assessments of need and plans of care which outlined abilities, identified needs, risks and action required by staff. Records had been kept under regular review. The manager told us that they had carried out some audits of the life plans and had highlighted some areas for improvement. We saw that there was a variation in the level of detail recorded in some life plans. In some cases where the life plans had been reviewed some contained minimal information about whether there had been any changes or updates regarding that person's care. However overall the life plans provided sufficient detail to enable the staff to meet the people's care needs effectively. The manager told us and we saw that further life plan audits had been planned to ensure that all of the life plans were sufficiently detailed and that staff would receive further training in this area.

People told us that there were activities going on and that they could choose whether they wanted to take part. The home had an activities coordinator who organised group activities and also supported people on a one to one basis. People said "Entertainment is good." "We do quizzes and have bingo" and "We had carol singers in last week". We observed that the home was decorated for Christmas and there were hampers in the foyer for raffle prizes. On the day of our inspection there were no arranged activities taking place, however people were either listening to music or chatting. There were a number of visitors throughout the day and the atmosphere was quite lively within the home. The manager told us that there had been a short period of time when due to circumstances there had been no activities coordinator in post but that this had changed recently in December and they now had an activities coordinator working 20 hours per week flexibly to include weekends and evenings as required. We saw that there was a notice board in the front entrance of the home which displayed a programme of activities for the month of December, which included activities such as hand massages, pat the pooch, sing a longs, Christmas crafts and a quiz. The

home supported people's spiritual needs, as the local vicar visited the home on a regular basis and monthly religious services were carried out.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the reception at the home. We saw that the manager had a system for logging any complaints, which were documented with any actions taken to resolve them. The last recorded complaint about the service was in June 2015. There was information available in the front entrance of the home, including a guide to living at Turnpike Court and also information to enable people to give customer feedback about the care provision. We noted that there had not been any recent meetings with people living at the service or their relatives to enable them to express their views; the last one was recorded to have been held in April 2015. The manager was aware of this and informed us that since she had arrived in post she was planning to hold these types of meetings every two months.

Is the service well-led?

Our findings

We found that the service was well led. One staff member told us that the home was well managed and staff were happy working there. Comments included "We are a family and if you knock one of us- you knock all of us" and that the manager "is a good manager, lovely to talk to and very approachable."

The manager began working at Turnpike Court at the end of October 2015, having worked as a registered manager in another of the provider's homes for a number of years. Despite the manager being relatively new in post, she had implemented several changes to the way that the service was organised and had a clear understanding of areas that required further improvement. For example we saw that the manager had focused on the recruitment of new staff, had implemented a planner to ensure that all life plans were regularly reviewed and introduced a new supervision planner for the next twelve months. The manager was knowledgeable about the care and support needs of the people who lived at the home.

The manager is required to notify the CQC of certain significant events that may occur at Turnpike. We noted that the manager kept a record of these notifications and had complied with the legal obligations attached to the role of a registered manager. We checked our records and found that notifications had been made appropriately

We saw that team meetings were held on a regular basis and the records of the most recent meeting held in November demonstrated that a range of topics were discussed and included the use of documentation, staff responsibilities and infection control. Handovers took place at the time of staff shift changes to ensure important information about people's care and support was known to the oncoming staff team.

Systems were in place to monitor the quality of the care provided to people. Records examined demonstrated that the manager completed audit checks and kept robust records of these checks. These audits included medication audits, infection control audits, care record audits and health and safety audits. We saw that where improvements were identified, an action plan was put in place and then signed off when the actions had been completed. For example an action plan for medication administration was in place and staff were aware of improvements which were required. We saw that the manager was aware of accidents and incidents, these incidents were recorded and analysed to reduce the risk of any re occurrence. Following incidents such as a fall, changes were made where necessary within people's life plans and staff made aware of any changes to people's care and support. We noted that the manager had not completed a wider audit to establish whether there were any wider themes or trends in these accidents and incidents, the manager assured us that it was her intention to put an overview form in place to monitor these incidents more robustly going forward.

The manager told us that she was supported by an assistant head of service who made regular visits to the service and carried out a monthly audit, to identify any improvements needed to the manager. However, the inspectors were unable to examine these audits as they were unavailable for inspection. Therefore we were unable to confirm the frequency and effectiveness of these audits.

Systems were in place to seek feedback from the people using the service and their relatives/representatives. The manager told us that people who lived at the home were asked to complete a survey six weeks after moving in, to seek feedback about the care provided. The provider also sent out an annual satisfaction questionnaire to people and their relatives. The home received a detailed report called "Your care rating". We saw the survey results from 2014 and the manager told us that the questionnaire for 2015 had recently been completed and they were currently awaiting the results