Mr & Mrs P S Phillips

Belmont House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Belmont House is registered to provide accommodation and personal care for up to 24 older people. Nursing care is not provided by the service. If nursing care is required this is provided by community nurses working for the local primary care trust.

This unannounced inspection took place on 1 and 3 November 2016. The service was last inspected in February 2014 when it met the regulations that were inspected.

A registered manager was employed at the service. The registered manager is also one of the providers. They were supported in their role by a deputy manager and a team of senior care staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received individualised personal care and support delivered in the way identified in their care plans. However, some care plans did not contain detailed information on how staff should meet particular needs. The registered manager was taking action to address this.

There were some regular activities for people to participate in. These included visiting musical entertainers and craft sessions. Staff were able to spend time with people on an individual basis. We saw staff helping one person with a jigsaw puzzle and other staff painting people's nails.

People's needs were met as there were sufficient staff on duty. During the inspection we saw people's needs were met in a timely way and call bells were answered quickly. However, care staff told us around supper time could be very busy as they had to serve supper as well as help people eat. The registered manager told us they were looking to change menus and routines in order to address this.

People's needs were met by kind and caring staff we saw that people were relaxed and happy in staffs' presence. One visitor told us "Staff are very good, give people a cuddle if they need one." One person told us the staff were all lovely, "They will do anything for you." Another person said "I'm comfortable, warm and well fed – what more can I ask for?" They went on to say "It's my home."

People's privacy was respected and all personal care was provided in private. People were discreetly assisted to their own bedrooms for any personal care. Staff knocked on people's bedroom doors and waited before they entered. When they discussed people's care needs with us they did so in a respectful and compassionate way.

A member of staff had been appointed 'dignity champion' and their role was to ensure people's dignity was upheld at all times. However, we saw large stocks of incontinence products stacked in people's bedrooms.

This meant that anyone entering the bedrooms would know the person had continence difficulties. The registered manager agreed this was not dignified and said they would look at alternative storage arrangements.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. People were supported to maintain a healthy balanced diet. People received regular visits from healthcare professionals and were supported to maintain good health. Visiting professionals told us they had never had any concerns about the care provided by the service.

People and their relatives could be involved in planning and reviewing care if they wished. Visitors told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with vulnerable people.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

The registered manager was very open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager. One told us "The management are very approachable and happy to provide any support."
One staff member told us the values of the service were to, "Make sure people are safe, happy and well looked after." Another staff member said the values of the service were to, "Provide a good quality of care." Staff told us they felt well supported by senior staff and management. One staff member told us, "If I ask anything I get answer." Staff told us home much they enjoyed working at the service. Comments included, "I love everything about it [service], staff and residents," and "Such a high standard of everything and nothing is too much trouble."

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the deputy manager. Monthly audits were undertaken including medicines and care plans. A series of surveys were sent out regularly to people, their relatives and staff to ask for their views on the quality of care provided. Responses indicated that everyone was 'very satisfied' or 'satisfied' in all areas.

We have made a recommendation relating to staffing levels.

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 were protected from the risk of abuse because staff knew how to recognise and report abuse.

People were supported by sufficient numbers of safely recruited and well trained staff.

Risks were identified and managed in ways that enabled people to remain as safe possible.

People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring:

People's needs were met by staff with a caring and warm attitude.

People lived in a home that was relaxed and welcoming and were supported to receive visitors whenever they liked.

People's right to privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

People were supported to engage in activities of their choice.

People received personalised care that was responsive to their needs.

People's choices were respected.

People and relatives felt able to speak out if they had a concern and that their complaint would be taken seriously and dealt with.

Is the service well-led?

Good

The service was well led.

The management was open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained and stored securely.

Belmont House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This unannounced inspection took place on 1 and 3 November 2016, and was conducted by one social care inspector.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we met or spoke with all 19 people using the service. We spoke with five care and ancillary staff, the registered manager and the deputy manager. We also spoke with two visiting professionals and three visitors. Following the inspection we also contacted the local authority's quality team, and spoke with one healthcare professional.

