Russettings Care Limited

Russettings Care Home

Inspection report

Mill Lane
Balcombe
Haywards Heath
West Sussex
RH17 6NP

Tel: 01444811630

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14th December 2016 and was unannounced. Russettings Care Home is a nursing home registered to accommodate up to 45 people with a range of needs including those living with dementia and /or long term health conditions. The home also provides a short –breaks and respite service for some people. The building is a large purpose built nursing home set in its own grounds on the edge of Balcombe Village. There is a large garden at the back of the property.

The home has a registered manager. 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.
People's care needs were assessed and care plans were regularly reviewed. However people did not always have enough to do. Whilst there was a programme of organised activities arranged people were not always supported to follow their interests or provided with meaningful occupation or activities that were suitable for their needs. One person told us, "I am bored, the staff are kind but I rely on visits from my family and it's not enough." A visitor said, "My relative has said they are bored occasionally, I feel that they need more stimulation." We have made a recommendation that the provider seeks advice about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

People were supported by staff who understood how to assess and manage risks. Staff knew their responsibilities with regard to keeping people safe and when to report any concerns with regard to safeguarding people from abuse. There were enough staff to care for people and people received the medicines they needed safely.

Staff received the training and support they needed to care for the needs of people they were looking after. People and their relatives spoke highly of the staff. One relative said, "I have been very impressed with all the staff, they are really on the ball." Staff had a good understanding of their responsibilities with regard to the Mental Capacity Act 2005. Staff checked that they had people's consent before providing care. One staff member explained, "It's important to provide choices, and to respect people's choices."

People told us they enjoyed the food at Russettings Care Home. People's choices were respected and they were supported to have enough to eat and drink. Risks to hydration and nutritional needs were identified and managed effectively. People were supported to access health care services when they needed to and staff had developed effective working relationships with health and social care professionals.

Staff knew the people they were caring for well and had developed positive relationships with them. Comments from relatives included, "All the staff are absolutely caring, they have been really marvellous with my relative," and "They have a good crew here, people are treated with care and kindness." People were supported to be involved in expressing their views about their care. One staff member said, "It's important

that people have control over their care and that we respect their views." People's privacy and dignity was respected and their personal information was kept securely.

The provider had a clear complaints procedure in place and people and their relatives knew how to raise any concerns. The registered manager actively sought the views of people, staff and relatives about developments at the home and a questionnaire was used to gather feedback on the service.
Staff had developed good links with the local community and health and social care professionals spoke highly of the management of the home and the care provided.

The registered manager had effective systems in place to monitor the quality of the service and to drive improvements. This ensured robust record keeping and effective clinical governance. Staff were well supported by the registered manager and the provider. There was clear and visible leadership at all levels in the home and staff understood their responsibilities.

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.

Staff had a good understanding of how to keep people safe and risks to people were identified and managed.

People received the medicines they needed safely.

There were enough suitable staff to care for people safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to carry out their roles and responsibilities.

Staff understood their responsibility to comply with the Mental Capacity Act 2005 and sought consent from people when providing their care.

People had enough to eat and drink and had access to health care services.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with staff who knew them well.

People were treated with dignity and their privacy was respected.

People were supported to express their views and to be involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always supported with meaningful occupations that were responsive to their needs.

People's care plans were personalised and reflected changes in people's needs.

People knew how to make complaints and were comfortable to do so.

Is the service well-led?

Good

The service was well- led.

There were robust systems in place to monitor the quality of the care provided.

People, relatives and staff were included in service developments and their views were valued.

Staff were well supported and understood the responsibilities of their respective roles.

Russettings 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 14 December 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke with three people who lived at the home and 11visiting relatives. We interviewed six members of staff and spoke with the registered manager and the provider. We spoke with three health and social care professionals who had involvement with people living at the home. We looked at a range of documents including policies and procedures, care records for people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes.

At the last inspection on 20 August 2015 we had identified no concerns.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at The Russettings care home. One person said, "I am never worried, it is very safe here." A relative told us, "I have absolutely no concerns, if I had I wouldn't leave my relative here."

