

Bupa Care Homes (CFChomes) Limited

Elmstead Care Home

Inspection report

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Kent
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 6 July 2016 and was unannounced. At the last inspection of the service on 1 May 2014 we found the service was meeting all the regulations we looked at.

Elmstead Care Home provides accommodation and personal care support for up to 49 older people. The home is situated within the London borough of Bromley and is spread out over three floors. The middle floor has been designed for people who have dementia. Care provided within the home ranges from respite services, day care facilities, residential, dementia and convalescent care.

At the time of our inspection there were 34 people using the service. There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

The provider failed to support staff through regular supervision and appraisals of their practice and performance in line with the provider's policy. Although there were plans in place to address these shortfalls, we were unable to check them at the time of our inspection but will check them at our next inspection of the service. This required improvement.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. People's views

about the service were sought and considered through residents meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Good ●

Is the service effective?

The service was not consistently effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs; however staff were not always supported through regular supervision and appraisals of their practice and performance. This required improvement.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when

Requires Improvement ●

required.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Care plans documented people and their relative's involvement in their care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

Elmstead 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 checked whether the provider was 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.

The inspection was carried out by one inspector on 5 and 6 July 2016 and was unannounced. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

We spoke with six people using the service and looked at the care plans and records for five people. We spoke with ten members of staff including the regional director, registered manager, care managers, team leaders and care staff.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Is the service safe?

Our findings

People told us they felt safe living in the home and that they found staff were supportive and kind. One person said, "Staff are lovely. They always make sure I'm ok." Another person commented, "I do feel safe, very much so. Everyone is so caring." A third person said, "I've lived here a while and know all the carers. They are wonderful and always make sure I'm well."

The provider had up to date policies and procedures in place for safeguarding people from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and were aware of their responsibilities to report any concerns. Staff demonstrated they were aware of the signs of abuse, knew what action to take and told us they felt confident in reporting any suspicions they might have. One staff member said, "I have worked here a long time and know everyone well. I wouldn't hesitate to report any concerns I had. I know it would be dealt with appropriately by the manager." Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that detailed records of incidents and safeguarding concerns were completed and managed appropriately. Where required the registered manager submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate. Information about safeguarding was displayed throughout the home for people and their relatives to access and this included who to contact if people had any concerns.

There were safe staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications.

People told us there were enough staff available to meet their needs and to respond to their requests in a timely manner. One person said, "There is always someone around to help me when I need it. They are so good." Staff told us they felt staffing levels were appropriate to meet people's needs. One member of staff said, "There is enough of us to make sure people are well cared for and kept safe. Most of us have been here a long time which is nice as we all work together so well." The registered manager told us that they were fully staffed with no vacancies and had recently recruited new members of staff to bring them 20 per cent over their current staffing requirement levels. Staffing rota's demonstrated that staffing levels were suitable to ensure people's needs were met and observations during our inspection confirmed there were sufficient levels of staff available to support and meet people's needs at all times.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health and safety. Risk assessments were conducted for areas such as manual handling, falls, mobility, call bells, sense and communication, skin care, nutrition and mental health and well-being. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, one care plan documented how

staff prompted the person to ensure they wore their glasses at all times and therefore reduced the risk of falls. Another care plan documented that the person liked and responded best to information given verbally and that staff were to ensure their call bell was placed under a pressure mat at night as the person was at risk of falls. Risk assessments were reviewed on a regular basis to ensure people's well-being and care plans documented further intervention and support from health professionals where required. People's weight was regularly monitored and risk assessments were in place where people were considered to be at risk of malnutrition or dehydration.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks. The registered manager told us they completed an analysis of all accidents, incidents and falls within the home and held a weekly clinical risk meeting with senior staff to ensure appropriate actions were taken where required and to share learning.

Medicines were managed, administered and stored safely. We observed medicines were administered correctly and safely to people by senior staff trained to do so. Staff said they received suitable medicines training and underwent a medicines competency assessment to ensure safe practice. The registered manager told us they were in the process of implementing a new in depth medicines competency assessment tool which was in line with best practice and would be completed for all staff who administer medicines on an annual basis. We looked at medication administration records (MAR) which were completed correctly with no omissions recorded. People's photographs and known allergies were recorded on MAR's to ensure safe administration. Medicines were locked in secure medicines trolleys that only staff who were trained to administer medicines had access to. We also found controlled drugs were safely stored. Staff told us medicines which required refrigeration were stored appropriately in a medicines refrigerator. Refrigerator temperatures were checked and recorded on a daily basis and temperature readings for medicine rooms were also recorded to ensure medicines were safe and fit for use.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which detailed the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire drills were conducted and records we looked at confirmed this. Fire signage was located appropriately throughout the home and indicated fire doors and fire exits. Equipment for evacuation use was available and staff knew how to use them. Regular fire system checks were in place to ensure the home environment was safe.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. Hoists, wheel chairs, beds, gas appliances, electrical appliances, legionella testing, fire equipment tests and maintenance were routinely completed. The home environment appeared clean, was free from odours and was appropriately maintained.

