SKR Limited

Meresbeck

Inspection report

Meresbeck
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Tel: 01524734176

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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 unannounced inspection took place on 02 March 2017.

Meresbeck is a care home managed by SKR Limited. It is located in the small town of Carnforth, north of Lancaster. The home is registered to provide care and support up to a maximum of twenty people. At the time of the inspection visit there were fifteen people residing at the home.

There was a registered manager in place. 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.

We last carried out a comprehensive inspection of the service 18 and 19 November 2015. At this inspection we rated the service as requires improvement as we identified several concerns. The registered manager had failed to have appropriate systems to lawfully deprive a person of their liberty. Processes were not in place to ensure CQC was notified of all significant events. We also made a recommendation that improvements were made to the living environment to ensure it was safe and suitable for people. We carried out a focussed inspection 18 May 2016 to ensure all improvements had been made. We found the service had made all the required improvements.

At this inspection carried out in March 2017, people and relatives spoke positively about the care delivered. We observed staff being patient and spending time with people who lived at the home. People who lived at the home looked comfortable and happy in the presence of staff.

Arrangements were in place for managing and administering medicines. However, systems did not always reflect good practice guidelines. We have made a recommendation about this.

People told us staffing levels met their needs. We observed call bell waiting times and noted these were answered in a timely manner. Staff told us they had time to build quality relationships with people who lived at the home.

Staff treated people with kindness and compassion. People who lived at the home and relatives all commended the caring nature of the staff team.

People told us they felt safe and secure. Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Recruitment procedures ensured the suitability of staff before they were employed. Staff told us they were unable to start their employment without all the necessary checks being in place.

People's healthcare needs were monitored and managed appropriately by the service. People told us guidance was sought in a timely manner from health professionals when appropriate.

Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. People who lived at the home and relatives said they were involved in the care planning process. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Feedback on the quality of food provided was positive. People were happy with the variety, quality and choice of meals available to them. People's nutritional needs were addressed and monitored.

Social activities were offered to people who lived at the home. We saw a variety of outside agencies visited the home to provide entertainment.
We saw improvements had been made to the living conditions at the home. The registered manager told us the refurbishment programme was ongoing. Certificates viewed showed us premises and equipment were appropriately maintained.

The registered manager had a training and development plan for all staff. Staff told us they were provided with relevant training to enable them to carry out their role.

Systems were in place to ensure people who were deprived of their liberty were done so lawfully.

The registered manager held regular meetings with people who lived at the home to receive feedback on the service being provided. We saw evidence changes were made following people's suggestions.

The registered manager had a range of assurance systems to monitor quality and effectiveness of the service provided. They fed back to the nominated individual any concerns so improvements could be made.

People who lived at the home, relatives and staff all provided positive feedback about the registered manager's skills and personal attributes. They said the registered manager ensured high quality care was provided.

Staff were positive about ways in which the service was managed. Staff described teamwork as good and said there was regular communication between senior management and staff.

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.

Arrangements were in place for the management of all medicines. However, they did not consistently reflect good practice guidelines. We have made a recommendation about this.

People who lived at the home told us they felt safe.

Recruitment procedures were in place to ensure people employed were of suitable character.

Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Premises and equipment were suitably maintained to ensure they were fit for purpose.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from health professionals, where appropriate.

People's nutritional and health needs were met by the registered provider.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider ensured any concerns were dealt with in a timely manner. The service had a complaints procedure, should people wish to complain formally.

People were encouraged to remain active through the provision of social activities. These were provided both on an individual and group basis.

Is the service well-led?

Good

The service was well led.

People who lived at the home and staff told us the service was well-led.

People who lived at the home and staff commended the skills of the registered manager and their commitment to providing a high quality service.

Regular communication took place between management, staff and people who lived at the home as a means to improve service

delivery.

Meresbeck

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 02 March 2017 and was an unannounced inspection. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team, safeguarding team and Lancashire Fire and Rescue as part of our planning process. We did this to see if they had any relevant information regarding the registered provider. We received no information of concern.

During the inspection visit we spoke with six people who lived at the home and one visitor who was at the home on the day of the inspection visit. Following the inspection visit we spoke with three relatives by telephone. We did this to obtain their views about the quality of the service provided.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four members of staff. This included the registered manager, the cook and two members of staff who provided direct care.

