Mrs Dahiya

Sailaway Residential Care Home

Inspection report

Main Road
Bosham
Chichester
West Sussex
PO18 8PH

Tel: 01243572556

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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

Sailaway Residential Care Home provides care and accommodation for up to 18 people, including people living with dementia. Nursing care was not provided. At the time of our inspection, 14 people were living at the home. Accommodation was over two floors with a stair lift to assist access. There were bathroom facilities on both floors. Communal areas were on the ground floor and consisted of a lounge, dining area and a conservatory.

The home was managed by the provider who is in day to day charge and worked alongside staff in order to provide care to people. The provider is a registered person and 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.

At our last inspection to the service in November 2015 we found one breach of regulations. The provider had not ensured there were systems and processes to adequately protect people from abuse and improper treatment. Concerns were also identified with regard to medicines received into the home when people were on short stay or respite care. We asked the provider to take action and the provider sent us an action plan In February 2016 which told us what action they would be taking. At this inspection we found that improvements had been made and the regulations were now met. As a result of improvements made, the service's overall rating had improved to "good."

People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

There was a system in place to ensure that medicines were managed safely. All staff authorised to administer medicines had received training and the competency of staff administering medicines was checked on a regular basis.

Risks to people's safety were assessed and reviewed. Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely.

People were involved as much as possible in planning their care. Each person had a plan of care which provided staff with the information they needed to support people and meet their needs. Care plans contained information which was relevant to each individual and enabled staff to provide effective support to people.

Staff received regular training and there were opportunities for them to study for additional qualifications. Staff were supported by the management through supervision and appraisal. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each

shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider and staff understood when an application should be made and how to submit one and was meeting the requirements of DoLS. The provider and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. People spoke positively of the food and the choice they were offered. We were told, "The food is good, there is always a choice". Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. People were supported by a range of health professionals and appropriate referrals were made for guidance or additional support.

People's privacy and dignity was respected and staff had a caring attitude towards people. We saw staff smiled and laughed with people and offered support. There was a good rapport between people and staff.

The provider and staff were flexible and responsive to people's individual preferences. People were encouraged to maintain their independence and to participate in activities that interested them.

The provider had a clear complaints procedure and a copy was given to people when they moved into the home and their relatives; there was also a copy of the complaints procedure on the notice board in the home.

The provider had a policy and procedure for quality assurance. They operated an open door policy for both staff and people using the service and their relatives. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular staff and residents' meetings and feedback was sought on the quality of the service provided through quality assurance questionnaires. The provider welcomed feedback on any aspect of the service. The staff team said communication between all staff at the home was good.

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.

There were policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to minimise risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and received regular supervision.

People's capacity to consent to care and treatment was assessed and the registered manager and staff were aware of their responsibilities as set out in the Mental Capacity Act 2005.

People were supported to have a balanced and nutritious diet. Specific dietary needs were catered for.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People told us they were treated well by staff and always treated with dignity and respect. Relatives said they were very happy with the care and support provided.

We saw people's privacy and dignity was respected. People and

staff got on well together

Staff understood people's needs and provided support the way people preferred in line with people's preference

Is the service responsive?

Good

The service was responsive.

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences.

There was a regular programme of activities for people.

The service had a complaints procedure and people and relatives knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and other professionals were asked for their views about the service so that any improvements or action could be taken.

The provider was proactive in making plans to improve the service and carried out regular audits of the service provision.

People and staff spoke highly of the provider. Staff were clear on their responsibilities and told us they were listened to and valued.

Sailaway 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 checked 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 27 February 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to 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 the PIR and other information we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that some people at the home were living with dementia not all people were able to share their experiences of life at Sailaway Residential Care Home. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with seven people. We talked with four members of care staff, the administrator and the provider. Following the inspection we contacted four relatives who gave us feedback on the service provided for their family members. We also had contact with the contracts department from West Sussex County Council.

We observed how staff interacted with people and how they supported them in the communal areas of the

home. We looked at plans of care for three people and also looked at risk assessments, incident records and medicines records. We looked at recruitment records for three members of staff. We also looked at staff training records and a range of records relating to the management of the service such as activities, incidents, accidents and complaints as well as quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection in November 2015 we found one breach of regulations. The provider had not ensured there were systems and processes to adequately protect people from abuse and improper treatment. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the breach was now met. Concerns were also identified with regard to medicines received into the home when people were on short stay respite care and the provider had addressed this issue.