Is the service effective?

Our findings

People told us they thought staff were experienced, skilled and trained to support them appropriately. One person said, "The staff are very good and always know exactly what to do." Another person commented, "Staff seem very knowledgeable. They know how to help us." We observed that staff had the knowledge and skills to support people effectively. However we found that staff were not always supported appropriately through regular supervision and appraisals of their practice and performance to ensure people's needs were met effectively.

Staff records we looked at showed that not all staff had received formal supervision and appraisals in line with the provider's policy. The provider's supervision policy confirmed that supervisions were to be conducted six times a year with two of the supervisions being combined with a mid-year review and end of year review. One staff record showed that the person last received supervision in June 2014. Another staff file documented their last supervision was conducted in November 2015 and the providers staff supervision matrix showed that out of 40 staff only 27 had received supervision in 2016. Staff we spoke with told us they felt well supported by the registered manager, however confirmed that supervisions did not always take place on a regular basis. One member of staff said, "The previous manager did not always do supervisions often. The manager we have now is really supportive and is making sure we get them and lots of support." We spoke with the registered manager who confirmed that supervisions had not been conducted on a regular basis in line with the provider's policy. However they showed us an action plan they had implemented to ensure staff received supervisions on a regular basis and in line with the provider's policy. Although there were plans in place to address the above shortfalls, we were unable to check them at the time of our inspection but will check them at our next inspection of the service. This required improvement.

There were systems in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction period which included completing the provider's mandatory training and shadowing experienced colleagues. Staff confirmed they received an induction when they began work at the home and this involved working alongside experienced members of staff to gain the knowledge and experience needed to support people effectively. Staff records we looked at confirmed that new staff received an appropriate induction and this was in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers.

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also meet the needs of staff and their development. One member of staff told us, "Training is good and it has really helped me to understand people's needs better." We looked at the providers training matrix which showed a range of training provided including moving and handling, fire safety, mental capacity act and deprivation of liberty safeguards, risk culture and incident management, food hygiene, behaviour that we find challenging and dementia and cognitive issues amongst others. The registered manager told us that all training provided was class based training held within the home or computerised training which included the completion of workbooks. They told us the provider had an in house trainer who visited the home to

deliver staff training when requested or needed.

Staff demonstrated good knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests. Staff were knowledgeable about people's individual needs and understood when people wished to make choices about their care and support. 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where required, people's care plans contained mental capacity assessments and records from best interests meetings. The registered manager showed us a new MCA tool that they were in the process of implementing at the time of our inspection. This demonstrated that decisions were made in people's best interests and the service was working within the principles of the MCA.

Communal areas were relaxed and welcoming and we observed the middle floor surroundings were decorated to create a dementia friendly environment. For example people's bedroom doors were painted in the colour of their choice and brass fixtures were fitted to make them look like street front doors. People also had 'memory boxes' located next to their doors which contained pictures or small personal keepsakes. Picture signage was also displayed throughout which provided clear directions to people to aid orientation. The registered manager told us, "Creating this environment has really helped with people's recognition, especially for those we care for with dementia." They told us that the dementia unit had recently won a 'blue' audit from the provider's admiral nurse (dementia specialist) which rated them as outstanding.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People told us they enjoyed the meals on offer at the home and they were offered enough to eat and drink throughout the day. One person said, "The food is lovely. I'll eat whatever they cook." Another person commented, "The food is always nice here. We always get a choice and if there's anything I don't like they change it for me." Kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring low sugar options were available where required. Menus reflected individuals' preferences and dietary needs and were seasonal and changed at people's request. The registered manager told us that they had a food committee, where staff and people at the home meet to discuss the meals on offer and make suggestions or changes to food on the menus. We observed the lunchtime meal in the dining room on the middle floor. Staff used picture books to support people in making their choice of meal. Suitable cutlery was available for people to help maximise their independence when eating. Most people did not require any support during the mealtime but we saw staff were available if requested. Staff maintained people's care records to show how their choices were supported at meal times and people's nutritional needs were assessed and monitored on a regular basis.

People had access to health and social care professionals when required. Care plans and records showed that, where appropriate, staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental

health care needs and were familiar with local health and social care professionals who visited the home on a regular basis.