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Good

Is the service safe?

Our findings

People told us they felt safe and one person said "I've been here a long time, and yes I feel safe." Visitors were also confident their relatives were safe.

People were protected from avoidable harm and abuse as staff knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to contact outside of the service but were confident the registered manager would deal with any concerns they raised. Staff had received training on how to keep people safe. People were protected from the risks of financial abuse as there were robust procedures in place for dealing with any monies managed on their behalf.

There were robust recruitment procedures in place. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing anyone who may be unsuitable to work with people requiring care and support.

There were 19 people living at Belmont House with varying level of care needs. Two people needed the help of two staff with their personal care. On each day of inspection there were three care staff and a senior carer on duty in the mornings. The registered manager, deputy manager and a number of ancillary staff such as kitchen and cleaning staff were also on duty. During the afternoon and evening there were two care staff and a senior carer on duty and overnight two care staff were awake. Rotas showed this was the usual number of staff on duty. No specific tool was used to calculate staffing levels. The registered manager told us that staffing levels were determined by the numbers and dependency levels of people living there.

Most people we spoke with were happy with the number of staff on duty and told us they never had to wait too long for help with their personal care. However, some people told us they felt staff did not answer the call bell as quickly as they would like. The registered manager told us that people did not have to wait too long for assistance, though there may be occasions when staff did not respond immediately if they were helping other people. During the inspection we saw people's needs were met in a timely way and people did not have to wait for long periods of time for staff attention. Visitors told us they felt there were enough staff whenever they visited. Staff told us that supper time was sometimes rushed as they had to serve supper as well as help people eat. However, staff felt there were generally enough staff on duty. We discussed staffing levels with the registered manager who told us they were looking to change menus and routines at supper time. They felt this would ensure staff were not rushed at this time.

We recommend staffing levels are kept under review.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin breakdown, malnutrition, falls and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or

at an increased risk, as well as action staff should take in order to minimise these risks. For example, pressure relieving equipment was used when people were at risk of skin breakdown.

We saw that where people had been identified as needing to be repositioned regularly because of the risk of skin breakdown, there were no records that the person had been repositioned. This meant the registered manager could not assure themselves the person was being repositioned as required. However, we saw no evidence that people were not receiving safe care, and no-one living at the service had a pressure ulcer. We discussed this lack of evidence with the registered manager who told us they would ensure that where such forms were needed they would be completed as required.

Some people used oxygen to aid their breathing. The risk associated with the storage and use of oxygen was highlighted on people's bedroom doors and where extra cylinders were stored. The registered manager told us in the completed Provider Information Return (PIR) that a new storage facility had been built for oxygen storage 'to ensure service user and staff safety are maintained.' We saw the new storage facility in use.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. All falls were reported to the local 'falls register' team. All reports were looked at by the team who would provide information and support to manage people's care safely, if any concerns were identified.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff directions on how to keep people safe in the event of a fire.

Equipment was in place to meet people's needs. For example, hoists, wheelchairs and lifts were available which helped people move freely around the building as they wished. The provider had recently purchased a number of adjustable beds to help staff care for people who needed more help with moving and transferring in or from their bed.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked and maintained in line with the associated regulations.

People were supported to receive their medicines safely and on time. Medicines were stored safely in a locked trolley which was fixed to the wall in a corridor. Only staff who had received training administered medicines. The administration of medicine systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medicines. Each person was identified with a photograph and the medicines they were prescribed, was clearly recorded in the medicines administration records (MAR). MAR charts showed people had received their medicines at the times they had been prescribed.

Throughout the inspection we saw staff wearing disposable gloves and aprons when required to reduce the risk of cross infection. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food.

Good

Is the service effective?

