Embrace All Limited

Rose Court Lodge

Inspection report

3 Sutton Road
Mansfield
Nottinghamshire
NG18 5ET

Tel: 01623471300
Website: www.europeancare.co.uk

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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

This inspection took place on 17 May 2016 and was unannounced. Rose Court Lodge is registered to provide accommodation, personal care and nursing care for up to 110 people, although nursing care was no longer being provided. There are two separate buildings, although one building (The Lodge) was not in use. 43 people were accommodated in Rose Court at the time of our visit. People were supported with a variety of physical health needs as well as dementia related care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during this inspection.

People told us they felt safe and staff were aware of their responsibility to keep people safe. Risks to people's safety were appropriately assessed and managed. Staff also supported people to retain as much independence as possible.

There were sufficient numbers of suitable staff to meet people's needs and people received their medicines as prescribed.

When we last visited the service in November 2015 we found the provider was not meeting the legal requirements in respect of the need for consent. During this inspection we found that sufficient improvements had been made. The Mental Capacity Act (2005) (MCA) was used correctly to protect people who were not able to make their own decisions about the care they received.

Staff were provided with the knowledge, skills and support required to give effective care. People enjoyed the food and were given sufficient quantities of food and drink to maintain good health. People were supported to access healthcare services when required.

There were warm, positive relationships between people and staff. People and their relatives were able to be involved in planning their own care and staff respected any choices people made. Staff treated people with dignity and respect and maintained their right to privacy.

People received person-centred care and information about their care needs was kept up to date. There was a range of activities available within the home as well as external trips to various places of interest. People felt able to make a complaint and the complaints received had been appropriately investigated and responded to.

There was an open and transparent culture in the home and people and staff felt able to speak up. There were different ways for people to provide their feedback about the quality of the service and their comments

were taken seriously. A range of audits was carried out to assess the quality of the service being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and were protected from the risk of harm or abuse.

The risks to people's health and safety were assessed and managed.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff felt supported and they were provided with the skills and knowledge needed to give effective care.

People were asked for their consent. If people lacked capacity to make a decision their rights were protected.

People enjoyed the food and were provided with sufficient quantities of food and drink.

Staff ensured people had access to healthcare professionals.

Is the service caring?

Good

The service was caring.

There were positive relationships between people and staff.

People and their relatives were able to be involved in planning their own care and making decisions.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

People received person-centred care from staff who were aware of their needs. A range of activities was available.

Complaints were investigated and responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home.

There was a clear staffing structure in place and the registered manager led by example.

Systems were in place and operated effectively to assess and monitor the quality of the service.

Rose Court Lodge

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 17 May 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor with experience in nursing care 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 14 people who were using the service, eleven visitors, six members of care staff, two activities co-ordinators, the catering manager, three domestic assistants, the registered manager and the provider's area manager. We also observed the way staff cared for people in the communal areas of the building. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans of seven people and any associated daily records. We looked at three staff files as well as a range of records relating to the running of the service such as audits and staff training records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Rose Court Lodge. One person said, "They call in two or three times a night to see if you are alright." Another person told us, "Safe, oh yes." The relatives we spoke with told us they felt their loved ones were kept safe. One relative commented, "They check [my relative] at night every two hours." Another relative told us, "When we go home we feel relaxed about [my relative] being here."

The atmosphere in the home was generally relaxed and calm and staff responded well to any situations where people were affected by the behaviour of others. For example, we were told that there were occasions where people could become confused and go into another person's bedroom. We saw that staff regularly checked on people who were in their bedrooms to ensure that they remained safe. Staff told us they felt able to manage any situations where people may become distressed. During our visit we observed staff spending time with people who had become distressed or confused. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding and whistle-blowing was available in the home. Staff knew about the different types of abuse which may occur and knew how to report it. They told us they would not hesitate to report any concerns. Staff had confidence in the registered manager and felt that they would take the required action in response to any concerns. We saw that relevant information had been shared with the local authority when incidents had occurred. For example, when there had been an incident between two people living at the home this had been reported to the local authority safeguarding team.

Risks to people's health and safety were assessed and the appropriate management plans put into place to minimise any risks. We observed that, where people chose to stay in their bedroom, their call bell was left within reach so that they could easily call for staff assistance if required. The people we spoke with told us that they felt staff supported them to reduce any risks. One person said, "I can be a bit unsteady on my feet. I've got my walker and staff make sure they walk by my side."

