Tamaris Healthcare (England) Limited

# Northlea Court Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 24 May 2017 and was unannounced. A previous inspection undertaken in February 2016 found three breaches of legal requirements in relation to staffing, good governance and failing to notify the commission of specific incidents. After this comprehensive inspection, the provider wrote to us to say what action they would take to meet legal requirements in relation to the breaches.

Northlea Court Care Home is registered to provide accommodation for up to 50 people. At the time of the inspection there were 47 people using the service, some of whom were living with dementia.

The home had a registered manager who had been registered since May 2013. 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.

Appropriate arrangements were in place to protect people using the service from abuse or any concerns in relation to their safety. Staff had received training in identifying and responding to safeguarding concerns. Risks were assessed and mitigating actions identified to ensure people's care was delivered as safely as possible. Safe recruitment procedures had been followed.

The breach in relation to staffing had been met. During this inspection we saw the atmosphere in the home was calm and relaxed. People's requests for assistance were met promptly. Staffing levels were now determined based on people's needs. Feedback from some people and relatives was that more staff were needed during busier times of the day. We have set a recommendation that the provider considers their feedback and reviews the deployment of staff throughout the day.

Staff received training and support to effectively meet the needs of the people they cared for. We saw training was up to date and well monitored. Staff were supported to further their personal development through regular supervisions and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Care plans were specific, based on assessed needs and regularly reviewed to ensure they remained up to date. We saw evidence that staff had liaised with healthcare professionals an incorporated their advice into records.

People were positive about the food on offer in the home. Where people needed support to eat this was provided in a compassionate way by staff. Kitchen staff were aware of people's dietary needs, and a choice of meals were always available. We saw some food and fluid charts were unavailable to view, we fed this

back to the registered manager who told us they would address this.

People we spoke with and their relatives told us they were happy with the care provided. We observed staff were friendly and respectful towards people. Staff knew people and their needs well. A range of activities continued to be offered for people to participate in. People and their relatives were aware of the complaints procedure. We saw complaints had been responded to in line with the provider's policy.

The provider's quality assurance system was in-depth and covered a range of checks and audits to ensure standards at the service were being maintained and improved. Representatives from the provider visited the home regularly to provide feedback on the service and to highlight any areas for improvement. The quality assurance system included monitoring any identified actions for improvement to ensure they were carried out. The registered manager was a visible presence. People, relatives and staff told us the service was well run.

## 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.

Actions had been taken to address shortfalls in medicines recording and staffing levels which we had identified at our last inspection. During our visit we noted the atmosphere in the home was calm and relaxed. However, we recommend that the provider considers feedback from people, relatives and staff regarding staffing numbers at the busiest times of the day.

People told us they felt safe in the home and staff were aware of their responsibilities in safeguarding people.

The provider continued to monitor accidents, incidents and risks. Safe recruitment practices were followed. Medicines were well managed.

### Is the service effective?

Good

The service remained good.

### Is the service caring?

Good

The service remained good.

### Is the service responsive?

Good

The service remained good.

### Is the service well-led?

Good

The service was well-led.

There was a system of quality assurance in place, to monitor and improve the service.

A registered manager was in post. People, relatives and healthcare professionals told us the service was well run.

Staff told us they felt well supported and relatives told us they had no concerns about the quality of the service.

The service had submitted prompt notifications to CQC in

relation to notifiable events.

# Northlea Court Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 24 May 2017 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who was part of this inspection team had expertise in older people and those who had a dementia related condition.

Before the inspection we reviewed all of the information we held about the service. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. Prior to the inspection we contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with eight people who used the service and nine relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, the provider's regional manager, the deputy manager, two nurses, six care workers, an activities coordinator and a cook. We reviewed eight people's care records. We looked at three staff personnel files, in addition to a range of records in relation to the safety and management of the service. We also spoke with two healthcare professional who visited the home regularly.