Since the last inspection the provider had updated the home's policies and procedures regarding the safeguarding of adults and had organised additional training for staff. At this inspection we found staff were aware of their responsibilities and they confirmed they had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. One member of staff told us, "I would ensure the person was safe and report it to the senior person on shift or to the provider.

We asked the provider about people's finances and were told these were mainly managed by family. The provider said that for chiropody and the hairdresser the provider paid for these services and then each family was invoiced independently. She told us that some families left person spending money for their relatives and this was kept safe and secure by the provider. This was locked away in a safety box which was locked in the office. We saw records of transactions of money being deposited and receipts were obtained when any money was spent. The provider told us this was mainly for toiletries and small personal items. There were clear records which provided a clear audit trail.

We looked at the medicine procedures at the home and there was clear guidance for staff with regard to the receipt, storage, administration and disposal of all medicines at the home. Any person who was admitted to the home for respite care had their medicines checked and recorded when they were admitted and any medicines for that person were signed out when the person left the home.

Medicines were prepared by the supplying pharmacy in blister packs. These packs contained a photo of the person who the medicines were for. This helped staff to administer medicines safely to people. The pharmacy also prepared Medicine Administration Record (MAR) sheets where staff signed when medicines had been administered. The MAR contained a list of prescribed medicines which included a picture of what the pills looked like as a reference for staff. When reviewing MAR we found that there were no gaps or omissions in recording.

We observed a member of staff as they administered medicines to people. They took time with each person, they checked to ensure that the correct medicines were given to the right person and ensured it had been taken before completing the MAR. All staff who were authorised to administer medicines had received training and this included a competency assessment so the provider could be assured that staff knew how to administer medicines safely. We saw there was a policy and procedure for any medicines which were prescribed on an 'as needed' (PRN) basis. These were offered appropriately and the MAR completed. MARs

demonstrated that people had received their medicines safely and as prescribed.

People told us they felt safe at the home. Comments from people included, "I am very well looked after and feel safe here," and, "Yes I feel safe, I could not be in safer hands". Relatives told us they had no concerns about the safety of their loved ones.

We looked at risk assessments for people and saw these were in place. We saw risk assessments in a number of areas such as trips and falls, pressure areas, moving and handling, mobilising around the home and for aids and equipment such as hoists and wheelchairs. Where risks had been identified, risk assessments identified what the risk was, who was at risk and detailed what measures and steps should be taken to minimise the risk to the person.

Appropriate recruitment checks were carried out before staff commenced employment. We looked at recruitment records for three staff. Records showed that recruitment checks included completion of an application form showing details of work history, proof of identification and eligibility to work in the UK. Disclosure and Baring Service (DBS) checks were also carried out. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff confirmed they did not start work at the home until all recruitment checks had been completed.

We looked at staffing levels across the home including those at weekends. There were sufficient numbers of suitable staff to keep people safe and meet their needs. We saw in care records that each person had a dependency assessment carried out and the provider told us she regularly carried out an assessment of staffing levels to ensure there were sufficient staff on duty each day. From 8am to 2.30pm there was a minimum of three members of staff on duty. From 2.30pm to 8pm there were two members of staff on duty and from 8pm to 8am there were two members of staff on duty who were awake throughout the night. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The provider worked at the home each day and this was in addition to the regular staffing levels. The hours the provider worked were flexible and allowed them to carry out management duties and to provide extra support if required. People, relatives and staff said there was enough staff on duty to meet people's needs.

Each person had a personal evacuation plan which recorded any specific actions required in the event of an emergency. These were kept in the entrance hall of the home and were readily available for staff or the emergency services as required. A copy was also kept in each person's care plan. The provider told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Checks were made by suitably qualified persons of equipment such as the stair lift, gas heating, electrical wiring, hoists, fire safety equipment and alarms and electrical appliances. The provider told us that regular maintenance checks of the building were carried out. We looked at maintenance records and these were up to date and showed appropriate checks had taken place. The provider said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

Good

Is the service effective?