We looked at a variety of records. This included care plan files related to three people who lived at the home and recruitment files belonging to three staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

As part of the inspection visit we walked around the home to check the living environment met the needs of people who lived at the home. We also spent time in the communal areas. This allowed us to observe the

interactions between people who lived at the home and staff.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe whilst being supported by staff at Meresbeck. Feedback included, "I feel safe. They lock the front door to keep me safe." And, "Oh without a doubt I am very safe here." Also, "Staff keep an eye on me to check I am safe. They even come in during the night to check me."

Relatives also told us people were safe. One relative said, "People are safe. The door is locked so people can't leave." Another said, "I am reassured [relative] is safe. They tell me, "You don't need to worry about me love. I am fine here.""

People who lived at the home told us they were happy with systems for managing their medicines. One person said, "Staff do my medicines for me. I always get them when I need them." Another person said, "I can ask for tablets when I am in pain and staff will bring them."

We looked at how medicines were managed within the home. Medicines were stored securely. Storing medicines safely helps prevent the mishandling and misuse of medicines. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis". We looked at systems for storing and prescribing controlled drugs and carried out a stock check of medicines. We noted the medicines and the controlled drugs register matched up.

We observed medicines being administered. We noted good practice guidelines were followed. The staff member administering medicines checked the medicines administration record before administering medicines and signed for medicines after they had been taken. We observed the staff member sitting with people to ensure they had taken the medicine before leaving them. The staff member spoke with one person who was unsure about taking their medicines and clearly explained to them the reasons as to why it was important they took them. This was done in a gentle and non-threatening manner.

Staff told us they were unable to administer medicines unless they were trained. We saw evidence the registered manager carried out competency checks of staff administering medicines to ensure they had the required skills to do the task.

Although we observed some good practice guidelines being followed when administering medicines we noted guidance regarding the administration of creams and ointments were not always clear. For example, one person had a cream chart in their care record stating they were to have a barrier cream applied twice daily. This was not recorded on the persons MAR record. We noted the cream chart was not consistently signed for by staff to indicate the cream had been applied.

We recommend the registered manager reviews good practice guidelines in regards to managing of creams and ointments within a care setting.

At the inspection visit carried out in November 2014 we identified some environmental hazards within the

home which had the potential to cause harm. We visited the home in May 2015 to ensure improvements were made and found a refurbishment programme was underway at the home. We used this inspection visit to see what improvements had been made.

During a walk around the home, we noted that communal areas had been cleared to ensure they were free from clutter. Carpets that had presented as slips, trips and fall hazards had been replaced in bedrooms and communal areas where necessary and bedrooms had been redecorated. A laundry area had been refurbished to promote infection control. The registered manager said they had reviewed the cleaning schedule at the home to ensure the home was hygienically maintained. The registered manager told us the refurbishment works were still on-going and further improvements were still required.

People who lived at the home and staff told us the new living conditions contributed to a positive environment. One person said, "I used to have a tatty bed but the manager told me they would buy me a new one and they did." And, "I have a new carpet now." Also, "My [relative] has had new units in their bedroom. They are thrilled with them."

Relative's commended the home and the standard of cleanliness and repeatedly described the home as clean. One relative said, "My [relative] used to be in a different home, it smelled but not this one. It's always clean and tidy when we visit." We noted from team meeting minutes that infection prevention control measures and standards of hygiene were routinely discussed.

The registered manager carried out monthly checks of water temperatures. They had recorded on some occasions water levels in a bathroom and kitchen had measured higher than the recommended temperature of 44c. HSE guidance states there is a risk of vulnerable people being scalded when water temperatures are higher than 44c. We discussed the recorded temperatures with the registered manager. They said they would get the maintenance manager to review all water outlets to ensure they were in accordance with the HSE guidance, Managing the risks from hot water and surfaces in health and social care. We checked running water at the home and found water in communal areas and bedrooms was delivered at a comfortable temperature which minimised the risk of scalding.

Radiators we viewed had covers on them to protect people from direct heat. Equipment used was appropriately serviced. The registered manager carried out a number of environmental checks to ensure premises and equipment was maintained to promote safety. This included checking window restrictors at the home.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. Staffing levels varied according to the needs of people who lived at the home. People said they had no concerns about the numbers of staff available to meet their needs. Feedback included, "There's plenty of staff around when we need them." And, "They always come when I ring my buzzer."

We observed response times to call bells and found staff responded immediately. We checked systems for alerting staff that a person who was at risk of falls was mobilising without support. We found staff took the alarm seriously and responded as a priority. This meant staff could provide support that maintained their safety.