Good

# Is the service safe?

## Our findings

At our last inspection in February 2016 we had found that records related to topical medicines were poorly completed which meant we could not be sure these medicines had been administered in line with prescribed instructions. Topical medicines are creams or ointments which are applied directly to the skin. This was a breach of Regulation 17, Good Governance. We had also found that there were not enough staff always on duty to meet people's needs. This was a breach of Regulation 18, Staffing. After that inspection the provider wrote to us to advise us of the steps they were taking to ensure these regulations were met. During this inspection we found that these breaches and areas of concern had been addressed.

Since our last inspection the provider had reviewed their medicines records. A nurse we spoke with said, "We've changed the way we do topical medicines. Everything is now recorded on the MAR [Medicines Administration Record]." This meant all medicines were recorded in the same place, and that any gaps in recording of topical medicines should be identified quickly by nursing staff. Medicines audits included monitoring the use of topical medicines and the amount of topical medicines in stock to ensure records were accurate. This meant the breach in Regulation 17 (Good Governance) had been met. We found the provider managed medicines safely and effectively. Medicines continued to be stored appropriately and processes were in place for ordering and disposing of medicines safely. Staff responsible for administering medicines had undertaken training and were subject to yearly competency checks to ensure their skills and knowledge remained up to date.

The registered manager explained that occupancy and staffing levels had changed significantly since our last inspection. At our last inspection 31 people were living at the home, at this visit 47 people now resided at Northlea Court Care Home. The registered manager advised us that staffing levels were determined based on an assessment of people's needs. This equated to two nurses and eight care staff on duty during the day. There were two nurses and four care staff scheduled to work each night.

Feedback about staffing levels was mixed. People and relatives told us they thought there were enough staff to meet people's needs, but that more staff would be beneficial at key times. Comments included, "There is more staff than there used to be"; "Most of the time I would say yes [there are enough staff], occasionally there's not if they're busy doing hoists or are in the bathroom, nine times out of ten it's fine." ; "I think so [there are enough staff], and they never stop, there's always plenty of staff around."; "I think there are enough staff, but I'm conscious of the fact certain times you come in they're very busy and you're aware of the buzzers in the background. They always seem to have time for [relative], always seems to be about four or five members of staff around" and "Very often when you want something they're busy and they still put people in ahead of you."

Staff told us that staffing levels had improved, but that more staff would be beneficial. Their comments included; "Staffing levels are much better to what it was" and "Staffing is manageable." Some staff described lunchtimes and break times as busy and stated more staff were needed. We spoke with a healthcare professional who visited the home regularly. They told us, "Families will say that staffing has been low in the past, but I have never had an issue finding staff."

During our inspection we saw that that the atmosphere in the home was calm and relaxed. We observed lunchtimes where we saw that staff assisted people with their meals in an unhurried way. In the afternoon we saw staff offer people drinks, and have time to stay and talk with them whilst they served them. We heard call bells frequently throughout the inspection, but these were responded to quickly. We noted when people needed staff support, for example, to assist them to move around the home, their requests were responded to quickly. We found steps had been taken to address the breach in Regulation 18 (Staffing), however we recommend that the provider considers feedback from people, relatives and staff and reviews their staffing levels during busier times of the day.

Regular checks to support people's safety continued to be carried out, such as ensuring fire doors worked properly, testing emergency lighting, monitoring water temperatures around the home and ensuring window restrictors were working correctly. Records showed a maintenance schedule was followed to ensure equipment such as boilers, lifts and hoists were serviced and checked to ensure they met safety standards.

People we spoke with told us they felt safe living at the home. One person said, "It's a safe place to live. Safer than when I was at home. If I fall here then someone would come running." Another person said, "Oh yes always somebody there if I wanted them." Relatives told us they felt their relatives were happy and safe at the home. One relative said, "The staff are good with them and I think if there's something going on you would hear whilst you were visiting." Another relative said, "Yes I definitely think they look after them well. You certainly can't see when you're not here, but they're very supportive when family are here and just always asking if they (person using the service) need anything."

Training records showed all staff had received training in identifying and responding to potential signs of abuse. Staff we spoke with were clear on their responsibilities on acting on any concerns. We saw where any concerns had been raised, the local authority and CQC had been promptly notified and the registered manager had worked with the local safeguarding team in investigating and taking action where it was needed.