Our findings

People told us they were well supported by staff. People we spoke with agreed that the staff were good and knew how to look after them. One person told us, "The staff are very good". Another said, "I am very happy and have no problems, the staff take good care of me". Relatives told us they were very happy with the care and support provided. One relative said, "I can't fault the staff they are very attentive and look after people well". Another told us, "Staff do a brilliant job, it gives me peace of mind to know my relative is well looked after".

At our last inspection we noted that training and supervision for staff required improvement. At this inspection we found that this had improved. The provider told us they supported staff in their work and that all staff received regular supervision. The provider currently carried out supervision for senior care staff who in turn supervised care staff. Supervision records demonstrated a review of work performance, client issues, training and support and development needs.

Staff training was recorded on a training spreadsheet which showed that staff had completed training in the following topics: Moving and handling (Theory and Practical), fire safety, safeguarding, infection control, food hygiene, health and safety, Control of Substances that are Hazardous to Health (CoSHH), first aid and accidents, dementia awareness, equality and diversity and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Training was provided through a range of sources such as face to face, video and on line training. The provider told us they were always looking at different ways to access training. Recently staff at the home had received training on dementia from the local authority Dementia In reach Team. Staff told us they were satisfied with the training on offer. One staff member told us, "We have regular training to keep us up to date".

All new staff members completed an induction when they first started work. The provider said care staff completed an induction which included working alongside an experienced staff member and completing an induction checklist regarding the service's policies and procedures. The provider told us all new staff were expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The registered manager said that of the 12 care staff employed, all had either achieved a minimum of level 2 National Vocational Qualification or Qualifications and Credit Framework (QCF) diploma in health and social care or were currently undertaking these qualifications. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability to carry out their job to the required standard.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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. We spoke with the provider who told us, where appropriate, people's capacity to consent to care and treatment was assessed. Where people did not have capacity to consent to their care and treatment, appropriate arrangements were made for decisions to be made on behalf of people. Staff confirmed they received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and this helped them to ensure they acted in accordance with the legal requirements. We saw capacity assessments were in place in people's care plans and these had been appropriately completed and best interest decisions had been recorded. The provider told us that currently applications for all people living at the home had been made under DoLS which applies to care homes. To date only one had been authorised and the others were being dealt with on a priority basis. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Care plans had information about people's ability to make decisions about their care, treatment and support. We saw where people had nominated others as their power of attorney, copies were held in their care plans and people had signed consent forms for staff to provide support to them. We observed staff spoke with people and gained their consent before providing support or assistance.

People enjoyed the meals at the home. One person told us, "The food here is good, I always look forward to it". Another said, "There is always choice and I get enough to eat". People were consulted about their food preferences and staff told us that menus and people's choices of food were regularly discussed at residents' meetings. A staff member told us, "We do not go round too far in advance and ask people what they want as they could not remember. We ask them about 10am each day and tell them the two choices on offer and if the choices are not to their liking they are always able to have something different". On the day of our visit the main meal was roast chicken or sausage casserole with fresh vegetables, followed by fruit pie and custard. We saw that one person chose to have a jacket potato with cheese and this was cooked for them. Staff were aware of people's dietary needs and preferences. Staff monitored people's weight and took action if any concerns were identified.

People at risk of poor nutrition were assessed and monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition or over weight. We spoke with the provider who showed us a list kept in the kitchen which detailed people's needs such as pureed, fork mashed food or anyone who required fortified food to increase their nutritional intake. This ensured all the kitchen staff had an awareness of people's special dietary needs.

During our visit we used our Short Observational Framework for Inspection (SOFI) tool to observe how people were supported by staff. We observed how people were supported at mealtimes and throughout the meal there were sufficient staff to provide support and encouragement. Meals were observed to be well presented and the atmosphere was relaxed and pleasant. We observed that some people had aids to support them with their eating such as plate guards and utensils that were easier for people to use. Nobody was rushed which ensured people ate sufficiently and enjoyed their dining experience.