Our findings

People living at Belmont House had needs relating to mobility and general health. Some people were also living with dementia. Staff confirmed they received sufficient training to ensure they provided people with effective care and support. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia. There was a comprehensive staff training programme in place and a system that indicated when updates were needed.

The registered manager told us all new staff undertook a detailed induction programme. We spoke with two new members of staff who confirmed this. New staff who had no care experience were undertaking the Skills for Care, Care Certificate training. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. The registered manager told us in the completed Provider Information Return (PIR) that 'Within the coming twelve months we aim to continue improving our service by further implementing the care certificate.' The registered manager told us they planned for all staff to use the Care Certificate self-assessment tool to reflect on any areas they may need to improve.

Staff records showed they received regular supervision and appraisals of their work performance. Staff received individual supervision sessions and their competency was regularly reviewed. We saw that where issues with poor performance had been identified, steps were taken to retrain staff and improve their standard of work. These systems ensured staff remained competent to do their jobs. Staff told us they felt they had the skills and knowledge to do their jobs and felt well supported by the registered manager.

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.

Some people living at Belmont House were living with mild dementia. We were told that while everyone was able to make day to day decisions they may not be able to make more significant decisions, such as those involving their health care. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to make specific decisions or best interest meetings needed to be held. We saw that one best interest meeting had been held. This had determined it was in the person's best interests to have bed rails in place, to minimise the risk of them falling from their bed. Staff we spoke with had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People's care files contained a form that people signed to indicate their agreement to receive personal care. Staff told us they always asked people if they were happy to receive help. They said if people refused help with their care they would respect this, leave them and go back later and offer help again. Throughout the inspection we heard staff offering people choices and asking for their consent. People were asked what they wanted to do and what they wanted to eat or drink. They were also asked if it was alright for staff to help them with their care and mobility needs.

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. 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. No applications had been made at the time of the inspections. However, we were told that the service would be submitting an application for one person as their needs had changed.

People were supported to receive a healthy balanced diet with plenty to drink. People told us they liked the food and had a good choice available to them. One relative said "The food is amazing [relative] says she eats too much." One person said "Food is very good, if you don't like something just tell them and they will change it." The cook told us they knew what people wanted to eat because care staff asked them what they wanted and then took the list to the kitchen. Menus were reviewed weekly and updated following people's suggestions. For example, prawn cocktail had been added as an alternative starter to Sunday's menu.

Throughout the inspection we heard staff asking people what they wanted to eat and drink. People were offered a sherry before lunch, and most people took up the offer. We also saw people being offered pieces of fresh fruit each afternoon. People had a choice of where to eat their meals. We saw people eating in the dining room, the lounge and in their bedrooms. Where people needed assistance with their meal, staff were encouraging and helpful.

Some people had charts in place to monitor their food and fluid intake as they were at risk of not eating and drinking enough to maintain their health. However, the charts were poorly completed. For example, there was no indication as to what quantity of fluid people should drink each day or the amount they had drunk. Also there was just a description of the type of food that had been eaten and not the amount of food they had eaten. It was therefore not possible to ascertain whether people were eating and drinking sufficiently. We discussed this lack of evidence with the registered manager who told us they would ensure that where such forms were needed they would be completed as required. We saw no evidence that people were not receiving sufficient food and fluids and there was no evidence that people had lost weight.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs, community nurses and other health and social care professionals as needed. One person's care plan indicated a goal had been set for the person to be able to stand using a 'standaid' rather than a hoist. A physiotherapist had given advice to staff and staff told us the person was now able to stand with the use of the standaid. People told us they always saw their GP when needed. We spoke with one visiting professional who told us that the home was "5 star, residents are always very happy."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received at Belmont House. One person told us they were, "very comfortable," and another said the staff were, "wonderful." One person told us they didn't like it when they first moved in, but "I love it here now." Another person told us the staff were all lovely, "They will do anything for you."