Risk continued to be well managed. We noted risk assessments were in place in relation to the building and equipment within the home, as well as risks related to individuals who used the service, for example to determine if a person was at risk of malnutrition or of choking. Where risks were identified, clear information had been provided to staff about how risks should be mitigated and the action they should take. Each person who used the service had a Personal Emergency Evacuation Plan (PEEP) in place to inform staff or other personnel of the type of support they required to evacuate the building in the event of an emergency. Accidents and incidents were well recorded, monitored any analysed to determine if staff had responded appropriately or if there were any trends occurring.

At the previous inspection we found appropriate staff selection and recruitment processes were being followed. Staff personnel files we examined at this inspection confirmed these processes were still in place, including references being taken up and Disclosure and Barring Service (DBS) checks being made. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. Registration of nursing staff was checked on a regular basis, to ensure it was up to date. All nursing staff are required to be registered with the Nursing and Midwifery Council (NMC). This meant appropriate processes were in place to ensure the appropriate recruitment of skilled and experienced staff.

Good

# Is the service effective?

## Our findings

People and relatives we spoke with told us staff were well skilled and could meet their needs. One person told us, "Yes I think they have everything they need. If one nurse can't help you, another one does." A relative said, "When [relative] came here they (staff) needed extra training in order to look after them and they all went on the training."

The provider had identified a number of training modules that they considered mandatory for staff to undertake, to be able to safely support the people who used the service. This mandatory training included moving and handling, safeguarding, fire safety, equality and diversity and health and safety. Records showed this training was well monitored and at almost 100% completion. Training continued to be linked to core values for the service and people's needs with staff receiving training such as; dementia care, dignity and respect, equality and diversity and choice and consent. Staff we spoke with told us they had received sufficient training to carry out their roles. One staff member said, "We're constantly doing training and we get supervisions regularly; and we are all doing the dementia care (course) to give us more of an understanding. I've learnt a lot from training."

Nursing staff told us they had access to training to maintain their registration and met regularly and reflected and discussed the care they provided in clinical supervision sessions. Where people who used the service had specific individual needs, staff were provided additional training to ensure they could support people fully. We spoke with a health care professional who had regular contact with the home. They told us they had delivered training with the staff in Percutaneous Endoscopic Gastrostomy (PEG) feeding (a form of specialist feeding where a tube is placed directly into the stomach), catheter care, end of life and diabetic care.

Staff told us they felt well supported and had opportunities for personal development. Staff received regular supervision with the manager or senior member of staff, where they discussed their role and the people they supported. Staff undertook an annual appraisal which included a review of their performance and discussion around staff goals. The home employed one care home assistant practitioner (CHAP) who, after completing their training and competency assessments, assisted the nursing staff to administer medicines, write non-complex care plans and carry out simple dressings. Staff were positive about this role and told us they hoped there would be further opportunities to progress their careers.

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. We saw applications had been made to the local authority for assessment regarding potential DoLS authorisations. Where people had capacity they were free to come and go from the home as they wished. We visited the home on a sunny day, and we saw some people spent a considerable amount of time sitting outside reading a paper or chatting with friends or relatives.

Where it had been determined that people did not have capacity to make some decisions staff had followed the MCA and best interests considerations were noted. Care plans related to best interests decisions were very well documented. One person was resistant to personal care. We noted they had two care plans relating to personal care. One which explained to staff in practical steps the actions which were most successful in encouraging the person to accept personal care, for example by approaching them at specific times of the day and using particular phrases which the person was responsive to. The care plan set out very clearly when it was considered that the person would have capacity to refuse personal care. The other care plan detailed when the best interests process needed to be followed, for example following periods of incontinence, and included how staff should respond in these instances to protect the person's skin integrity and dignity. The care plan was easy to follow, and communicated to staff how care should be delivered. This evidenced that the principles of the MCA were being followed in being as least restrictive as possible.