We noted staff were not rushed and had time to sit and interact with people who lived at the home. Staff confirmed this was the case. One staff member said, "We have plenty of time to do our jobs and spend time with residents. It means we can deliver personable care." Another staff member told us they could call on extra staff if people's needs changed and additional help was required.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed records related to three recently employed staff. Records showed full employment checks had been carried out prior to staff commencing work. Two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. Staff told us they had received training in this area. They were able to describe different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action. One staff member said, "I can't bare cruelty to people. I would stand up and report it to a manager." When asked, staff were aware of their rights to whistle blow and said they would be confident to do so if required.

We noted the home had documents on show in public areas which offered support and guidance to people who wished to report any safeguarding concerns. The information included a telephone number to call should people have any suspicion abuse is occurring. This showed us the service was open and transparent and promoted the reporting of any concerns.

We looked at how the service managed risk. We noted risks were addressed within people's care plans. We saw a variety of risk assessments were in place. These included falls risk assessments, risk assessments for administering people's medicines, monitoring weights. And also assessments for supporting people with personal care and behaviours which may challenge a service. We saw action was taken when people were placed at risk of harm. For example, systems were put in place to protect a person from harm of falling, following an incident when the person had fallen.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a record of all accidents and incidents. This allowed them to assess all accidents and incidents to look for emerging patterns. There had been a recent accident at the home which had resulted in one person receiving minor injuries. The registered manager had taken swift action to see why the accident had occurred and put in control measures to prevent any repeat accidents occurring.

Good

Is the service effective?

Our findings

We asked people who lived at the home about the foods on offer. People we spoke with told us they were more than happy with the quality and choice of foods available. Feedback included, "They spoil us. The food is very good. Too good. I have put weight on since I have come in here." And, "There is always plenty of food and it's well-cooked. They will cook me chips at suppertime if I ask." Also, "If I said I didn't like something they would get me something else."

We looked at how people's nutritional needs were met by the service. When people were at risk of malnourishment, referrals were made to health professionals for support and guidance. When required, records of all food and fluid were maintained for people who were at risk of malnourishment or dehydration. We looked at records related to a person who was at risk of malnourishment. We saw they were weighed in accordance with the health professional instructions.

We observed people being offered choices as to where they would like to eat. We observed a meal being served in the dining room. The dining room had been decorated since the last inspection visit and promoted a relaxed living environment. Tables were decorated with tablecloths and napkins. Condiments were on the table for people to use, if wished. Meals were not rushed and people were offered a different meal if they did not like what was on offer. People were also offered extra helpings if they were hungry. One person described the food as 'beautiful' when they had finished eating. We observed two people eating their lunch in a living room. One person required some encouragement to eat. A staff member sat with the person offering them support and gentle prompts. They said, "I feel awful when they won't eat. You just need to keep tempting them." We noted a selection of drinks were offered throughout the day. If people requested extra cups of tea we noted staff happily obliged and made them for people.

People who lived at the home told us they were supported by a knowledgeable staff team who understood their needs. One person commended the service provided and the way in which the service had supported them to good health. They said, "I can't praise them enough, They have saved my life. I was so poorly before I came in here."

People told us they had regular appointments with health professionals to maintain good health. We saw evidence of general practitioner, dentists, chiropody and optician involvement at the home. Feedback included, "They will always call a doctor when I need one." And, "I had a problem with my knee this week. The girls (staff) were very good. They put me to bed and called my doctor."

Individual care records showed health care needs were monitored and action taken to ensure good health was maintained. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Changes in assessed needs were recorded within a person's care plan.

Relatives praised the effectiveness of the service and the way in which staff met people's health needs. They told us they were always consulted with when their family member's health needs changed. One relative said their family member had recently been admitted to hospital, they commented their relatives health

deteriorated whilst in hospital but rapidly improved when the person returned to the home.

We looked at staff training. This was to ensure staff had the required knowledge to enable them to give effective care. The registered manager maintained a training matrix in order to review and monitor training of staff. We noted there were minimal gaps on the matrix.

Staff told us training was regularly refreshed, They told us their refresher training was due this year and the registered manager had already informed them training was due. Staff praised the training on offer. One staff member said, "I can't remember what training I have done. I have done that much. [Registered Manager] keeps a record. You would have to look at that to see for definite."

We spoke with a member of staff who had been recently employed at the home. They told us they undertook an induction period at the start of their employment. This involved shadowing more senior members of staff and completing core training courses such as moving and handling. They told us they were happy with the induction process and felt fully supported throughout.

