Sovereign (Coxwell Hall) Limited

Coxwell Hall and Mews Nursing 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

We inspected this service on 20 and 24 April 2017. Coxwell Hall and Mews is registered to provide accommodation for up to 60 older people some living with dementia who require personal or nursing care. At the time of the inspection there were 56 people living at the service.

There was a registered manager in post. 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. The registered manager worked closely with the operations manager.

At the last inspection on 14 March 2016, we asked the provider to take action to make improvements and make sure people were protected from the risks of pressure sores, choking and infection. Also to ensure people's capacity assessments were completed in line with the principles of the mental capacity act 2005 (MCA) and that the registered manager had a good understanding of the MCA. At this inspection on 20 and 24 April 2017 we found the actions had been completed.

Risks to people relating to development of pressure sores were assessed and risk management plans were in place. People were protected from risk of choking as well as risk of infection.

The registered manager and staff had a good understanding of the MCA. Where people were thought to lack capacity, assessments in relation to their capacity had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People who were supported by the service felt safe. Staff had a clear understanding of how to safeguard the people and protect their health and well-being. People's medicines were stored and administered safely.

There were enough suitably qualified and experienced staff to meet people's needs. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People received care from staff who understood their needs. Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff who benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

People's nutritional needs were met and people had a good dining experience. People were given choices and received their meals in timely manner. People were supported with meals in line with their care plans.

There was a calm, warm and friendly atmosphere at the service. Every member of staff we spoke with was motivated and inspired to give kind and compassionate care. Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records.

People had access to activities and stimulation from staff in the home. Activities were structured to people's interests. Staff knew how to best support people and what activities and changes to the home would suit the needs of people.

Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

Leadership within the service was open and transparent at all levels. The provider had quality assurance systems in place. The provider had systems to enable people to provide feedback on the support they received.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and improve the home. Staff spoke positively about the management and direction they had from the manager.

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 sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were being cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Visitors to the service and visiting professionals spoke highly of the staff and the care delivered.

Is the service responsive?

Good

The service was responsive.

People received activities and stimulation which met their needs or preferences.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Coxwell Hall and Mews Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 24 April 2017 and was unannounced. The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also obtained feedback from commissioners of the service.

We spoke with 12 people and three relatives. We looked at seven people's care records and seven medicine administration records (MAR). During the inspection we spent time with people. Some of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally.

We spoke with the registered manager, the operations manager, unit manager and seven staff which included nurses, care staff, housekeeping and catering staff. We reviewed a range of records relating to the

management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

When we last inspected Coxwell Hall and Mews on 14 March 2016, we found people were not protected from the risks of pressure sores, choking and infection. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 20 and 24 April 2017 we found improvements had been made. People were protected from the risk of pressure sores. People had appropriate equipment in place which included pressure relieving mattresses and cushions. Pressure mattresses were set to the correct pressures.

People were protected from the risk of choking. People who were prescribed thickening agents were supported in line with their prescriptions. A thickening agent is a prescribed additive for drinks for a person where they have swallowing difficulties or are at risk of choking. Staff referred people with choking risks to the speech and language therapist (SALT) for guidelines and followed their recommendations. Staff we spoke with were aware of people's needs in relation to thickening agents.

Staff were aware and followed the provider's infection control policy. Staff wore their own clothes rather than uniforms. The registered manager told us this was to show no sign of authority and make people more comfortable with staff. We saw staff wore clothes with the correct sleeve lengths in line with the provider's policy. Staff understood their roles and responsibilities for maintaining standards of cleanliness and hygiene. We observed staff washing hands appropriately and using protective equipment effectively. People's bedrooms and communal areas were clean. Infection control was embedded in the service's mandatory training and yearly updates.

Other risks to people's safety had been assessed and people had plans in place to minimise the risks. These protected people and supported them to maintain their freedom. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person's mobility deteriorated and they needed a hoist for transfers. Staff reviewed that person's moving and handling risk assessment and risk management plan.

People told us they felt safe. Comments included; "Yes I feel very safe here. Lots of staff and people around" and "Yes I feel quite safe. I spend time in my room and they [staff] come in often to check I'm ok". People's relatives told us people were safe living at Coxwell Hall and Mews. They said, "[Person] feels safe here" and "Yes it is very safe here. There is always someone around".