Records continued to show that people had access to health and social care professionals to help maintain their health and wellbeing. Prompt referrals had been made to GPs, specialist nurses, dietitians, speech and language therapists and other professionals where changes had been noted in people's health or wellbeing. A healthcare professional told us, "No concerns, they do contact me if there are any issues." The registered manager told us the home had good links with a local GP practice, and a GP visited weekly to do a ward round  Staff supported people to attended hospital outpatient appointments or when necessary health professionals visited the home.

People and relatives were positive about the food on offer in the home. One person said, "Lunch is good, and there is certainly enough of it." We carried out observations in the dining rooms over lunchtime. We found that the lunchtime experience was positive and relaxed. People were offered a choice of hot meal or a lighter cold option. Staff checked if people were enjoying their meal, and offered alternatives to encourage people to eat more. Where people needed support to eat, we saw staff sat with them and gave them their full attention. We observed one staff member held one person's hand throughout the meal and they responded well to this touch. Where people were at risk of malnutrition or dehydration records were kept of how much people had to eat and drink. We noted these food and fluid records were unavailable for two people whose records we were checking. We fed this back to the registered manager who advised us she would ensure these records were being completed correctly by staff.

Steps had been taken to make the home accessible to the needs of people with dementia. Handrails had been painted a contrasting colour to the walls so they stood out to people and some visual signage was used. Most people who were living with dementia were cared for on the upper floor of the home. The registered manager told us that staff accompanied people in the gardens to ensure they had access to fresh air and outside space. One relative and a member of staff told us they felt the home would be improved with a secured garden area, to enable more people to be able to access it. The relative told us, "If there's anything I would change it would be to have a garden area, as there is nowhere for them to sit that's secure." The registered manager told us this was something they were looking in to.

Good

# Is the service caring?

## Our findings

People we spoke with told us staff were polite and caring. One person told us, "Yes they treat me very well and they do help a lot". Relatives confirmed that staff were kind and compassionate. One relative said, "They have banter and dance with them, they understand [my relative]." Another relative said, "It's lovely here. They are on the ball all the time. You don't need to worry about anything. They are friendly. Everyone seems happy, it's a really good home."

During the inspection we spent time in the communal areas and observed interactions between people who used the service and the staff. We saw staff knew people well. They engaged people in conversation by talking about their family or activities which were planned in the home. One relative told us, "It's pleasant and friendly, there's conversation. It's cheerful and chatty and [my relative] is happy in themselves. They're settled." We saw staff were attentive and showed warmth. Over lunchtime we saw staff offered and supported people to make choices so they could fully enjoy their meals. One member of staff supported a person with condiments, saying, "Careful as that comes out quite quickly mind. Just pour it slowly. Would you like me to do it for you? You tell me when to stop."

Relatives told us they could visit at any time, and that they were made to feel welcome by staff. Comments included; "The staff are all kind - very much so. The visitors are treated with compassion also" and "I think one of the things that stands out when you come in, is that they're always asking how [my relative] is and how the family are."

Some people who used the service were unable to verbally communicate their needs. Care records provided staff with a good level of detail about people's individual communication needs. Relatives told us staff were able to understand their relative's wishes. One relative said, "They come and speak to [my relative], they are deaf and they know how to speak to [my relative]." Another relative said, "They have no problems understanding what [my relative] is wanting." Staff told us they used their communication skills to engage people into conversations. One staff member said, "It's all about the way you communicate, the tone of your voice." They continued, "They (people who use the service) love to have a laugh with me. It's chit chat they love. [Name] does not say a lot but when we get the karaoke out they will sing their heart out."

Staff told us they enjoyed their roles working at the home. They described relationships which were caring and supportive. One staff member said, "I'm passionate about the care." Another told us, "I enjoy work. Everyone is so different, you feel they are your family." A third member of staff commented, "I enjoy it with the residents because you feel happy knowing that you are making them happy."

People and their relatives told us they were involved in planning care. One relative said, "We did have an input, it was a discussion." We saw information had been collected from people and their relatives to populate a life history, which included information about their lives, families, previous employment and what was important to them. This helped staff to understand the person as an individual. People told us staff respected their decisions and took into account people's preferences. One person said, "I go for breakfast about 9.30 a.m. I could have the option to have it in my room if I needed to but I always go down

for breakfast." A relative told us that their family member liked a lie in on a morning and that staff were aware of this so ensured they did not disturb them.