The provider had effective systems in place for the safe recruitment of staff. Records showed that recruitment checks were in place to ensure staff were suitable to work at the home. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national agency that keeps records of criminal convictions. They requested and checked the references provided for staff and their suitability to work with people. The provider had not retained all required documentation such as documents supporting people's right to work in the UK, however since the inspection the provider has sent us proof of this information. The provider checked all staff employed as registered nurses were registered with their professional body and able to work in the capacity of a registered nurse.

There was always enough competent staff on duty who had the right mix of skills to make sure people were safe. The registered manager told us that staffing levels were determined by using a dependency tool to assess the needs of people. Staff rotas and timesheets confirmed shifts were covered with the number of staff the provider had assessed to meet people's needs. One staff member told us, "There are days where staffing is fine, other days are busy but generally there is enough staff." A relative said, "I think there are enough staff, they are very busy particularly at weekends, but generally it's ok." Another relative told us, "Staffing levels are ok, but they do work very, very hard." A third relative said, "I am here most days and there are always plenty of staff around." Our observations on the day of the inspection were that staff were busy but there were enough staff on duty to care for people safely. Individual bedrooms were fitted with call buttons and staff responded in good time to people's call bells. This meant that people did not have to wait for staff to provide assistance. Staff told us they checked in with people who preferred to spend more time in their bedroom and we saw that no one was left alone for long periods of time.

Staff managed medicines safely and consistently. The service stored and disposed of medicines safely and kept accurate records. Medicines were stored in a locked clinical room . Medicines were administered from a monitored dosage system supplied by pharmacy. The nurse kept accurate medicine administration records; these were signed for by administering staff. Some people were prescribed PRN medicines. This meant that they were to be administered as and when needed. We were shown a PRN protocol for one person where medicines had been prescribed in case the person's needs deteriorated rapidly. The Nurses we spoke with had a good understanding of when a person might need administration of prescribed PRN medicines. The provider's policy and records for administering medicines included a best interest decision in line with the Mental Capacity Act 2005. Where people were not able to consent to receiving their medicines this was documented in line with the provider's policy.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Records confirmed that staff had an awareness of their responsibilities in relation to reporting concerns. Body map charts had been completed detailing any scratches, bruises or wounds on peoples'

bodies so that these could be monitored to ensure their safety and well-being. Staff told us that they had received safeguarding training and records confirmed this. Staff were able to give examples of how they would recognise signs of abuse and knew how to report any concerns. One staff member said, "I make sure people are safe, comfortable, not at risk. For example, I look out for bruises especially on their arms, poor appetite, changes that might show someone was afraid, depressed or anxious. I would speak to the nurse in charge if I was worried." Safeguarding alerts had been raised appropriately by the provider in line with the current Pan Sussex Safeguarding Policy and CQC had been appropriately notified.

Risks to people were identified and managed effectively. Where risks were identified risk assessments were completed to manage and reduce risks to individuals as part of their care plan. For example, one person had been assessed as at high risk of skin breakdown and a care plan instructed staff to monitor their skin closely for any changes. When a change in skin colour was noticed staff informed the nurse and a pressure care risk management plan was put in place to prevent further deterioration. This provided staff with clear and detailed guidance. We saw a number of examples of wound and pressure care treatment and noted that staff informed the GP and sought advice from a Tissue Viability Nurse (TVN) to ensure the correct actions were taken. One person had a complex wound following a skin graft and this was being successfully managed with the involvement of a TVN from the hospital.

Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included risks associated with falls, skin damage, nutritional risks including swallowing problems, risk of choking and moving and handling.

People were supported with their mobility through manual movement risk assessments and care plans. Staff were observed assisting people to transfer safely to and from wheelchairs with the use of a hoist. These manoeuvres were completed efficiently and staff were confident and reassuring with the people they were supporting. They told them what they were about to do, checked that they were happy to proceed and continued to reassure them and to give clear instructions throughout the process. A visitor told us about their relative saying, "The staff know how to move him correctly, they do it perfectly, always with two staff."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. A visitor told us, "They are careful with the environment, for example, hand rails have been fitted to help our relative." Health and safety checks were undertaken to ensure safe management of, for example, food hygiene, hazardous substances, moving and handling equipment and staff safety. Regular fire alarm checks had been recorded and risk assessments and plans were in place to evacuate people and deal with emergencies.