Staff were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "We get to know our residents well and will know if something is not right. We report to the manager and safeguarding team"

People were supported by sufficient numbers of staff. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. Staff told us, "Staffing levels are good enough to keep people safe" and "We have enough staff for the residents. We don't use agency staff". People and their relatives told us there were enough staff to meet people's needs. They said, "Definitely, there is always someone around to help if needed" and "There is always a member of staff around. I would say there are more than enough". The service used a dependency assessment tool at the beginning of care provision to assess the staffing ratio required. The dependency assessment was also completed whenever people's needs changed.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People received their medicine as prescribed and the service had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to give medicines safely. We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

When we last inspected Coxwell Hall and Mews on 14 March 2016, we found the registered manager did not have an understanding of their responsibilities in relation to completion of mental capacity assessments. Where people were thought to lack capacity, assessments in relation to their capacity had not been completed in line with the principles of the MCA. The registered manager relied on capacity assessments carried out by other professionals. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 20 and 24 April 2017 we found improvements had been made. The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused to take medicines and had no insight on why they needed the medicines.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff knocked on people's doors and sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care.

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 found the home was meeting the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

People received individualised care from staff who had the skills and knowledge needed to carry out their roles. One person told us, "Very much so, they take time to get to know us. I am well looked after". People's relatives said, "They seem to be skilled" and "They definitely know what they are doing. They can't do enough and I am happy about my [person] being here".

Newly appointed staff went through an induction period which gave them the skills and confidence to carry

out their roles and responsibilities. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were confident and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction was very good and it prepared me well for my role. I shadowed until I was confident to work on my own".

Staff had completed the provider's initial and refresher mandatory training in areas such as, manual handling, safeguarding and infection control. Staff were supported to attend other training courses to ensure they were skilled in caring for people. One member of staff commented, "We have so many training opportunities here. I completed my NVQ 2 and have just requested NVQ 3".

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. They said, "I have supervisions with senior carer and always feel like I can speak to them", "We have supervisions every three months and we discuss well-being and reflect on practice" and "During supervisions we discuss ideas on how to improve". Staff were also supported to develop and reflect on practice through yearly performance development reviews (PDRs).

People's care records showed relevant health and social care professionals were involved with people's care. People were supported to stay healthy and their care records described the support they needed. Health and social care professionals were complimentary about the service. One healthcare professional told us, "Many residents are moved to Coxwell Hall from other care or nursing homes who have been unable to manage their complex needs. The nurses and carers have a high level of expertise managing these very complex patients to a high standard". People's care records showed details of professional visits with information on changes to treatment if required.

The provider facilitated champions within the home who promoted evidence based good practice. There were champions in challenging behaviour, infection control, moving and handling as well as wound care. These champions were staff that volunteered for the roles and were passionate about the areas they chose to champion. The champions were supported to undertake additional training and raised awareness in their topic area and shared their knowledge within the team. For example, the challenging behaviour champion sourced a 'challenging behaviour information pack' written from the perspective of a person living with challenging behaviour. This was used during staff reflective meetings to discuss how best to support people with challenging behaviour.

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. Some people had special dietary needs and preferences. For example, people having soft food where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

People told us they enjoyed their food. Comments included; "The food is very good. There are two choices every day and presentation is good, very appetising", "Yes it is good food. They will always find something else if not liked" and "There has only been one meal that I didn't like and they [staff] offered something else".

During lunch time we observed people having meals in all the dining rooms. The atmosphere was pleasant. There was conversation and chattering throughout the dining room. People chose where they wanted to sit and did not wait long for food to be served. People were shown meal choices. People were supported to have meals in a dignified way by attentive staff. We observed staff sitting and eating with people and talking

to them whilst supporting them to have their meals at a relaxed pace. We saw staff asked people if they wanted more and this was provided as needed. Some people chose to have meals in their rooms and staff respected that.

Coxwell Hall and Mews was suitable for people living with dementia. People could move freely around the home, in the communal areas of the building and gardens. There were several sitting rooms, the quiet room, activities room and garden areas, which gave people a choice of where to spend their time. People had memory boxes and storylines by their bedroom doors which staff used as talking points. Most of the home's areas were decorated in a way that followed good practice guidance for helping people with dementia to be stimulated and orientated.

Good

Is the service caring?