Care records prompted staff to consider whether any arrangements needed to be made to ensure people's cultural and diverse needs were taken into account. The registered manager told us, "We find out about their religious beliefs, cultural background and if people want to continue practising their religion. We have a church group coming into the home once a month. Also some residents have their own private visits from local clergy and take communion." There was no one accessing an advocacy service at the time of the inspection, but the registered manager advised us that they would refer to such a service if they felt an individual needed support to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

The registered manager told us that nursing staff worked with specialist teams to enable people to remain in the home at the end of their lives if they wanted to. Records showed staff had discussed people's wishes, to be able to provide personalised care at the end of their lives. Staff had received training in providing compassionate care at the end of people's lives. As people approached the end of their lives, wherever possible anticipatory medicines were kept in stock should people need them and a daily on-going assessment was kept which covered pain, breathing, nausea and vomiting amongst other areas to help people to be as comfortable as they could be.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "You can't fault the staff. They do everything I need, and probably more." A relative told us, "They seem to do the things they're meant to do." A healthcare professional told us, "I'm really comfortable with the home. I have moved two people to the home and I've been happy. Everyone has sung the praises of the care given."

People's care records continued to be person centred and detailed. A range of assessment tools were used to determine people's needs. Assessments covered areas relating to people's physical health, mental health and social needs. Assessments were used to inform care plans which stated how staff should provide support. People's needs were regularly reassessed to ensure their package of care remained suitable. Care records were well organised with key information, such as allergies and high risk areas highlighted at the front of people's care files.

Care plans were thorough and specific. Where advice had been sought from health professionals it had been incorporated into care plans. For example, one person had developed pressure damage and had been referred to the community matron. A nurse told us, "We followed [name of community matron's] care plan and they've improved so much." We saw this person's care plan contained details of the dressings to be used and when dressings should be changed. We saw from records that the pressure damage was improving. Information in care records had been provided in a way which enabled staff to provided consistent care. Where people used specialised mattresses to reduce their risk of developing pressure damage, care records included details on the setting which should be used, and a log of dates where the mattress settings had been checked. A healthcare professional was complimentary about the way the service managed pressure damage. They said, "What an amazing difference they have made to [person's name] pressure sores. They have done really well and kept up with their turns (positional changes to promote skin integrity)."

Staff continued to have a good understanding of people's needs. Staff we spoke with were able to describe the ways in which people responded best to their care. One staff member told us about the way they supported a person if they were displaying anxiety or agitation. They were able to talk us through the potential triggers for such behaviours, and the specific phrasing they used to help the person to relax. Care records continued to include information about people's preferences. Each person's records we looked at contained a "This is me" document that set out information about the times people liked to go to bed and get up in the morning and information about the tasks people could complete for themselves. This meant this information was available for all staff to ensure people's preferences were accommodated.

People were positive about the range of activities on offer in the home. One person told us, "There is a bit of everything; bingo, flower arranging, at Easter and Christmas they have fayres and make things." An activities board highlighted the upcoming events in the home. We saw visits booked in from musicians, therapeutic pets as well as trips planned such as to a nearby tea dance. Some relatives told us their family member's did not like to take part in the activities and that whilst staff encouraged them to join in, their decisions were respected. One relative said, "When there are singers on when I visit, then we'll go along; but usually when

I'm in, we like to come along to their room and have a cuppa. Another relative said, "[My relative] is not a person to get involved in activities, if it's music and singing yes, but nothing else. They don't pressure them to come but they do encourage them." Another relative told us they did not think there were enough one to one activities for people who stayed in their rooms. We fed this back to the manager who told us, "This week we have had most of the residents get involved with the Virtual Reality Experience (using a headset designed to make people feel like they were inside a game or experience) including some residents who were in bed. Other one to one activities included manicure and pamper sessions, one to one chats and pet therapy including pat dog, mini ponies and exotic animals. We have had singers entertaining who have also gone around the rooms." The registered manager told us they would speak to the relative to address their concerns.