People's health was monitored regularly and support was sought promptly when required. Each person had a health section in their care plan which contained information about the person and their health

needs. This information helped to ensure people received consistent, effective support. People were registered with a local GP surgery and people could stay registered with their own GP if they came from the local area. The provider told us that staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians as and when required and this helped people to stay healthy. A record of all healthcare appointments was kept and this included a record of any treatment or medicines prescribed together with details of any follow up appointments that may be required.

The registered manager told us the home had been repainted in certain areas and we observed rooms to be personalised with memorabilia and photos. The provider told us that refurbishment was on going. One bathroom was being refurbished at the time of our inspection and there were plans to decorate the communal areas.

Good

Is the service caring?

Our findings

People spoke positively about the caring nature of staff and comments from people included, "I am well looked after," "The staff are all very friendly and we have a laugh" and "The staff are really good, they always find time for a chat". Relatives said all the staff were kind and caring, comments included, "I take my hat off to all the staff, they are all so friendly and they really care about the people living at Sailaway". Another said "The staff do a great job, they are always around to help people".

Staff encouraged people to be as independent as they were able. We observed staff offering support and reassurance as people moved around the home. We saw that staff knocked on people's doors and waited for a response before entering. There was a good rapport between staff and people and staff used people's preferred form of address and chatted and engaged with people showing kindness, patience and respect. We observed staff took time to explain to people what they were doing and did not rush people; they allowed them time to take in the information and respected whatever decision they made.

Staff were seen to consult people before offering any support and this approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed that staff responded calmly to people who were living with dementia. They crouched down or sat next to people to meet them at eye level when speaking with them. We observed staff responded appropriately to those people who experienced distress. We saw when one person who raised their voice to another person, staff quickly intervened and engaged the person in conversation, and this distracted the person who quickly calmed down.

Feedback from the local council commissioning team told us that the provider made an effort to identify behavioural triggers as soon as possible and attempted to stabilise needs. We were told about one person who was new to Sailaway and was initially reluctant to engage, communicate, get dressed and eat. Due to care and support provided in their first weeks, we were told the person had made excellent progress. The provider praised the abilities and experience of the home's staff for this.

Staff were able to tell us about the people they cared for, what they liked to do, whether they liked to join in activities, where they liked to spend their time and their preferences in respect of food. Staff showed an understanding of confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's communication book which was a confidential document or discussed at staff handovers which were conducted in private.

Good

Is the service responsive?

Our findings

People told us they were well supported by staff. One person said, "I have everything I need, I am quite happy". Another told us, "I am well looked after and treated very well". Relatives were positive and one told us, "The staff look after (named person) very well, they tell me the staff are very good and if they need anything they only have to ask." Another said, "Whenever I visit there are always staff around offering support to people, if anyone asks for help the staff quickly respond".

Before anyone moved into Sailaway Residential Care Home the provider carried out an assessment of the person's care needs so they could be sure that they could provide the support the person needed. This assessment formed the basis of the initial care plan. The assessment included information about the person's social interests, medical history, personal care needs, continence, behaviour, nutrition, mobility, sleep patterns and skin integrity. The person concerned and their families were involved in this process.

Each person had a plan of care that identified their care and support needs. Each care plan was individual and person centred to meet their specific care needs. Care plans reflected people's choices and preferences and care plans had been compiled with input from the person concerned and their family whenever possible. Each person's care plan contained an assessment of their needs and gave staff details on how to support them. There was information about the person's morning, afternoon and evening routines. For example the care plan for one person stated the person liked to get up between 7.30 and 8am and they liked tea with no sugar. The care plan said the person needed one member of staff to support them with showering and drying and the person could dress themselves, but needed support to choose suitable clothing for the weather and time of year. Staff said care plans gave them the information they needed to give people appropriate care and support and enabled them to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred.

Daily records compiled by staff detailed the support people had received throughout the day and provided evidence of care delivery being in line with people's care plans. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. We saw changes had been made to people's plans of care as required. For example one person who previously was able to mobilise independently now needed some staff support. The care plan had been amended to reflect this and now gave staff information such as: 'Can mobilise for short distance in the home with the aid of a walking stick, however if (named person) goes out with staff into the community a wheelchair is needed as the person can no longer manage longer distances'.