When incidents or accidents did occur these were recorded and actions were taken to ensure risks of re-occurrence were minimised. The registered manager said that monitoring of incidents and accidents provided an overview and helped to identify patterns. For example, when one person had a number of falls staff took steps to ensure their medicines were reviewed. Another person was referred to a health care professional specialising in reducing falls. The number of subsequent falls reduced for both these people. This showed that staff were proactive in assessing and managing risks to people.

Good

Is the service effective?

Our findings

People and their relatives told us they were confident that staff had the skills and experience to care for people's needs. One person said, "Some are well trained, others are not, but they are all improving." A relative said, "I have been very impressed with all the staff, they are really on the ball." Another relative said, "I can't fault any of the staff."

People were supported by staff who had the training and support they needed to be effective in their roles. Records showed us the provider ensured staff completed training and skills' updates that were relevant to the needs of people they were caring for. One staff member told us, "The provider always offers courses." Records confirmed that courses were arranged when staff needed to complete training. Staff told us that they had received a thorough induction which included shadowing a more experienced member of staff. New staff were supported to complete the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member said, "I had a written induction competency with the manager. It was recorded in the form of a booklet, signed off and any issues discussed with the manager as a written record."

Staff told us they were well supported and received supervision (one to one meeting) with their line manager. Staff told us supervision enabled them to discuss any training needs or concerns they had. Records confirmed that appraisals and supervision meetings were planned regularly throughout the year. Staff spoke of a supportive culture where learning was encouraged. One staff member told us they had completed one qualification and were being supported to undertake another, they said, "The manager makes sure I have a day off if needed, to help me keep up with the course."

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 are called the Deprivation of Liberty Safeguards (DoLS) . We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and Mental Capacity Act 2005. Staff told us they had received training in MCA and they were able to describe the principles of the act. One staff member explained, "It's important to provide choices, respect people's choices. If someone doesn't want to do something at that time and it is safe, we return to them later". We observed staff seeking consent from people before providing care. For example, staff were heard to ask people, "Would you like to move into your wheelchair now?" "Shall I help you with that?" and "Would you like me to help you?"

Staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to make their own decisions about their care. If people were unable to make a decision because of a lack of capacity this was undertaken within their 'best interests' by other professionals involved in their care. For example, one person who was living with dementia, had bed rails as they had been assessed as being at risk of falling out of bed. A mental capacity assessment had been undertaken and showed that they were no longer able to make a capacitated decision regarding the use of bed rails. The registered manager had ensured that a best interest decision was recorded and we saw that this had been made with the involvement of the person's relative, GP and a registered nurse. Staff were aware of the Deprivation of Liberty Safeguards and records showed that this system was being used appropriately and new applications were made and updated as required.

Staff told us the provider catered for people's nutritional needs, choices and special diets. The kitchen staff knew the requirements of people including those who had allergies. Some people had specific diets, for example a vegetarian diet, care staff discussed their preferences with the person to give them a daily choice of what they would prefer. People had a choice of meals including those who required a pureed diet. We observed that the food at the lunchtime meal was well presented and people had the support they needed to eat their meal. Pureed food was served with each component separate on the plate so that people could have separate taste sensations. People said they had enjoyed their food. A visitor told us, "The food is very good, they all eat with relish." Another visitor said, "The food is lovely, I'm coming for Christmas dinner." One staff member told us, "The food is very good. If someone does not like what's on the menu, we ask them if they would like something else and it's done for them." We heard staff offering one person several alternatives when they did not eat the meal they had chosen.