We spoke with staff about supervision. Staff confirmed they received supervision from the registered manager. One staff member said, "We have regular supervisions but [registered manager] is always watching us to check we are doing okay." Staff praised the approachability of the registered manager was said they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Staff who worked at the home for a period of twelve months or more were involved in staff appraisals. Appraisals are a process to develop discussions between staff and manager to improve performance, recognise good work and to identify any training needs. Staff praised the way in which the registered manager completed the process. One staff member said, "I received positive feedback, it was lovely."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. During the inspection process we identified one person was being restricted of their liberty with a mat which alerted staff when the person stood up. This was to manage the risk of the person falling. We spoke about this restriction with the registered manager. They acknowledged this may be an infringement of the person's liberty and they completed a DoLS application immediately as the person was also being restricted with a locked door at the home. Care records maintained by the provider addressed people's capacity and decision making. We noted when people lacked capacity to make decisions documentation was suitably completed to highlight this.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

Good

Is the service caring?

Our findings

People were extremely complimentary about staff who worked at Meresbeck. Comments included, "I have never had any trouble here. They are a good group of lasses." And, "The staff are very good. Excellent, in fact." Also, "I've have not met a bad one (staff member) yet.

People who lived at the home and relatives commended the caring attitude of staff. One person told us they had recently been to the hospital. They told us, "Staff took me to hospital; they stayed with me and held my hand." Another person said, "When I came here I couldn't care where I because no one cared but since coming here I have realised that people here care for me. I am glad I am here. I have never had anyone treat me like they do here."

Staff spoke fondly of people who lived at the home. All staff we spoke with said they had time to build relationships with people. One person likened people who lived at the home to an extended family.

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. One person liked spending time alone in their room. They told us, "They always pop in to see if I am okay."
Staff took time to sit with people and engage in conversation. We observed one staff member spending time with people chatting to them. The staff member considered body language when talking to people, using appropriate touch and eye contact throughout.

There was a light hearted atmosphere within the home. We heard staff and people who lived at the home laughing and joking with each other. One person said, "We do have a laugh don't we?" Another person told us, ""All the staff are bright and breezy. You can't feel down in here for long. They cheer us up."

People told us staff were patient and kind. One person said, "Staff are wonderful. I can't fault them. They are very patient." During the inspection visit we observed this was the case. One person was displaying signs of confusion. The person repeatedly asked the staff member the same question. The staff member spoke patiently with the person giving them repeated reassurance. They spoke to the person calmly and in a gentle manner.

All the relatives we spoke with commended the welcoming environment. Relatives said they were welcome to visit at any time and could have privacy if people wanted it. Two relatives said, "We are always made welcome whenever we visit." Another relative commended the home environment for being so warm and welcoming to people. They said, "I can take comfort in the fact my [relative] refers to the home as home now. They visited us at Christmas and asked to go home. I asked them where home was and they said it was Meresbeck."

We observed staff treating people with dignity and respect. We observed staff knocking on doors before entering personal spaces to respect people's privacy. One person had soiled their clothing whilst eating

lunch. The person apologised for making a mess. The staff member reassured the person and told them not to worry about it. They then directed the person to their bedroom so they could discreetly support the person to change their clothes.

Staff understood the importance of recognising people's individuality and promoting independence. One staff member said, "We have got to remember we can't talk to them like children. Sometimes we want to mother them but we need to remember they are old. They have lived more than we have."

Good

Is the service responsive?

Our findings

People who lived at the home and relatives told us the service provided was of a high standard and they had never had any need to complain. Feedback included, "I have no complaints and no concerns." And, "I have never had to make any complaints. There is nothing to complain about." Also, "I have never made any complaints."

Relatives praised the ways in which the registered manager made themselves available to discuss any areas of concern they may have. They said they were consulted with and listened to on a regular basis.

People who lived at the home and relatives were aware of their rights to raise complaints and were aware of who was responsible for dealing with complaints. One person told us, "I know I could speak to [registered manager] or [deputy manager] if I was unhappy." The service had a policy for dealing with complaints. Staff were aware of this and said they would report all complaints to the registered manager.

People who lived at the home and relatives told us the service provided by staff at Meresbeck was responsive to their needs. A person who lived at the home said, "I can go to bed whenever I like here. I can get up whenever I want."

We looked at care plans related to people who lived at the home. Care plans recognised people's abilities and these were reflected in the ways in which care was delivered. For example, one person could partly complete their own personal care. Staff encouraged the person to carry this out and only supported the person with tasks they could not do. Another person had expressed a wish to manage their own medicines. This has been assessed and systems had been put in place for the person to do this.

We looked at care records belonging to three people who lived at the home. There was evidence pre-assessments had taken place prior to a person receiving a service. Pre-assessments allow the service to evaluate people's needs so the service can make a decision as to whether or not they can meet the person's needs prior to a service being offered.

Care records were person centred and contained detailed information about people's life history as well as likes and dislikes. Person-centred approaches help services provide accessible, responsive and flexible services that meet the diverse needs and preferences of people. For example, one person's records stated the person became anxious and required regular reassurance throughout the day. The person had a soft toy that provided them with comfort. This soft toy was to be placed in bed with the person. Staff said it allowed the person to feel safe and secure.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professional's and relatives were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. We noted books, DVD's and music tapes were accessible to people in the communal living area. We also noted a reminiscence quiz paper on the table of the lounge.

People who lived at the home told us there was a variety of activities on offer. On the day of the inspection visit we observed staff supporting people to have their nails painted and to complete word searches. The home also had a pet budgie, we observed one person asking to sit next to the budgie so they could talk to it.

Staff told us they had plenty of opportunities to spend time with people to carry out activities. One staff member said, "We sometimes play dominoes or hold quizzes." They told us that external organisations and people sometimes visited to provide entertainment. They told us, "The local church comes in and we have regular entertainers visit to sing to people." Another staff member recognised the importance of keeping people active. They said, "We have some really intelligent people living here. We try to keep them active with quizzes. They sometimes spark memories."

Staff who worked at Meresbeck kept a record of all activities undertaken by people who lived at the home on a daily basis. This allowed them to track what people liked and disliked and allowed them to identify when people had not engaged in activity.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives said the home was well managed and praised the skills and dedication of the registered manager. Feedback included, "[Registered manager] is good. They come in to see if I want anything." And, "[Registered manager] is marvellous." Also, "I don't know what I would have done without [registered manager] I have never met anyone like her."

Staff also praised the registered manager. Feedback included "[Registered manager] is a brilliant boss." And, "[Registered manager] is very good; we couldn't get a better manager." Staff told us the registered manager had developed a positive environment for both staff and people who lived at the home. One staff member said, "You can't fault the home. People get good quality care. I wouldn't work here if it wasn't a happy place to be."

There was regular communication between staff and the registered manager. Staff told us the registered manager made themselves available whenever required and described them as 'approachable.' They told us they had regular team meetings to discuss the needs of people who lived at the home and to discuss staffing matters. We noted team meetings had taken place and minutes of meetings were documented.

The registered manager held residents meetings on a quarterly basis for people to express their views on how the service was managed and organised. These meetings were documented. Feedback gathered during residents meetings from people who lived at the home was positive. Feedback included. 'Everyone was happy with the activities offered.' And, "Staff are efficient."

We saw evidence changes were implemented as a result of residents meetings. For example, one person had asked for a calendar in the communal areas so they could see the date. We noted a wooden block calendar had been purchased following this request. This showed us people's opinions were considered and valued by management at the home.

The registered manager was aware of their responsibilities for reporting incidents to the CQC. We noted when incidents had occurred notifications were submitted in a timely manner. This included reporting of serious injuries and deaths at the home.

We spoke with the registered manager about improvements that had been made at the home since the last inspection visit. They told us they were proud of the refurbishment improvements made to the home and how these had lifted the spirits of the people and staff. They said they were currently looking at how they could improve the garden area to make it more suitable for people who lived at the home. They said, "The home is much better since the last inspection."

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were sent out to residents and relatives on an annual basis. We viewed four returned surveys that had been completed in the past year. All feedback provided was of a positive nature with the home being scored as good or excellent in all aspects of care. Comments included,

"I have only compliments to give the home and its staff." And, "I am kept informed of the running of this home."

The registered manager said communication with the owners of the home was good. They said they had regular meetings with them to discuss any concerns. They said they were also supported by the senior management team at the home.

The registered manager had a range of quality assurance systems. These included audits of medicines, care plan and environmental audits. The registered manager said the three members of the senior management team were involved in audits and all findings were discussed as part of the senior managers meeting. They said they rotated the care files each senior manager audited as they recognised that sometimes staff may miss an important aspect within a care record. Rotating care records allowed errors to be picked up by another staff member at the audit. This demonstrated the registered manager was committed to ensuring high quality and effective care was delivered.