Is the service caring?

Our findings

People told us staff were kind and caring and supported them well. One person said, "The girls [staff] are wonderful. They are so caring." Another person told us, "They are very good. They get 10 out of 10 from me." A third person commented, "Everyone is very nice. They really care and go the extra mile."

Some people using the service were not able to communicate their views to us about the service. We therefore observed the care and support being provided. We saw that staff were familiar with people using the service and knew how best to support them. Interactions between staff and people using the service were positive and indicated that staff had developed good relationships with people.

We saw staff spent time with people and engaged them in conversations while others participated in organised activities. The registered manager told us about some ways in which they encouraged people to remain independent and to continue to do the things they like doing where possible. For example, several people liked looking after the small kitchen on one of the units. One person was a former hostess and cook by profession and enjoyed regularly making tea and toast and doing the washing up.

Staff addressed people by their preferred names and answered people's questions with understanding and patience. Staff respected people's choice for privacy as some people preferred to remain in their own rooms and not to participate in planned activities. People's bedrooms were personalised and contained some of their own furniture and items such as family photographs. We observed that staff treated people with respect and saw many examples of how staff made people feel safe and relaxed. People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when providing personal care and sought people's permission to enter their bedroom before doing so.

Care plans detailed people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that where appropriate staff supported and enabled people to practice their faith and to attend services that reflected people's cultural or religious needs. Care plans also demonstrated that people had been involved in the development of their care and when appropriate people's relatives were involved and invited to review meetings and events. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans. The registered manager told us that staff often volunteer their help on their days off to escort people who have no family or relatives to hospital appointments to ensure they are safe and appropriately cared for. People's end of life care needs and future decisions were documented and contained within their care plans to ensure their wishes and choices were respected.

People were supported to maintain relationships with their families and friends and visitors were seen throughout the course of the inspection with no restrictions placed upon them. The registered manager gave us examples of how they supported people to spend time with family members for example by offering people and their families the use of the home's day centre facility to hold parties and family gatherings. They

said "This works really well for people as many of our residents are too frail to travel to see their family members and some people don't like leaving the home. When there are parties we are very happy to provide the food and a birthday cake and staff are always willing to decorate it appropriately for them."

People were provided with information about the service and external health and social care services upon admission into the home. For example notice boards displayed information about relevant health and social care issues and local community services. We noted that the home also had information displayed called 'You Said – We Did'. The registered manager told us that any requests or suggestions that were brought forward and discussed at regular residents meetings were logged and addressed and displayed on the 'You Said - We Did' board for people to see the action that had been taken.

Is the service responsive?

Our findings

Staff knew how to meet people's individual needs and people spoke positively about the staff and the support they received. One person said, "The carers are wonderful and know just how I like things to be done." Another person commented, "Everyone here is great. They all do such a good job." A third person said, "Staff are lovely. They are always so helpful."

People were assessed to receive care and treatment that met their needs and care plans showed that before people moved into the home their needs were assessed through the provider's pre-admissions assessment process. This ensured that people's individual needs could be met by the home's environment and their staff. People were provided with pre-admission information about the home that included an array of detail about the service and provider.

People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered and respected. Care plans contained assessments that detailed people's needs for areas such as mental health and well-being, choices and decisions, eating and drinking, medicines, moving around, skin care and sense and communication amongst others. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. There was continuity of care support as there was consistency in the staffing team and we observed they worked well together as a team. Staff told us they worked flexibly, so, that where there was a change in a person's circumstances; they were able to meet their needs without delay. Care plans were reviewed on a monthly basis in line with the provider's policy and where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff. The registered manager told us the home operated a 'Resident of the day' scheme, where by the person's care plan was updated with their participation and reviewed to ensure it was responsive to their needs.

Care plans documented people's personal history, cultural and religious needs to ensure staff were responsive to people's needs. The registered manager showed us a 'history sheet' the service used as part of people's care plans that documented conversation pieces had with people using the service and their relatives where appropriate. They told us this enabled them to recognise important people or events in a person's life. People's diverse needs, independence and human rights were supported and respected and people had access to equipment which enabled greater independence, for example walking frames and wheelchairs.

Staff encouraged people to be independent and as active as possible and provided support to enable people to engage in activities that reflected their interests and met their needs. We observed people in communal areas and lounges throughout the home enjoying group activities such as arts and crafts, lounge basketball, watching old films and playing video games on a games console. There were large print weekly, monthly and seasonal activity information sheets displayed on each floor of the home so people were aware of the activities on offer. Weekly activities listed at the time of our inspection included social club in the bar

area, cake making, movement and music, games and quizzes and knitting and book clubs.

External entertainers also visited the home on a frequent basis and people told us they enjoyed this. One person said, "We have people come to play music and sing. They are very good and I like to have a dance." The registered manager told us the home employed two full time activity coordinators who organised all activities and events held at the home. They said "Our activity coordinators are fantastic and excel in organising large events as well as daily activities. We have recently had 'A night at the Oscars' event, where all gentlemen wore jackets and bow ties and the ladies wore feather boas. We served champagne, strawberries and a lovely meal. Everyone won an Oscar for something, for example best cake decorator, best at quizzes, winner of most bingo games etc." They also told us of an arranged farmer's market event in which the home purchased cheese, wines, relishes, pickles, meats and bread and decorated the day centre appropriately. The said people enjoyed trying the different foods they had on offer. At the time of our inspection the home was holding a belated 4th July Independence Day event. We saw the day centre facility had been decorated in American flags and the food menu comprised of people's favourite American foods such as hot dogs and fries. There was also an external entertainer who visited and sang people's favourite American songs.

People and their relatives felt able to express their views about the care provided. The service routinely and actively sought people's views on how the service was run and how they wanted their care to be delivered. The registered manager told us they had recently conducted two interviews for new care staff with people present to gain their feedback on the candidates. They told us they would continue to offer this opportunity to people living at the home to enable them to have their say on the staff that are employed at the home.

There was a complaints policy and procedure in place and information on how to make a complaint was on display. Information provided guidance on the complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people.

Is the service well-led?

Our findings

People told us they thought the home was well led and staff were supportive and kind. One person said, "The manager is great, all the staff are great. They all do such a good job." Another person commented, "The home is lovely as everyone does such a wonderful job. There is always something going on and they do organise everything so well." We observed the manager encouraged feedback from people and staff which promoted good practice and assisted in driving improvements. The registered manager told us, "I have an 'open door' policy at all times for residents, relatives and staff. I always encourage people to come and speak with me. It's always good to know if we are getting things right." We saw the registered manager made themselves available to everyone during our inspection and spent time with people using the service and the staff. Staff we spoke with told us the manager was supportive and open to any suggestions they had. One staff member said, "The manager is extremely supportive and the home environment is great because of that. It's all about the people here and you can see that." Another member of staff commented, "The manager is very good and always has time for us. She is very approachable and I could go to her with anything."

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. The registered manager told us of how they felt about the provider's values and ways in which they promoted them within the home. They gave us examples of how well staff supported and cared for people for example, the staffing team went without their Christmas party this year as they wanted to spend their allowance on a smart television for the residents so they could use the internet to be able to see their old houses and streets. They told us this was an excellent tool for reminiscing and a wonderful gesture from staff which demonstrated their commitment in caring for people. They told us the provider had just introduced a reward scheme for all staff to recognise when individual staff members go above and beyond their role.

There were effective systems and processes in place to monitor and evaluate the service provided. We spoke with the registered manager and the provider's regional director who showed us audits that were conducted in the home on a regular basis. These included daily manager walk about checks, daily clinical walk about checks, medicines audits, monthly care plan audits, quarterly health and safety audits, nutrition and catering audits and infection control audits amongst others. Audits we looked at were conducted as required and were up to date. Records of actions taken to address any highlighted issues were appropriately actioned and documented, for example, actions required to ensure staff received appropriate supervisions in line with the provider's policy. The registered manager also showed us the providers 'home managers' quality metrics' report which the registered manager completed on a monthly basis. This measured the quality of the service looking at specific areas within four domains including the quality of care, quality of life, quality of leadership and management and the quality of the environment. The regional director told us they also completed a 'monthly home review' which detailed any actions the registered manager needed to take.

The home encouraged involvement from people, their relatives where appropriate and health and social care professionals in monitoring and assessing the quality of the service. The registered manager and staff had regular contact with health and social care professionals and acted on feedback received to help drive improvements. People's views about the service were sought on a regular basis and also considered through the providers satisfaction surveys that were conducted on an annual basis. We looked at the results for the last residents survey conducted in 2016 which was positive showing 94% of people were happy with the staff, 94% of people were happy with the food and 82% of people were satisfied with the overall service provided at the home. Comments from people who participated in the survey included, "Because it's a nice place to live and I have everything I need. The food is lovely", and "I would recommend because of the staff."

People were also provided with the opportunity to provide feedback about the service and to be involved in the way the service is run at residents and relatives meetings that were held on a quarterly basis. We looked at the minutes for the residents meeting which was last held in May 2016 and saw the issues discussed included housekeeping and the home environment, staff new to the home, forthcoming training and development and customer satisfaction feedback and action plan.