Staff completed risk assessments to monitor people's nutritional and fluid intake. One staff member told us if a person was losing weight, "I would always try offering extras, for example, snacks, extra fruit, cakes, crisps." Food and fluid charts were completed and people's weight was monitored regularly. If staff were concerned that people had unplanned weight loss referrals were made to the GP. Some people had been prescribed food supplements. Where someone was identified as having difficulty with swallowing an appropriate referral had been made to the Speech and Language Therapist (SALT). We observed a staff member assisting a person who had swallowing difficulties at lunch time. The staff member sat at same level as the person and maintained eye contact. They spoke encouragingly and kindly with person throughout the meal and followed the guidance contained in the person's care plan. This ensured that risks associated with swallowing food and drinks were managed appropriately.

People were supported to access health care services when they needed to. A visiting health care professional spoke highly of the care provided at The Russettings saying, "Staff have good clinical knowledge and they are helpful and informative. They are responsive to requests and any suggested changes to care plans and I have seen good outcomes for people." Records showed that staff liaised regularly with health and social care professionals. For example care records showed involvement with a Tissue Viability Nurse, the GP, Community Psychiatric Nurse (CPN), SALT, and a Social Worker. One staff member told us, "If (Person) is unwell, I would speak to RN on duty and they would contact the GP." A visiting relative told us, "The staff are excellent, they contacted me last week to say that my relative has developed some nasty mouth ulcers, they had noticed and were dealing with it." Another relative said, "They have made sure that my relative's feet and nails are done and they have had a haircut, it shows people are being thought about and getting the care they need." A third visitor said, "I was concerned that my relative was losing a bit of weight, I spoke to the staff and they soon sorted it."

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and told us they were caring and kind. One person said, "Some of the staff are brilliant, the good ones are very good." A visitor said, "All the staff are absolutely caring, they have been really marvellous with my relative." Another visitor told us, "They have a good crew here, people are treated with care and kindness." We contacted a health and social care professional prior to the inspection to ask for their views on care provided at the home. They told us, "The staff and supportive and kind in their approach, their treat people as individuals. One person moved there last week and the warm reception that they received from the staff was amazing and helped them settle in really quickly."

People had developed positive relationships with staff. One relative said, "The carers are lovely and so are the nurses. When (Staff member's name) comes into the room I see a smile break out on (Person's name) face, they are absolutely brilliant." Another visitor told us, "What we observe as visitors is quite impressive; the staff appear to have an excellent rapport with the residents." A third visitor told us, "My experience is that staff go the extra mile to make sure the residents are comfortable." We observed staff were respectful when communicating with people and staff appeared to know people's preferences well. We noted that people responded warmly to staff interactions.

Staff told us that they enjoyed working at the home. One staff member said, "I enjoy my work, I like to go home knowing that people are clean, safe and well. If they are happy, I'm happy." A relative said, "The staff are very caring and friendly, I admire them." We observed that interactions between staff and people were positive. For example, one staff member was supporting someone who was living with dementia, they knelt beside them, using gentle touch and a soft voice to get their attention. When they made eye contact the person smiled and held the staff members hand while they were speaking to them. Another staff member was observed supporting someone to transfer from a wheel chair to a comfortable chair. They explained how they would help them to move and then supported them gently with lots of encouragement. The person thanked them when the manoeuvre was completed and gave the staff member a hug saying, "You are so kind." A visiting health care professional told us, "I have received very good feedback from people and their relatives, they are very happy here."

People were supported to express their views about their care. Care plans included guidance for staff in how to ensure that people were actively involved in making decisions. One care plan stated, "Be calm and reassuring and offer lots of choices." Another care plan guided staff in how to communicate effectively with a person who had communication difficulties. It stated, "Speak in a clear way and give them your full attention. Make sure you give clear simple information and be reassuring if they become anxious or angry." We saw staff using this guidance when talking to the person about their care needs. When the person showed signs of becoming agitated the staff member was skilled at reassuring them and offering support in a non- confrontational way so that they could make a choice about their care needs. Another staff member was seen supporting someone who was living with dementia who had behaviour that could sometimes be challenging to others. They were also following the guidance in the person's care plan to ensure that they were able to express their views. The staff member noticed an altercation between two people had developed and intervened sensitively to prevent the situation from escalating. The staff member continued

to reassure the person and spoke respectfully to them, offering choices and listening carefully to their response to ensure their views were acted upon. A staff member said, "It's important that people have control over their care and that we respect their views."