The atmosphere in the service was warm and welcoming and we heard pleasant conversations and laughter between people and staff throughout the inspection. Visitors came and went all day and were made welcome by staff. One relative who was visiting said, "Staff are very good, give people a cuddle if they need one." Another relative told us they were, "Very happy with everything." We saw that one relative had commented on a recent survey form, 'Belmont House is the most caring home where the residents are always placed first.'

Staff at Belmont House treated people with respect and kindness. Staff were seen supporting people in an easy, unrushed and pleasant manner. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. People were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, they walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs and discreetly asked if people needed help with personal care. We saw one member of staff speaking quietly and gently to one person who had not been feeling well. They held their hand and asked them if there was anything they could do for them. Staff regularly checked the person to ask if they were feeling better.

People's preferences about food, drink and how they wished to receive support were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed.

Not everyone wished to be involved in planning their care. We saw that where people or their relatives wanted to take part in planning care they could. Relatives told us staff always kept them informed of any changes in their relative's welfare. They also said they could visit at any time and were always made welcome.

People's privacy was respected. People were discreetly assisted to their own bedrooms for any personal care. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's dignity was upheld though being supported to maintain independence and choice and control of their lives. A member of staff had been appointed 'dignity champion' and their role was to ensure people's dignity was upheld at all times. However, we saw large stocks of incontinence products stacked in people's bedrooms. This meant that anyone entering the bedrooms would know the person had continence

difficulties. The registered manager agreed this was not dignified and said they would look at alternative storage arrangements.

We asked the registered manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff members had sometimes undertaken training in their own time. Staff had also taken people out shopping in their own time. One staff member spoke with each person every Monday and asked if there was any shopping they wanted. The staff member then ordered the items 'on-line'. People told us they appreciated being able to do this.

Everyone had their own bedroom. Some people had personalised their bedrooms with items they had brought from home. Many rooms had photographs of family and friends and ornaments that had a special meaning. Belmont House was homely, warm and inviting with plenty of space which allowed people to spend time on their own if they wished.

Good

Is the service responsive?

Our findings

People told us they were supported to live their lives the way they chose, and their preferences and choices were always respected. One person told us "I'm comfortable, warm and well fed – what more can I ask for?" They went on to say "It's my home." People received individualised personal care and support as identified in their care plans. People's needs were assessed before moving in to and while living at Belmont House. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person's care plan had been updated following a healthcare issue that had meant they needed more help with their personal care.

Care plans contained lots of information about people, including information about their past lives and preferences. However, some care plans did not contain detailed information on how staff should meet particular needs. For example, one person's care plan stated they could cause distress to other people by raising their voice but could be reassured by staff. However, the plan did not specify what form this reassurance should take or any suggestions of how staff may prevent such occurrences. We discussed this with the registered manager who assured us they would add more detail to the care plans.

Staff responded to people's needs in a sensitive manner. We saw people being supported to stand from their chairs and staff walking with them as they moved towards their bedrooms. Staff were able to tell us about people's needs and how they were met. For example, one person was known to get frustrated due to their increased dependency on staff for help with personal care. Staff told us how difficult it had been for the person to come to terms with their poor mobility and how they reassured the person. Staff also told us that they had arranged for a counsellor to visit the person so they could discuss their concerns with someone outside of the service.

Some people were living with mild dementia and staff had received training in caring for people living with dementia. One staff member told us the training had given them ways to understand what people were going through and to remember people were not 'stupid' but had memory loss. Staff were careful to speak slowly and calmly to people and gave them time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people living with dementia.

The registered manager told us they had tried to organise regular meetings for people living at the service. However, few people attended the meetings so the registered manager spent time with people individually to discuss any issues they may have. Regular surveys were sent out to people to gain their views on the quality of care being provided to them. People's responses indicated they 'strongly agree' or 'agree' with all questions asked.

The registered manager told us in the completed Provider Information Return (PIR) that during the next year 'We will continue to carry out discussions with our service users in identifying how we can better the service that we offer.'