People were supported to reduce risks to their health and safety whilst retaining as much independence as possible. For example, staff ensured that people had their walking aids close at hand and that walkways were kept clear. During our visit we saw that one person attended a medical appointment on their own. Staff made sure that they had everything they needed before they left the home. Where people required staff to move them from one place to another, for example by using a hoist, this was done in a safe way.

Different risks to people's health and safety had been assessed and there was a clear indication of the support people required to reduce those risks. For example, there were correctly completed assessments in place to establish the risk of people falling or developing a pressure ulcer. We saw that staff were providing the support people required to keep them safe, such as ensuring they were sat on pressure reliving cushions and assisting people to stand and walk. The staff we spoke with told us they felt they were provided with adequate information and were able to describe the steps taken to manage risks.

People lived in an environment that was well maintained and preventable risks and hazards were minimised. Safety checks were carried out on a regular basis, such as testing of the fire alarm and fire doors. A maintenance person carried out regular flushing of water outlets and other actions to reduce the risk of legionella developing in the water supply. Staff reported any maintenance requirements and these were resolved in a timely manner.

The people we spoke with provided mixed feedback about whether there was a sufficient amount of staff to meet people's needs. One person said, "If you ring your bell they come as quickly as they can. There seems to be quite a few (staff) around." However another person commented, "Pretty good but they are very, very short of staff." The relatives we spoke with also provided mixed feedback about the staffing levels at Rose Court Lodge. One relative said, "There seems to be (enough), always someone around." We were also told, "It's alright but they need a lot more staff."

During our visit we observed that there were sufficient numbers of staff to meet people's needs in a timely manner. There was generally a member of staff available to support people in the communal areas of the home. When people requested support this was provided for them quickly. For example, when people had finished their meals they were assisted back to the lounge as soon as possible. Staff responded to the majority of bedroom call bell alerts promptly. However, during the afternoon of our visit there were three occasions when the call bell alert was not responded to within a reasonable time frame, causing it to trigger the 'emergency' setting. The registered manager and provider took action to ensure that staff were responding to all call bell alerts in a timely way.

The majority of the staff we spoke with felt that staffing levels were good and that they were able to keep people safe because of that. One staff member said, "Yes and were getting another next week. If you work as a team you get things done don't you." The registered manager confirmed that they had added an extra member of the staff to the rota to provide assistance at busier times of the day. A regular assessment of the needs of people using the service was carried out and this was used to calculate the required staffing levels. The registered manager told us they staffed the home above the required level as they felt this enabled staff to provide a better standard of care.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us that they received their medicines on time and as prescribed. One person said, "(I take) quite a few tablets, I can't remember them all – they (staff) look after that – four times a day - they are on time." The relatives we spoke with were confident that their loved ones received their medicines as prescribed. One relative said, "That's fine. They deal with all that."

During our visit we saw staff administering people's medicines in a patient and relaxed manner, whilst also following safe procedures. Staff recorded when people had taken their medicines and documented a reason should a person not have taken their medicine. We saw that medicines were stored securely in locked trolleys and kept at an appropriate temperature. There was a robust system in place to manage to ordering and disposal of medicines, which all relevant staff were made aware of. Medicines administration training was provided to staff as well as regular checks of their competency and knowledge.

Good

Is the service effective?

Our findings

When we last visited the service in November 2015 we found the provider was not meeting the legal requirements in respect of the need for consent because the Mental Capacity Act (2005) (MCA) had not always been applied when required. The provider sent an action plan detailing the improvements they planned to make. During this inspection we found that the required improvements had been made.

We observed that staff asked people for their consent before providing them with any care and support. The people we spoke with confirmed that staff asked them before any care was given. This was confirmed within the care plans we looked at. Where possible, people had signed their care plans to provide their consent. Or, if appropriate, a relative had been involved in the care planning process and signed the care plan on behalf of their loved one.

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. We saw that assessments of people's capacity to make a decision had been carried out appropriately. When it was deemed that a person lacked capacity, a best interests decision had been implemented.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority where it was felt people needed to be deprived of their liberty. We saw that any conditions were being met and staff were providing care in the least restrictive way. Staff had received training regarding the MCA and DoLS and demonstrated an understanding of how it could impact on the care they provided to people.

People were cared for by staff who were supported and trained to give effective care. People commented that staff appeared to be competent in their duties. Staff were provided with a wide range of training in important areas such as first aid and moving and handling techniques. We saw that staff utilised the training they had received and they told us it was of good quality. For example, staff were able to describe the signs and symptoms of various health conditions and told us they had learnt this during their first aid training. Staff were also encouraged to undertake additional training courses relevant to the needs of people living at the home, such as awareness of diabetes.