The activities coordinator told us they planned activities around people's interests. They described weekly meetings they had with all of the staff to gather their views on what activities people would enjoy. They said, "There's things other staff know that I don't know. [Name of staff] gives one person a duster to dust with and they really enjoy it. We all know things about everyone and it's about putting all our knowledge together and finding out what is best for them." During our inspection we saw a number of people take part in a 'Smile through Sport' activity which involved people throwing soft balls into hoops on the floor. People looked to be engaged and to be enjoying the activity.

All of the people we spoke with told us they would make a complaint if they had any concerns. One relative told us they had raised some issues with the registered manager and that these had been dealt with. We saw two formal complaints had been received in the previous 12 months, and that the provider's complaints policy had been followed in response to these.

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since May 2013. The registered manager was present and assisted us during the inspection. The registered manager was supported by a deputy manager.

At our last inspection we found the provider had failed to notify the CQC of a number of incidents which they were required by legislation to inform us of. This was breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. Regulation 18. Notification of other incidents. The registered manager advised us that they had refreshed their understanding of what needed to be notified to the Commission and had ensured all notifications had been sent to us promptly. During the inspection we reviewed a number of people's care records, accidents and incidents and other management information. We found no evidence of any notifiable incidents which had not been properly shared with us.

People and relatives we spoke with told us the service was well managed. People's comments included; "[Registered manager] always has office door open and when I pass by I talk to them"; "I've never had to speak to [registered manager] but my mother speaks to them and if they're free they'll say hello" and "Oh yes [Registered manager] is very approachable. Well, all the staff are approachable."

Both of the healthcare professionals which we spoke with as part of this inspection told us the service was well led. One stated, "I have not got a problem with them, they are really proactive." Staff told us the management team worked well within the home and promoted a culture of openness. One member of staff said, "[Registered manager] is lovely. I can go to them with anything." Other staff fed back some issues with the registered manager's communication style, however described positive relationships with the deputy manager. One staff member said, "The deputy, I could speak to them about anything." We discussed staff feedback with the registered manager and the provider's regional manager. They told us they would consider the ways in which they could use the staff feedback to make improvements.

The provider's auditing system included a range of checks to monitor and improve the quality of the service. A number of these audits were carried out on tablets (hand held computer) which could be completed whilst the registered manager was walking around the home. These audits included checks on medication, care plans and a range of other aspects of the home and the environment. The tablets were also used to gather people's views on their care, we saw one audit included asking people ten specified questions including issues related to privacy and dignity, staff attitudes and if they had any current concerns.

In depth care record reviews included assessing whether information within care plans was complete, detailed and up to date. Where these audits highlighted areas for improvement, the registered manager detailed within the system what action would be taken and in what timeframe. The registered manager and representatives from the provider were able to track these actions to ensure improvements to the service were completed. The regional manager also visited the home regularly to carry out a monthly 'provider audit' to give feedback to the registered manager about any concerns or areas to focus on.

Feedback had been sought to drive improvements within the service. The home continued to use a tablet based feedback system that allowed professionals, relatives and people using the service to give immediate feedback on their experiences at the home. The registered manager advised that they or a representative would contact any person who left negative feedback on the tablets to discuss their concerns and to take steps to rectify any issues. More detailed satisfaction surveys were also sent out annually. People and relatives were invited to regular meetings to discuss the home, their care and future plans. The service had links with the local community, the registered manager told us the Brownies had visited the service to take part in activities, and that they were closely involved with a local school.

Staff were also asked to share their views on the service and where improvements could be made. Staff were encouraged to take part in an electronic colleague engagement process, which prompted staff to comment on whether they felt part of a team, the support they received from the manager and whether they had the knowledge to carry out their job. Staff also attended regular staff meetings. Minutes from these meetings showed they covered a range of topics including employment issues, updates on the service, and sharing best practice.

With the exception of some food and fluid charts, we found records were up to date, contained good information and were maintained appropriately. The last inspection report was displayed in the reception area, which meant the provider was meeting requirements in displaying this within a prominent location within the home. We also saw the report was available on the provider's website.