Our findings

People told us they loved living at Coxwell Hall and Mews. They said, "Yes I like living here, it's close to where I used to live" and "I love it here. Everyone integrates very well, good team spirit". People were complimentary of staff caring attitudes. Comments included; "The staff are excellent, they are kind and understanding", "Staff are caring, loving, fantastic and they do their jobs really well" and "Staff are very caring. You can talk to them about anything".

Staff told us they were caring and enjoyed working at the service. Most of the staff members had been with the provider for a number of years. Comments included; "I want to care for people as I'd want to be cared for when older", "I must like it as I've been here few years" and "We treat people as individuals, just like we would like to be treated".

Staff told us they enjoyed working at Coxwell Hall and Mews. Staff comments included, "I enjoy working here and learn everyday", "I like looking after our residents and make them happy. We have great team work" and "I love working here. It's a friendly environment and I have improved my skills".

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere in the home was calm and pleasant. There was chatting and appropriate use of light humour throughout the day. People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated respect and dignity. One member of staff told us, "We are discreet about things. For example, we don't shout all over in a lounge if someone needs changing". Staff took time with people.

People were offered choices and given enough time to consider those choices. For example, we saw a person receiving their medicine. The member of staff informed the person what medicines they were giving them and for what purpose. They asked the person if they wanted to take the medicines with water or juice. The person made their choice. People's care plans evidenced their involvement in creating the care plans.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care record stated, 'Can make simple decisions if given not more than two choices'. We saw staff communicating with this person and offering only two options to consider. The person was smiling, relaxed and clearly comfortable with staff.

Staff treated people with dignity and respect. People received care in private. Staff told us, "We always knock before entering the room and close curtains during personal care" and "Always shut the door and curtains, keep it quiet if someone had an 'accident' for example if they are incontinent". People told us they were treated with respect. They said, "They [staff] respect my wish to stay in my room" and "Staff are extremely good. They knock before they come in". One person's relative told us, "In the way they talk to [person] and help them, they are very kind and considerate. They will always knock before they come in".

People's independence was promoted. Staff told us that people were encouraged to be as independent as possible. Staff said, "We let residents do the tasks they can and give assurance" and "We allow enough time for people to do the things they still can". One person's relative told us, "They help [person] to choose what to wear and let them do things they can do even if it's not much really".

Staff understood and respected confidentiality. Records were kept in key coded offices only accessible to staff. Staff comments included; "We don't discuss information with people who are not entitled to that information" and "We share information on a need to know basis".

People's advanced wishes were respected. Staff told us they involved people and relatives in decisions about end of life care and this was recorded in their care plans. For example, one person had an advance care plan, end of life care plan (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. People, their families and professionals contributed to the plan of care so that staff knew this person's wishes and made sure the person had dignity, respect and comfort at the end of their life. Staff understood the importance of keeping people as comfortable as possible as they approached the end of their life. They told us how they would maintain people's dignity and comfort and involve specialist nurses in the persons care. One member of staff said, "We use the advanced care decision to plan end of life care. We follow people's wishes and ensure comfort without pain".

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at Coxwell Hall and Mews to ensure those needs could be met. These assessments were used to create a person centred plan of care which included people's preferences and choices.

Care plans were personalised and contained detailed daily routines specific to each person. The provider used a 'This is me' document which captured people's life histories including past work and social life enabling staff to provide person centred care whilst respecting people's preferences. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to go to bed. People and relatives confirmed they were involved in planning their care. We asked one person's relative if they were involved in the person's care and they told us, "Yes, [person] is quite frail now and unable to make decisions".

Staff considered details of what was important to each person and used this information to engage with people and ensure they received care in their preferred way. Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

Care plans were reviewed monthly to reflect people's changing needs. Where a people's needs had changed, care plans had been updated to reflect these changes. For example, one person lost weight. Staff monitored the amount of food the person had and referred them to the care home support service (CHSS) for guidance. Staff updated the person's care plan to reflect the changes and daily records showed staff followed the advice.

People had a range of activities they could be involved in which included group and one to one activities. The provider employed an activities coordinator who was passionate about their role. They told us they linked activities to people's interests and hobbies. For example, one person enjoyed gardening. Staff supported this person with growing vegetables and spending as much time as they wished in the garden. The registered manager told us, "[Person] has planted flowers and tomatoes in the garden and waters them every two days. [Person] had really taken pride of their work". Another person used to be a carpenter during their work life. The provider invested in carpentry tools to allow the person to do minor repairs in the home under staff supervision.