The staff we spoke with told us felt well supported by their line manager and told us they felt comfortable speaking with the registered manager or provider. Staff received regular supervision as well as an annual appraisal of their work. We saw that the supervision meetings were used to discuss the staff member's wellbeing and their work performance as well as any requests and concerns they may have. New members

of staff were provided with an induction which encompassed some training and an introduction to the people living at the home.

The people we spoke with thought the food was of good quality and told us they received enough to eat and drink. One person said, "Not too bad. You get a variation, each day it's something different. We get a choice, it's gammon today." Another person said, "The food is pretty good. You get a choice. I just had soup today." We were also told, "It is good food, nothing too fancy but just what I like." The relatives we spoke with also commented positively about the quality and quantity of food. One relative said, "The dinners are OK, plenty of greens." Another relative commented that the kitchen staff ensured their relative's dietary requirements were catered for.

During our visit we observed the lunchtime meal and saw that people enjoyed the food and generally ate good portion sizes. The catering manager told us that they were committed to serving people's food as quickly as possible and before it started to go cold. Since our previous inspection, domestic staff had been assigned to help care and kitchen staff at lunch time. We saw that this arrangement worked well and people received their meals in a timely manner. Where people required support to eat their meals this was provided in a calm and unhurried manner.

The kitchen staff were informed of people's different dietary needs and these were catered for, such as providing soft meals and low sugar alternatives. People were provided with a choice of hot and cold food at each meal time. Individual requests for different food were catered for and the kitchen staff monitored how popular each dish was in order that they could adapt the menu as necessary. People were offered numerous drinks during meal times and throughout the day, such as tea, coffee, fruit cordial and water.

The people we spoke with told us they were supported to access various healthcare professionals as and when required. One person said, "If I want to see a doctor or optician I ask them. It might take them a while but they arrange it." The relatives we spoke with also confirmed that staff made healthcare appointments for their loved one. One relative described some issues their loved one had developed with eating and told us that staff had, "Got the Speech and Language Therapy (SALT) team and they've sorted it all out – they were really good." We were also told, "They've had to get a doctor a few times and they've told me straight away."

We observed that staff responded appropriately when people were unwell by contacting the relevant healthcare service. One person felt unwell on the day of our inspection and staff arranged for their GP to visit. One person attended a healthcare appointment independently and staff had arranged their transport for this. People's care plans showed that they had access to various services as required, such as their GP, chiropodist and the dementia outreach team.

The staff we spoke with told us that they would speak to a senior member of staff or the registered manager should they feel a person needed a healthcare appointment. Staff ensured that people attended periodic reviews of long term health conditions, such as eye tests and an annual diabetes review. Where specific guidance had been provided for care staff, this was included in people's care plans. For example, the SALT team had been contacted because one person was experiencing difficulty in swallowing. They had suggested that staff offer the person softer foods and this was being provided for them.

Good

Is the service caring?

Our findings

The people we spoke with all told us that staff were caring and they had positive relationships with the staff who cared for them. One person said, "They are kind, yes." Another person told us that staff were, "Smashing, brilliant." The relatives we spoke with also felt that staff were caring and had developed warm relationships with the people living at the home. One relative said, "Brilliant – they've time for you." Another relative commented, "(Staff are) lovely, nearly all fantastic." One relative told us of a time when their loved one had been in hospital and said that, "Two of the ladies (staff) went in to see [my relative] in hospital in their own time. We think it shows they are genuinely interested and caring."

Staff demonstrated that they had developed warm and friendly relationships with people and adapted their approach with different people. Staff also responded appropriately when people become distressed or confused. For example, during lunch time one person become confused and upset. A member of staff crouched down next to them and reassured them using a softer tone of voice. We saw that this helped to calm the person and they ate their lunch. Staff also adopted a lively and enthusiastic approach when trying to engage people in conversation or activity. On occasions, staff appeared to be shouting across the lounge or dining room to people rather than going over to where they were seated. We fed this back to the registered manager who told us they would remind staff to use more appropriate ways of communicating.

The staff we spoke with told us they enjoyed working in the home and felt they had good relationships with people. Staff were able to describe people's personalities, likes and dislikes and how this impacted on the care they provided in some detail. This matched with the information that was in people's care plans and we observed that the information in care plans was accurate. For example, one person liked to sit in a corridor, listen to music and watch people going past. We observed this to be the case during our visit. Staff ensured that they stopped to chat with the person when they walked past them and it was evident that the person enjoyed this interaction. Any religious and cultural needs people had were described in their care plan and people were able to access religious services should they choose to.