The registered manager told us that staff were kept up to date about people's changing needs via the handover meeting at the beginning of each shift. This was conducted verbally between staff. People's needs were discussed and staff were informed of any appointments or visits expected. Staff told us this gave them up to date information about how people were feeling and highlighted if anyone needed any additional support or if someone needed to be monitored a bit more closely.

There was a range of activities on offer for people. One person said, "I like to get involved in activities and like it when we play bingo". Another person told us they enjoyed ball games. Activities available included board games, music, dancing, ball games, watching television or films, manicures and memory and reminiscence sessions. Any activities that people took part in were recorded in their care plan.

People knew how to make a complaint but all said they had not had cause to. Information on how to complain was displayed in the entrance hall in large print. This explained how to make a complaint and the anticipated timescales for response. The provider told us there had been no complaints since the last inspection. Staff told us they would support anyone to make a complaint if they so wished. Relatives confirmed they knew how to make a complaint and were confident any complaints would be quickly sorted out.

Good

Is the service well-led?

Our findings

At the last inspection in November 2015, we identified that improvements were required to how the service was monitored to ensure on-going quality and safety. At this inspection we found that improvements had been made.

People said the provider and staff were good and they could talk with them at any time. People said they felt the home was well-run. Comments included: "The provider is always around and she is easy to talk to" and "I know I can talk to the provider or staff if I have any problems, they will always listen". Relatives told us they were happy with the care provided by the home. One relative said, "My mum moved to Sailaway from another home in the area as she was not happy at the previous home. Since she has been at Sailaway she is so much happier, I am blown away by the management and staff and by how well she is looked after". Another said, "They always keep me up to date about how my relative is getting on. Whenever I visit staff explain what's been happening and how my relative is getting on".

The provider acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider was visible, spent time on the floor and people we spoke with said they would go to her if they had any concerns about their care. People, relatives and staff told us the provider was very approachable and they would not hesitate to speak with her. Communication between people, families and staff was encouraged in an open way. We saw that the provider had a policy on the Duty of Candour and the service was open and transparent. The provider told us they operated an 'open door' policy and welcomed feedback on how they could improve the service provided.

Staff confirmed they met with the provider on a regular basis as she was always around. The provider said she regularly worked alongside staff so was able to observe their practice and monitor their attitudes, values and behaviour. This enabled her to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices.

The provider said in the past they had not received much feedback from questionnaires they sent out, seeking the views of others. Therefore they had engaged a company who managed feedback from people, relatives and staff. People were given a copy of the feedback form and a postage paid reply envelope which meant they could then post this back anonymously. There were questions on a range of subjects including asking if people were treated with dignity and respect, if people were treated fairly, if people were consulted about their care, if the home provided safe comfortable care and if the home provided value for money. The provider told us they had only recently signed up with the company and so far only five people had responded, but the responses so far were all positive.

We were told by staff that regular staff meetings were held and we saw minutes of these meetings. They showed us that staff were able to put their views forward. Regular topics for discussion at each meeting were people's care needs and the home's policies and procedures. Staff told us they did not have to wait for

a staff meeting or supervision to raise any issues as the provider was always available and she welcomed feedback from staff.

The provider told us that residents' meetings were held every month but not everyone attended. Minutes of these meetings were kept and they showed items discussed were activities, food preferences, upcoming birthdays and any seasonal events such as Easter and Mother's Day which were being planned.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped to ensure the service provided was of a good standard. They also helped to identify areas where the service could be improved. Weekly and monthly checks were carried out to monitor the quality of service provision and these included checks and audits of food hygiene, health and safety, care plan monitoring, medicines, food satisfaction, privacy and dignity , falls, infection control, incidents and risk assessments. These audits helped the provider to see if there were any issues that needed to be addressed and to see how the home and staff were continuing to meet people's needs.

The provider said she kept her own skills and knowledge up to date by attending training. She said she regularly monitored professional websites to keep up to date. She was also completing a level 5 Diploma in Health and Social Care.

Records were kept securely. All care records for people were held in individual files which were stored in the staff office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records requested were accessed quickly and we found records relating to the operation of the service, quality audits, policies and procedures and people's personal records, including medical records, were consistently maintained, accurate and fit for purpose.