People's confidential information was kept securely and staff were mindful of maintaining confidentiality. One staff member said, "We have to respect people's privacy, I never leave information lying around." Staff were seen knocking on people's doors before entering and addressing people by their preferred name. When supporting someone to transfer with a hoist staff were careful to ensure the person's dignity was maintained by keeping them covered throughout the process. A visitor told us, "They sometimes bring screens in to protect people's privacy, I can find no fault with the way they treat people, they are very respectful."

Visitors told us that they were welcomed by the staff and that there were no restrictions on when they could visit. One relative was able to stay in the same room as their loved one who was receiving end of life care. They told us that they had been made welcome by the staff. They said, "The staff are so good, they obviously care and want to make it as comfortable as possible. I couldn't be happier with the care, they have been fantastic."

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care that was responsive to their needs. This was because people were not always provided with meaningful occupation or activities that were suitable for their needs. People and their relatives told us that they did not always have enough to do. One person said, "I am bored, the staff are kind but I rely on visits from my family and it's not enough." Relatives we spoke with were also concerned that staff did not have time to spend with people and they were not occupied in a meaningful way. One visitor said, "I think people are bored, I would have liked to see my relative using the garden more in the summer months. They love gardens but don't have the opportunity to go out there." Another visitor told us, "My relative has said they are bored occasionally, I feel that they need more stimulation."

The activity co-ordinator told us that there was a programme of activities arranged including games, reminiscence scrap books, and outside entertainers. Some trips had also been organised and people had one to one sessions in their rooms. We saw that activities had been recorded with people's response to enable staff to judge whether a particular activity was successful for people. Although some organised group activities were arranged our observations were that people were not supported with meaningful occupations that were relevant to them. For example, during the morning a number of people who were living with dementia were sitting in the lounge with the television on at one end of the room and music playing loudly at the other. This meant that people who were looking at the television were not able to hear it properly. Much of the time people had nothing to occupy them and many people went to sleep. Staff were seen to be mainly task focussed and they had little time to interact with people or support them with any type of stimulating occupation. This was also the case for people who were spending time in their bedrooms.

We noted that one person who was living with dementia was showing signs of being anxious and a staff member was heard offering reassurance. Their care record included a care plan for emotional and behavioural support. This stated that they 'May become isolated due to lack of activities and can become anxious and depressed. 'The stated aim of this care plan was 'To prevent boredom, keep alert, active and stimulated.' There was no guidance for staff in how to support the person to achieve this or any suggestions about what sort of activities or interests might be relevant or personal to them. This is an area of practice that needs to improve. We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

People had received an assessment of their needs prior to coming to live at the home. Peoples' care plans reflected their initial assessment but provided additional information and detail about how they would like their care to be arranged. Some care plans included details about people's life stories such as their previous work, their hobbies and interests. The activity co-ordinator told us that they used this information to help them to develop the activities programme. We saw some examples of personalised care planning. One person who was living with dementia had developed some behaviour that could be challenging and staff had included recommendations from the Community Psychiatric Nurse in the care plan. We saw that staff were following these recommendations and the person's relative told us they had been impressed by their

response. Saying "Staff saw that giving her a doll to hold worked, it calmed her and has been very positive." A visiting health care professional told us, "Staff are responsive to changes, they are good at keeping us informed and they are persistent when they need to be. For example, one person who had mental health problems was refusing fluids. Staff responded to this by changing the way they worked with her, they persevered and resolved the issue. Another person can become very agitated at times, staff respond by respecting their space because they have found that's what works for that person."

Care records showed that people's needs were reviewed regularly and care plans were updated when their needs changed. For example, one person had been assessed as needing a pureed diet and thickened fluids when their ability to swallow was affected by a stroke. Over time staff noted that the person's ability to swallow was improving and they asked for the SALT to reassess them. This resulted in the person being able to have a normal diet once again.