The people we spoke with could not always recall having been involved in making decisions about their care, although one person commented that they and their relative had been involved in providing information for their care plan. Some of the relatives we spoke with confirmed that they had been involved in making decisions about the care of their loved one. One relative told us, "Yes (we were involved) and we read it and signed it." The people we spoke with confirmed that staff respected the choices they made on a day to day basis. One person said, "They look after me well. I can go out if I want but I like being here in my room which I prefer."

During our visit we observed that staff respected the choices that people made. For example, one person was being assisted into the activity lounge but then changed their mind and asked to turn around. The member of staff respected the person's choice and they were supported to return to the main lounge in a patient, unhurried manner. Some people chose to remain in their bedrooms and staff respected their choices. At mealtimes, some people had either changed their mind or declined the food that was offered to them. Staff offered people alternative choices and respected the choices that people made.

The care plans we looked at demonstrated that, where possible, people were involved in making decisions about their care upon arrival at the home. Some people had signed sections of their care plan to confirm their involvement. Some people's relatives were involved in this process instead and we saw that the information they had provided was built into the care plans. People or their relatives were able to be involved in periodic reviews of their care. People were provided with information about how to access an advocacy service and the registered manager was arranging for a representative of a local advocacy service to attend a meeting with people living at the home. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

The majority of the people we spoke with told us they were treated with dignity and respect by staff. One person said, "Good, can't fault it." We were also told, "Staff are marvellous, very obliging." The relatives we spoke with felt that, generally, staff treated people with dignity and respect and were polite when speaking with people. Two relatives noted that staff did not always ensure that people were well dressed or change people's clothing should they spill any drinks on themselves.

During our visit staff showed that they understood the importance of treating people with dignity and respecting their privacy. When people were being hoisted from their wheelchair into an armchair, a privacy screen was used so that others could not see. Staff were discreet when talking with people about their personal care needs. Staff spoke with people in a polite way and also showed that they were patient if people required extra time to understand what staff had said to them.

The registered manager told us that a room had been designated as a new, quiet lounge. This was in the process of being renovated and then would be available for people to use should they not wish to use the main lounge. People could also retire to their bedroom at any time if they wanted some time alone. We saw that people could receive visitors at any time of the day and many visitors came to the home at different times throughout the day.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they received the care and support they needed. One person said, "It's nice here, staff help me when I need help." Another person told us, "They look after me well." We were also told by a third person that staff helped them to have a wash and get changed in the morning and they were happy with the care they received.

We saw that people were provided with care that met their needs and staff responded positively when people require support. For example, one person was assessed as being at risk of developing a pressure ulcer. Staff ensured that the person had pressure relieving equipment in place as well as helping them to change their position regularly throughout the day. Another person was a risk of falling due to having poor eyesight. Staff were aware of the need to observe them whilst they were walking around the home. Staff responded quickly when it became apparent that people may need support, even when the person was not able to communicate this verbally. For example, staff were aware of signs that people may need to use the toilet or that they might be hungry or thirsty.

The staff we spoke with had a good understanding of people's care needs and this matched the information in their care plans. Staff told us that care plans were reviewed regularly and kept up to date. We saw that this was the case, each care plan was reviewed on a monthly basis and kept updated. For example, one person had become at increased risk of falling and their care plan was changed to reflect this. Staff had also made a referral to the falls prevention team for additional support and advice. There was an effective handover between shifts to ensure that staff were aware of how each person had been and to enable them to receive important messages.

We received mixed feedback about the provision of activities in the home. Some people told us that they enjoyed the activities and felt they were relevant to their needs. One person commented, "We sometimes have a game of bingo, do exercises and flower arranging. I like sitting and relaxing." Another person told us, "You get your nails done every week and there is a hairdresser too." However, we were also told, "I spend all day in here (my bedroom), just sit here mainly." Their relative added that they felt there wasn't much stimulation for people who chose to stay in their rooms. Another relative added, "The staff are pleasant enough but they seem to leave a lot of them just sitting around."

The activities co-ordinators told us that they tried to spend time with people who did not wish to join in the arranged activities or preferred to stay in their rooms. They told us that they would, "Read with them, give hand massages and have a chat." Records were also kept which confirmed the activities people had taken part in as well as when they declined. These showed that people were offered the chance to join in activities on a regular basis.

During our visit several activities were provided in the communal areas of the home, such as painting and making bunting in preparation for a garden party. We saw that people enjoyed taking part in the activities and socialising with other people. There were two activities co-ordinators employed at the home who arranged a weekly programme of activities. They told us that they would respond and alter the activities on

the day should people not wish to take part or if the weather was not suitable for an outdoor activity. Several outings to local shops and places of interest were arranged throughout the year. People also told us that clothing retailers visited the home regularly so that they could chose and purchase their own clothes if they wished to.