People were supported to maintain links with the local community and staff encouraged people to build relationships through public events such as tea parties, sports days and summer fetes. People were also supported to participate in events associated with external groups. For example, during dementia awareness week, people participated in a sponsored walk to support the Alzheimer's Society.

People's views and feedback was sought through regular family meetings and satisfaction surveys. Records

of family meetings showed that some of the discussions were around what changes people wanted. People's opinions were sought and action was taken to respond to issues raised. People and their relatives told us they attended the residents and relatives meetings. They said, "Yes I have attended two resident meetings. Things that are brought up are always addressed" and "Yes we have a relatives meeting every six months and they do ask our opinion on things and they do act on what we say".

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and clearly displayed on notice boards. People's relatives commented that the registered manager was always available to address most issues. They said, "I have not had cause for complaint. I would go directly to the person in charge" and "No, never made a complaint, never needed too. I'd make one to the manager if need be". We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. People spoke about an open culture and felt that the home was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

Coxwell Hall and Mews was managed by the registered manager who was supported by an operations manager as well as unit managers. The registered manager had been in post for two years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service. On the first day of the inspection the registered manager was on leave. The home was being run smoothly in the registered manager's absence which showed good leadership.

There had been significant changes since the last inspection. The home environment had been improved to suit people's needs. The registered manager told us, "The director has really invested in the home". One person's relative commented, "They work very hard. They have just replaced the carpets with wooden floors, much easier to keep clean, much safer and more hygienic". One member of staff echoed, "The appearance of the home has changed. Carpets were removed and the environment is much cleaner".

The team at Coxwell Hall and Mews promoted an honest, open and inclusive culture. During our visit, management and staff were keen to demonstrate their caring practices and relationships with people. They gave us unlimited access to all the documents and records we requested. Staff told us they felt the service was transparent, open and honest. Staff said, "This is an open and honest organisation. Any issues are resolved openly and professionally" and "I can discuss good or bad practice with manager and know they will do all they can to find a solution. We learn from our mistakes".

Staff were complimentary of the support they received from the management team and they told us the home was well run. Staff comments included; "Manager's door is always open. She is never too busy to see us and always has time for us", "Manager is wonderful, supportive and approachable. She helps on the floor" and "Manager is very good. She listens to us".

Staff told us the registered manager and head of care had an open door policy and were always visible around the home. People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. For example, family meetings were held regularly and relatives could drop in anytime to speak with the registered manager.

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional told us, "They always call for advice or a visit from the GP appropriately. They respond to the required changes from CQC (Care Quality Commission), the commissioning group or medical developments promptly and effectively".

The registered manager told us one of their accomplishments had been improving staff training. The effect of staff training was clear throughout our inspection as staff interactions with people were excellent. Staff knew how to support people with dementia in a calm and non-patronising way. People were relaxed around staff.

The provider valued staff contribution at all levels. Staff participated in provider staff surveys. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. One member of staff told us, "We made a suggestion that we needed activities that allowed residents to go out often and this was provided". The registered manager told us they had introduced monthly and yearly staff awards. These awards were nominated by staff, residents and family members for staff that had given outstanding care. Staff told us they appreciated this gesture.

Staff described a culture that was open with good communication systems in place. Staff had daily handovers and regular team meetings were held where staff could raise concerns and discuss issues. One member of staff said, "We have team meetings and we discuss how best to support our residents". The registered manager facilitated daily 'flash meetings' (daily meetings to discuss current issues within the home). These meetings gave staff up to date information to allow them to meet people's needs.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example an infection control audit identified possible risks of infection in some areas of the home and action had been taken to ensure infection risks in these areas had improved.

Coxwell Hall and Mews was accredited through the butterfly scheme. This is a system used to provide good practice guidance around dementia care as well as improve people's well-being. The butterfly scheme supported a person centred culture. This guidance was available for both staff and people's relatives. The registered manager had introduced a home action group team (HAT) to lead the butterfly project. The home was audited yearly by the Dementia Care Matters who had trained the home on the Butterfly project. All their audits had been positive.
The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.