People and their relatives told us that they were included in reviewing their care plans and we saw examples where this had happened. One relative told us, "They keep me in the loop all the time and seek my views." People told us that they were supported to retain relationships with their relatives. One person said, "The staff arranged a party for the family here." A relative told us, "They always invite us to relatives meetings and make us feel welcome when we come here."

People and their relatives knew how to make a complaint and said they would feel comfortable to do so. Their comments included, "I would raise any questions with the manager or the nurse," "I would speak to the manager," and "I would speak to the nurse and take it further if necessary." The provider kept a log of all complaints that were received and recorded actions taken to resolve people's concerns. People said that they were confident that any concerns or complaints were dealt with appropriately.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us that the home was well run and spoke highly of the registered manager and the provider. One relative told us, "I can speak to the manager whenever I need to; they are always willing if I need a quick word and they are around a lot." Another relative said, "Since they (Provider) took over, we have seen a steady improvement from day one." A third relative told us, "I would definitely recommend it here, it's very well run."

Staff also spoke highly of the management of the home. One staff member said, "It's improved a lot we get full support from management, any concerns staff discuss, it's improving here." Staff described an open culture at the home saying that the manager had an 'open door policy.' One staff member said, "We are encouraged to make suggestions. Ideas are listened to and its pretty open, you can go to the manager at any time." Staff knew about the provider's whistleblowing policy and told us that they were encouraged to use it. Staff meetings were held regularly and staff told us if they had any concerns or issues they would speak with the registered manager. One staff member said, "The manager and the owner are both easy to talk to and they listen to us."

People and relatives also spoke highly of the management of the home and told us that the provider was visible and approachable. One person said, "They are always around and we can pop and speak to them whenever we need to." A staff member confirmed this saying, "The owners come in frequently and people and relatives also know them and talk to them." A visiting relative said that the provider had a positive impact at the home. They told us, "Since they took over it has been better, any issues are dealt with straight away. They manage to keep their staff and I think that's because there is strong management."

A visitor told us that they regularly attended residents' meetings with their relative. They said, "It's usually about every eight weeks and we all get invited. Some of the relatives come regularly and we bounce ideas of each other." Notes from resident's meetings showed that they were well attended and people's views were sought on a range of topics relating to the running of the home and planned developments. The provider used a questionnaire to gather the views of people and their relatives on the running of the home. The registered manager said that feedback was used to make improvements. One example given was of the planned refurbishment of the lounge and dining room area. The registered manager said that people would be consulted for their feedback about choice of colours and furniture selections when the redecoration was completed. A member of staff explained that some people who were living with dementia had been involved in choosing the colour of the door to their room. They explained that having a brightly coloured door helped the person to remember their room and to orientate themselves in the building.

The registered manager had robust systems and processes in place to monitor the quality of the service. For example, a number of regular audits were undertaken. This included regular health and safety and infection control audits as well as a weekly manager's audit. Action plans were in place to ensure that any areas identified as needing improvement were addressed. For example, where a records audit had shown that there were some gaps in recording of food and fluid charts the registered manager had taken action to ensure that any gaps were addressed to maintain accurate records. The registered manager had an

overview of incident and accident monitoring to look for any patterns or triggers. One example, showed that where a person had a number of falls it was noted that this might be a result of some medicine that they were taking. Staff asked the GP to review the person's medicines and this resulted in a change that led to a decline in falls.

The registered manager said that they regularly attended a care home manager's forum to help them to keep up to date with current good practice. They explained that this gave them the opportunity to meet and discuss ideas with other managers from local care homes and to share views and opinions on emerging practice in dementia care. Staff had developed good links with the local community and health and social care professionals spoke highly of the management of the home and the care provided.

Staff told us that they were clear about their roles and responsibilities and they knew what was expected of them. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the implementation of the Duty of Candour CQC regulation and had informed staff of this. The intention of this regulation is to ensure that providers are open and transparent with people who use services.