The people we spoke with told us they would be happy to make a complaint and knew how to do so. One person said, "I haven't needed to complain but I would call in to see the manager if I needed to." The relatives we spoke with told us they found the registered manager and staff to be approachable and felt that any complaints they made would be taken seriously.

People and, where applicable, their relatives were provided with information about how to make a complaint when they moved into the home. In addition, the complaints procedure was displayed in a prominent place in the home. We looked at the records relating to complaints received since our previous inspection. We saw that they had been investigated in a timely manner and an outcome provided to the person who made the complaint. Complaints were resolved to the satisfaction of the person who made the complaint. Improvement were made to the service following any complaints received. For example, an investigation of one complaint had determined that it would be beneficial to purchase individual nail brushes for everyone living at the home.

Good

Is the service well-led?

Our findings

The people we spoke with felt the culture of the home was open and transparent. One person told us, "If anything is bothering me – which isn't very often – I can go straight to management." Another person said, "I would say something if I wasn't happy, there is nothing to stop me speaking out." The relatives we spoke with also told us they felt the atmosphere was honest and that they were comfortable speaking up. One relative said, "I've spoken with the manager, they are very good to me, very nice and very approachable." During our visit we observed a relaxed atmosphere where people were comfortable speaking with staff and the registered manager.

The staff we spoke with told us how Rose Court Lodge was a relaxed home and that they enjoyed coming to work. Staff felt there was an open and transparent culture in the home and that they would feel comfortable raising concerns or making suggestions. Staff also told us that they would feel comfortable reporting a mistake and felt they would be treated fairly. Incidents were reported, analysed and lessons were learned to improve future practice. There were regular staff meetings which were used by the registered manager to deliver clear messages about their expectations of staff as well as encouraging an open discussion.

There were good links with the local community and visitors to the home were encouraged. The registered manager told us they encouraged ideas and suggestions to improve the service that was provided. Good practice was shared across other services operated by the provider. Important updates relating to best practice and legislative changes were received by the provider. There was an effective system in place to ensure these messages were passed on to staff.

There was a registered manager in post and they understood their role and responsibilities. Most of the people we spoke with knew who the registered manager was and felt they had made positive changes at Rose Court Lodge. The staff we spoke with praised the impact of the registered manager and felt the leadership and direction of the home was improved. One staff member said, "It is much better since we have had a manager, the manager is very approachable." Another staff member commented, "I think there have been improvements particularly around my support as a carer and the training I receive and there is now someone who is both visible and helpful."

The registered manager spent periods of time in the communal areas of the home speaking with people, relatives and also supporting staff. It was evident that people knew who the registered manager was and that they felt comfortable speaking with them. We also saw that the registered manager offered advice to staff who in turn appeared to be comfortable speaking with them.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and updating care records. Sufficient resources were available to drive improvements to the service people received. For example, money had been provided to renovate the former smoking room which was to be transformed into a quiet lounge. The staff we spoke with told us that they were provided with the resources and equipment required to support people well. Records we looked at showed that CQC had received all the

required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with were aware that they could provide feedback about the service by attending a resident's meeting. One person said, "I have been to the resident meetings the odd time and said what activities I would like to do." The relatives we spoke with were aware of the meetings they could attend to discuss the quality of the service. One relative said, "I do attend if I can." Other relatives told us they were aware of meetings but could not always attend due to other commitments. Relatives also felt that their views were listened to, one relative said, "I think so but if I have any problems I go directly to the manager."

There were different ways people could provide feedback about the quality of the service and their comments were taken seriously. There were regular meetings for people who used the service and their relatives to attend. These meetings were chaired by a person living at Rose Court Lodge and detailed records were kept. These confirmed that detailed conversations had been held about staffing levels and food at the last meeting. People's comments about the food they would like had been passed onto the kitchen staff. Surveys were also distributed to people and their families on a regular basis. These were focussed on different topics each time, such as the quality of the food and showed a generally high level of satisfaction with the quality of the service.

A range of audits were carried out by the registered manager and we saw that these were used effectively. For example, audits of medicines management and infection control practice had been carried out. Where any issues had been identified these were rectified and addressed with the relevant staff. Representatives of the provider regularly visited the service to carry out checks to assure themselves that the service being provided was of a good quality. This involved speaking with people and staff, sampling records and testing staff response to a call bell activation. The staff we spoke with felt that their contribution to the running of the home was welcomed and that they would be happy to make suggestions about any improvements that could be made.