There was a large selection of jigsaws, games, books and DVD's available for people to use whenever they liked. We saw one person completing a jigsaw puzzle with the help of staff. Staff asked people if they wanted to watch a DVD and a comedy was selected. There was much laughter and chatter between the people watching it. There were some organised activities, such as crafts and a musical performer, who visited during our inspection. People told us they really enjoyed the visits.

We saw staff spending time with people on an individual basis. Staff gave people a hand massage and painted their nails, while chatting and laughing. We saw staff bring one person a basket full of freshly laundered clothes that the person folded up. They told us staff recognised they enjoyed being able to help out.

There was a complaint system available for people to use. The complaint procedure and complaint forms were available in the entrance hall. The registered manager told us no complaints had been received in the previous year. Everyone we spoke with felt confident that if they raised a complaint, it would be taken seriously and acted upon quickly. Relatives told us staff were always very quick to respond to people's needs and they had never had cause to complain.

Good

Is the service well-led?

Our findings

The registered manager was also one of the providers. They took an active role within the running of the home and had a good knowledge of the staff and the people who used the service. They were supported in their role by a deputy manager and a number of senior care staff.

People, staff, relatives and health and social care professionals all told us the home was well managed and they had confidence in the leadership of the home. Comments included "The management are very approachable and happy to provide any support." One staff member told us the values of the service were to, "Make sure people are safe, happy and well looked after." Another staff member said the values of the service were to, "Provide a good quality of care." Staff told us they felt well supported by senior staff and management. One staff member told us, "If I ask anything I get answer." Staff told us home much they enjoyed working at the service. Their comments included, "I love everything about it [service], staff and residents," and "Such a high standard of everything and nothing is too much trouble."

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service. The PIR told us that by working alongside staff the management team were, 'Able to identify any weakness and strengths that the team have and therefore are then able to implement change where necessary.' The registered manager told us that this process and discussions with people living at the home had led to several staff not passing their probationary period. This showed the service listened to people's views and only staff that were working to the standards set by the registered manager were working at the service.

Staff told us they were able to make suggestions in order to improve the service. For example, one staff member told us they had made suggestions to introduce more activities into the service, which had been implemented.

The registered manager was keen to improve the service. For example, staff had told the registered manager that some dining room chairs were difficult for them to push into the table, when people were sitting on them. The registered manager had arranged for 'skis' to be fitted to all the chairs so that staff could slide the chairs closer to the tables.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the deputy manager. Monthly audits were undertaken including medicines and care plans. We saw that the service had a five star rating for hygiene from the Food Standards Agency (FSA). Five is the highest rating awarded by the FSA and showed that the service had demonstrated very good hygiene standards.

People benefitted from strong working partnerships between local healthcare professionals and the service. Health and social care professionals were confident that the service cared for people competently and was well led. One health care professional told us the service was always "vigilant" and they had never had to raise any concerns about the care being provided.

A series of surveys were sent out regularly to people, their relatives and staff to ask for their views on the quality of care provided. The surveys used the five key questions asked by the Care Quality Commission (CQC). These are safe, effective, caring, responsive and well led. The surveys asked how satisfied people were about the service in each of the key questions. Responses indicated that everyone was 'very satisfied' or 'satisfied' in all areas.

There were systems in place to ensure the building was well maintained. Staff wrote any issues in a book and the maintenance person dealt with them promptly. For example, we saw that carpets had been cleaned when requested. During the inspection one bedroom was being refurbished. We spoke with the person who was waiting to move into the room. They were looking forward to the move as the new room was larger than their current bedroom.

The registered manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending as many training sessions as. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

The registered manager had notified CQC of most significant events which had occurred in line with their legal responsibilities. However, they had not notified CQC of all deaths that had occurred at the service. They told us this was because when they had checked with CQC they been told there was no need to send in notifications if a death was expected. The registered manager supplied us with a list of deaths that had occurred since being given that advice and assured us that in future they would notify CQC of all deaths.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly.