

Osborne Care Homes Limited

Osborne House

Inspection report

16 Bay Road
Clevedon
Avon
BS21 7BT

Website: www.osbornecarehomeltd.co.uk

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30 November 2016

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 November 2016'

Osborne House is registered to provide accommodation and personal care to up to 30 people. The home specialises in providing care to older people living with dementia. At the time of this inspection there were 27 people living at the home.

The last inspection of the home was carried out in August 2014. No concerns were identified at that inspection.

There is 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.

People were supported by a registered manager and staff team who were passionate about their work and committed to providing a high standard of care. The registered manager and provider had a clear philosophy for the home which was to promote a positive environment for people where they were able to make choices about all aspects of their lives. They aimed to constantly up date and improve the service.

A high emphasis was placed on ensuring people had access to activities and social stimulation. During the inspection all staff engaged with people in a positive and pro-active manner. There was an excellent programme of activities which catered for people's individual interests and abilities. There was equipment in the communal areas of the home which encouraged occupation even when people did not choose to join in with organised activities. Staff spent time with people encouraging them with their hobbies and promoting their sense of well-being. People were animated and happy.

People were able to make choices about their day to day lives. People could choose when they got up, when they went to bed and how they spent their days. There were good links with local community groups which increased people's opportunities to attend social events and take part in leisure activities. Staff supported people to continue to pursue their interests and maintain contact with family and friends.

Staff had the skills and knowledge needed to provide a specialist service to people living with dementia. Throughout the inspection the staff displayed extreme kindness and understanding of people's needs and wishes.

The registered manager kept their knowledge up to date and shared their knowledge with the staff team. Staff felt well supported and were well motivated and happy in their work. This all helped to create a warm and welcoming atmosphere for people and their families.

People we spoke with were positive about the service they received and told us they felt well cared for. People spoke very highly of the staff who supported them with some saying it felt like a big family. Comments included; "Staff are always happy, never miserable," "Staff are very kind. They are like family really" and "They are very, very caring people."

People had their needs assessed and care was planned in accordance with people's needs and wishes. People, or their representatives, were involved in decisions about how their care was provided. Staff monitored people's mental and physical health and ensured they received treatment from healthcare professionals according to their individual needs.

There were policies and procedures to make sure only suitable staff were employed in the home. All staff knew how to report any suspicions of abuse or poor practice and all were confident action would be taken to make sure people were safe. People felt safe at the home and with the staff who supported them. One person said "The staff are kind, I'm safe here."

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 staff to meet people's needs and help to keep them safe.

People's medicines were safely administered by staff who had received training to carry out the task.

People were cared for by staff who had undergone a robust recruitment procedure and knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective.

People received care and support from well trained staff who understood their specialist needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

People received meals which met their dietary needs and took account of their preferences.

Is the service caring?

Outstanding ☆

The service was caring.

People were supported by extremely kind and caring staff who showed patience and understanding towards them.

People were able to follow their chosen lifestyles and pursue their interests and hobbies because staff had an excellent knowledge of each person.

Staff were committed to providing high quality care to people at the end of their lives.

Is the service responsive?

Outstanding ☆

The service was responsive.

There was a high emphasis placed on ensuring people had access to activities and social stimulation which enhanced their happiness and well-being.

The staff worked with other organisations to make sure people had access to community facilities and had a fulfilling lifestyle.

People had their needs assessed and care was planned in accordance with people's needs and wishes.

People could share their views or make complaints in a formal or informal way.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a registered manager and staff team who were extremely committed to providing a consistently high quality service.

The registered manager's passion and knowledge had created a highly motivated staff team which led to a positive and happy atmosphere for people.

There were good and effective systems in place to monitor the quality of care and a plan for on-going improvements.

Osborne House

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 30 November 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home and three visitors. We also spoke with four members of staff and the registered manager. Some people were unable to fully express themselves verbally due to their dementia. We therefore spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included two care and support plans, three staff personal files and records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "The staff are kind, I'm safe here." A relative told us "I know they are safe, warm and occupied." People who were unable to fully verbalise their views were happy and comfortable with staff. People smiled when staff approached them and some held out their hands to make physical contact.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Records showed staff had not commenced work in the home until all checks had been carried out.

To further reduce the risks of abuse all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us "If you reported anything it would be dealt with that day."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Throughout the day staff were able to spend time supporting people with their care needs and provide ongoing social stimulation and occupation. Some people liked to go out for a walk with staff and there were enough staff to enable this to happen. One person said "I go out every day with staff and the dog." Another person who liked to spend time in their room told us "If I want anything I just ring the bell and they come."

People's medicines were administered by staff who had received specific training and supervision to carry out the task. All staff had their competency to administer medicines checked on a regular basis to make sure their practice remained safe.

Each person had a secure cupboard in their bedroom in which medicines and medication administration records were securely stored. There was also information about how each person chose to take their medicines which ensured staff had the information they needed to offer medicines in accordance with people's wishes.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. We checked a sample of stock levels during our inspection and found these to be correct.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Staff knew people well and were able to recognise when people were in pain or discomfort. One member of staff approached a person and said they did not look their usual self and asked if they were feeling unwell. The person confirmed they were not feeling well and the member of staff offered them pain relief which they accepted.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. These included risk assessments to enable people to use community facilities. For example one person wanted to go swimming and a suitable pool and two staff had been identified to enable them to do this with minimum risk.

There were arrangements to deal with emergency situations. All staff received training in first aid to make sure they were able to respond appropriately to any accidents. There was also an agreement with another care home to provide temporary shelter to people should the building need to be evacuated.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. There was a very calm but busy atmosphere in the home with staff supporting people to take part in a variety of activities according to their wishes.

People were supported by staff who had undertaken an induction programme which gave them the basic skills to care for people safely. The induction programme followed the Care Certificate which is a nationally recognised training programme. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff told us that after they had completed their shadow shifts they worked with a more experienced member of staff to make sure they were well supported and had opportunities to ask for advice.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Some staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Staff told us the registered manager was very responsive to requests for training. One member of staff said "I wanted to do a qualification and it has all been arranged."

The home cared for people living with dementia and all staff had received training and guidance about how to effectively support people. Throughout our visit we saw staff adapted their approach to meet people's individual needs and wishes. One person was quite upset and disorientated and staff offered them support and reassurance throughout the day. A member of staff said "The training reminds you that everyone is different. Just because you have dementia doesn't mean you are the same as everyone else with dementia. Your approach needs to be different to match each person."

The registered manager used a variety of methods to make sure staff had the knowledge required to do their job well. Minutes of staff meetings showed these incorporated some practical training to enable staff to experience various situations, such as being hoisted using a mechanical hoist and being fed by another person. One member of staff said "The manager is always asking you random questions about what you would do in different situations. It starts discussions and makes it quite fun."

People received the support and monitoring they required to meet long term health conditions and periods of acute illness. A GP visited fortnightly to assess people's health and staff said they were available at other times to respond to more urgent needs. Records showed people were seen by healthcare professionals including doctors, district nurses, opticians and dentists. Referrals were made to other professionals where needed. For example one person had a hospital appointment for a routine operation.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person had lost weight and the staff had sought advice from their GP. The care plan showed the person liked sweet food and so a 'chocolate box' was available to make sure they were offered sweet treats

throughout the day. Staffed offered the person pieces of chocolate during the inspection. At lunch time, the person refused their main meal and staff offered them sandwiches and a large portion of pudding which they ate. Staff recorded the person's food intake, as advised by the GP, and these records were correct for the day of inspection.

To make sure people received adequate fluids staff offered people hot drinks throughout the day and there were cold drinks machines in communal areas for people to help themselves to.

People were able to choose where they ate their meal. The majority of people ate in the dining rooms but some choose to eat in their rooms or in the lounge. Where people found it difficult to remain seated at a dining table staff observed them to make sure they still received their meal.

There was a four week menu in picture format and the daily menu, also in picture format, was placed on dining tables to help people to make a choice. Vegetable dishes and gravy were placed on tables to enable people to choose what they wanted and portion size.

Most people who lived in the home were able to make decisions about their day to day lives. People were always asked for their consent before staff assisted them with any tasks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had received training about the MCA and knew how to support people to make choices. One member of staff said "Everyone is deemed to have capacity and is able to make most decisions about most things. If there was a decision which they couldn't make then we would have to consult family and act in their best interests." One care plan we read gave information about how a best interests decision had been made and showed that information about advocates had also been made available.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications where people required this level of protection. The registered manager had also discussed this issue at a family support meeting and there was written information around the home. This helped to make sure everyone was fully aware of people's legal rights.

Is the service caring?

Our findings

The service offered support to people at differing stages of their dementia and staff responded in a caring way to everyone. They had a strong ethos of person centred care which was demonstrated throughout the inspection. For example, each person had a life story book which provided information about their lives, interests and family. These helped staff engage with people in a meaningful way. For example, we heard a staff member sitting with a person talking about their past profession and another discussing their family with them. Another member of staff said "All the staff are so passionate about finding out about people. Their past lives are so relevant to how they are now. It helps and often explains why they do certain things." Another member of staff said "Sometimes if people are upset or getting confused we go through their photo book and reminisce with them. It is always very settling for people."

Each person also had a keyworker who took a special interest in their care and well-being. We asked one member of staff what being a keyworker meant for the person they were key worker for. They said "It's about making sure that the person's time is as happy as possible." As far as possible people had been matched to staff who shared their interests. For example, one member of staff took the person they key worked to professional football matches. The person told us how much they enjoyed these outings. The member of staff said "We both like football so we both have a really good time." Another person had an interest in aircrafts so a trip to the local airport had been arranged.

The service understood the importance of people maintaining relationships with loved ones. Staff helped people to keep in touch and be involved with family and friends. For example, one person had been unable to attend a close relatives wedding but their relative had come to the home in their wedding dress. The staff had decorated the hallway and provided a champagne afternoon tea for the person to enjoy with their relative. A thank you card showed how much this had been appreciated. Visitors also told us they were always made welcome and were able to visit at any time.

Staff showed great kindness and compassion in all interactions with people. During the inspection we saw staff were extremely kind and caring. They demonstrated acts of kindness throughout the day. For example they took time to listen and respond to people's questions. Staff showed great patience when people asked the same question a number of times and continued to answer them. One person was cradling a doll in their arms. When a member of staff assisted the person to another room they gently took the doll and carefully laid them down giving reassurances to the person that 'the baby' was comfortable and safe. This offered comfort to the person who went away happily with the staff member.

People were very complimentary about the staff who supported them. Comments included; "Staff are always happy, never miserable," "Staff are very kind. They are like family really" and "They are very, very caring people." A number of people and staff described the home as having a family type atmosphere. One member of staff said "It's like an extended family rather than a job." Another member of staff said "We treat everyone as we would if they were our loved one. It's like a big family." Thank you cards to staff at the home echoed these positive comments. One thanked staff for their 'love and kindness' and another said they cared for people with 'kindness and sensitivity.'

The home had a dog and two rabbits which people helped to look after. Some people told us how much they liked the animals. One person said "The dog is a great asset to the place, makes it really feel like home." People helped staff to walk the dog and we saw staff fussed over people to make sure they were warmly dressed before they went out.

Each person who lived at the home had a single room which they had been able to personalise to reflect their tastes and preferences. Each room had a front door style door painted in a bright colour. There were also pictures and mementos outside people's rooms to help them to recognise their own bedroom. One person said "I can go where I like whenever I like." Another person said "I love my room and all my pictures."

A number of staff had been appointed as 'dignity champions' within the home. They took a special responsibility for ensuring all staff maintained people's dignity. They had held a dignity day and some of the ideas from the day had been put into practice. These had included placing a large screen in front of a communal toilet door in case people forgot to close the door. They had also made towelling dressing gowns available in the wet rooms so people could easily slip them on when they left the room. We noted people wore make up and jewellery showing staff took time to support people with personal care. There was always male and female care staff on duty to make sure people were able to choose the gender of the staff who supported them with personal care and social activities.

The home had provided care to some people at the end of their lives. The registered manager told us that family and friends were able to stay with their loved one. This included providing people with camp beds and refreshments so they could be nearby to support their relative. One visitor, whose family member had died at the home, said "The care they got was second to none. They could not have done more." One thank you card from a relative of someone who died thanked the staff for their 'calm, loving and professional care.'

Staff respected the friendships that had developed between people who lived at the home. They made sure people were informed about friends who may be reaching the end of their lives so they could spend time together if they wished to. There was a remembrance book and a memory garden where people were able to spend time. The registered manager told us people and staff were able to attend funerals to pay their respects and they always wrote to bereaved families a month after someone had passed away to offer their on-going support.

The home held a monthly support group for relatives where they were able to meet and discuss issues together. The home also arranged relevant speakers to speak with the group. Recently the registered manager had spoken about the Deprivation of Liberty Safeguards to make sure family members fully understood the process.

People, or their representatives, were involved in decisions about their care and treatment. One visitor told us "There are regular reviews with [registered manager's name] which keeps is up to date on everything." The registered manager provided some relatives with a weekly email about their family member which enabled them to keep in touch and make suggestions.

Is the service responsive?

Our findings

The registered manager and staff group were committed to providing care and support which was personalised to each person's individual needs and wishes. They placed a high emphasis on providing occupation for people to make sure they had engaged and fulfilling lives. During the inspection there were high levels of social stimulation and engagement which created a lively and happy atmosphere.

Staff used people's life story books to enable them to support people with activities and occupation in accordance with their interests. The staff used creative ways to support people to carry on with activities that interested them. Everyone was engaged in activities of their choosing and staff made sure everyone's interests were catered for. There was a large board displaying the activities available daily, these included vegetable preparation and baking each day. This enabled people who were interested in cooking to maintain their skills and take an active part in the running of the home. People who wished to, assisted to prepare vegetables for the main meal and cakes and biscuits for people to have at tea time. A number of people liked to carry out domestic tasks around the home and to enable them to do this there were various domestic objects such as a cordless vacuum cleaner and dusters for people to use.

As well as taking part in the running of the home, there were trips out and group activities. Two full time activities workers were employed but all staff supported people with activities which made sure everyone received social stimulation. One person said they preferred their own company but joined in with things that interested them. They told us "There's lots of things to join in with. I'm a bit fussy but always go to the musical stuff." Another person said "You could never complain of being bored here."

All communal areas had activity equipment freely available which enabled people to follow their own interests and interact with objects according to their abilities. There was a scrabble board set up at a table, painting and colouring equipment and a baby changing mat with dolls and soft toys. People's art work was used to decorate the home and at the time of the inspection there was a small exhibition in the main hallway. During the morning of the inspection one person was knitting, another person helped with washing up cups and wiping tables, some people had a sing along with staff, some went for a walk and others spent time chatting together.

There were newspapers and magazines which people could read and keep up to date with events. Specialist newspapers and magazines were provided if people wished them. For example if people were from different places alternatives were provided to enable them to keep up to date with things that were important to them from their home areas. One person spent part of the morning looking through a magazine and discussing a specific news item with a member of staff.

Two people told us they had become friends since living at the home and liked to spend time together in the quiet conservatory area overlooking the sea. Whilst we were with them a member of staff came to ask if they would like to go out to lunch together which they readily agreed to. One told us "They know we enjoy going out together and they are so good at helping us. They wheel me round to a local place because it's just a little too far to walk." The other person said "We do enjoy our lunch dates."

The registered manager had made links with other care homes in the area and community groups, such as the Alzheimer's Society and local schools, which enhanced people's opportunities to socialise. On the afternoon of the inspection a small group went out to a pre-Christmas event at a local school. We saw photographs of other events which the home had hosted such as a picnic where other care home's had been invited, a vintage afternoon cream tea and parties. There were a number of cards and letters thanking the staff for the events that had been organised.

The home had run a 'make a wish' programme and staff helped people to fulfil their wishes. One person had wanted to go swimming. Staff had arranged this and there were plans to make this a more regular activity for them. Another person had wanted to visit the SS Great Britain and we saw photographs of them enjoying their day out. One person's wish had been to go to Hawaii and as this could not be arranged they decorated the home and held a Hawaiian event.

People were able to continue to practice their faith. The staff offered support to people to attend local churches but we were told most people chose not to do this. As people choose not to attend church, a small room was set aside where people could spend time quietly. Representatives of different faiths visited the home to offer people support including communion.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. The registered manager told us that the ethos of the home was to offer people choices about everything they did. People said their choices were respected. One person said they liked their own company and staff respected their decision. They said "It's all pretty free and easy. I ring the bell when I want to be helped." During the inspection we saw people's choices were taken into account by staff. Some people liked to go back to their rooms through the day and staff supported them to do so. Other people liked to spend time with staff and this too was accommodated.

Staff worked around people's individual routines. For example one person did not like to get up in the morning and was able to stay in bed. A member of staff said "I don't think they've ever been an early riser so they won't change now. They usually get up in time for lunch which is fine if that's what they want." Another person liked to stay in their pyjamas and was wearing them on the day of the inspection. A member of staff said "As long as people are decent and they still have their dignity they can wear what they like."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. The home used an electronic care plan system and staff said the care plans were very informative and gave them the information they required to effectively care for people. A handover meeting was held daily between staff working in the day and those working at night. This helped to keep staff up to date with any changes.

Care plans were personalised to each individual and reviewed and up dated as people's needs changed. For example everyone had a care plan giving information about their night care needs and how often they wanted to be checked on during the night. One member of staff said "Not everyone wants to be disturbed during the night. If someone was not too well we would change the care plan to make sure they were checked more often."

When new people moved to the home care plans were basic and added to as the staff got to know people's personal preferences and routines. This made sure that staff created a care plan that took account of how the person was settling in and any additional support they required. If people were unable to fully express their views staff made sure any observations about likes and dislikes were recorded.

There were ways for people to express their views and express any concerns. The registered manager was very visible in the home and had a good knowledge of each person. They told us that formal meetings for people had not proved successful and they now preferred to speak with people individually to gain their opinions and listen to any concerns. Throughout the day we saw the registered manager chatting with people in a very relaxed and friendly way which enabled people to share any worries or concerns. One person told us "You can always talk with [registered manager's name]." Another person said "I could chat to anyone if I wasn't happy. They'd sort out anything that needed sorting."

There was a formal complaints procedure which was displayed in the hallway. Where complaints had been made these had been fully investigated and action had been taken to address any shortfalls in the service. A visitor said "If I wanted to complain I could but I know they are happy and settled."

Is the service well-led?

Our findings

People lived in a home which was well led by a registered manager and care manager who were passionate about providing a person centred service. They created a culture of enabling and support. This helped staff support people to live fulfilling lives and make meaningful choices. The registered manager was also committed to providing a stable staff team to ensure consistency for people. They told us they were careful about recruiting staff who shared their values. They then made sure staff had the correct training and support to provide a positive and happy environment for people living with dementia.

The registered manager's enthusiasm and commitment to the service meant staff felt well supported and fully understood the ethos of the home. During the inspection there was a busy and happy atmosphere where everyone was animated and engaged. One person told us "It's a very nice place to live." Another person said "They look after you well here. They give you anything you want at any time." A visitor said they had visited several homes before their relative moved to Osborne House. They said "You couldn't find a better home. There isn't one."

The registered manager's and provider's attitude and values meant people were cared for by a staff team who were well motivated and worked as a team. The registered manager's enthusiasm was contagious. All staff we spoke with told us they loved their jobs. A number of people commented on how happy staff appeared. One person said "Staff always have a smile." Another person said "They have a good sense of humour and are ready for a laugh."

There was a staffing structure which provided clear lines of accountability and responsibility. It meant there was clear leadership in home and people always had access to senior staff. Staff were clear about their roles and said they were always able to ask for support. One member of staff said "It's really very organised. When you come on shift your work is allocated and you know exactly what you are responsible for."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager told us they treated all feedback about the service as an opportunity to make changes and improve. For example in response to some relatives' requests for more information about their relatives, a weekly email report was being sent to families who wanted it.

The registered manager worked on the floor at times to enable them to monitor practice and identify any shortfalls in the service or improvements that could be made. In their Provider Information Return (PIR) they told us that whilst assisting people with personal care they had identified that towels were not always big enough. They had therefore purchased larger towels for some people. Staff and people told us the registered manager was always open and approachable. One person said "She's always here, every day. She always has a word." A member of staff told us "She's a brilliant boss, always listens to us and the people here."

The registered manager said they were well supported by the provider who took an active role in the running of the home. They had an action plan in place to make sure the building was kept safe and continually upgraded. Recent developments had included installing wet rooms to make sure people had easy access to shower facilities regardless of their mobility. They had also put a sink and drinks making area in the dining room to promote people's independence. The roof in the front conservatory had been replaced and plans had been drawn up to have a large safe decking area overlooking the sea. At the time of the inspection a number of people spent time in the conservatory. A visitor said how much the room had been improved and that it was now warm enough to sit in in the winter and enjoy the sea views.

The registered manager was well qualified in care and management. They kept their skills up to date by on-going training, research and attending provider forums. In addition to up-dating their knowledge about local initiatives the provider forums had enabled the home to make links with other homes locally. As a result of this they had been able to invite other people to events such as a large picnic. They shared their knowledge with staff by offering on-going training and through team meetings and individual supervisions. Team meeting were used to 'problem solve' which made sure all staff had opportunities to share their views and experiences and feel part of the running of the home. One member of staff said "I do feel really valued and that makes me want to give really good care."

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. There was a monthly care audit which looked at all aspects of a person's care including their care plan and mental and physical health. Where changes or concerns were highlighted the registered manager worked with other professionals to ensure people received the support they required. For example if people's mobility changed they contacted professionals to make sure people had all the equipment they needed to promote their independence.

There were quality assurance surveys to seek people's views about the service. All responses were read and analysed by the registered manager to make sure any changes made were in accordance with people's wishes. The results of the last survey showed a high level of satisfaction with the service provided. Visitors were also encouraged to give feedback on a website that gives reviews on care homes. 15 reviews had been left on this website and again they were extremely positive. People particularly praised the activities within the home. To make sure people were kept up to date with events and changes there was a monthly newsletter.

Audits were used to identify where improvements could be made. There was a monthly audit of medication practices and as a result of these audits, practices had been changed. Individual medicine cabinets had been provided in all rooms and all staff had received training and competency tests to administer medicines. One member of staff said "It's much more personal giving people their tablets in their room. Plus it reduces errors because you have one person and one set of tablets."

All accidents and incidents which occurred in the home were recorded and analysed. Records did not show a high amount of falls but where concerns had been identified people had been referred to healthcare professionals for advice.

The building was maintained to a good standard to promote people's safety and comfort. Maintenance staff were employed to carry out day to day safety checks and repairs and outside contractors were used where appropriate. One member of staff said "If you find anything wrong and you report it, it's usually dealt with the same day."

The home had policies and procedures in place to make sure people received a service in accordance with

up to date good practice and legislation. Policies and procedures were kept up to date by the registered manager. Staff told us they were encouraged to read them to make sure they were working in accordance with good practice guidelines. For example information about changes to the criteria for the Deprivation of Liberty Safeguards (DoLS) had been incorporated into the home's policy. Additional information had been made available to staff to make sure they were fully aware of the up to date policy.

To the best of our knowledge the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.