New Forest Quaker Care Home Limited

Quaker House

Inspection report

40-44 Barton Court Road
New Milton
Hampshire
BH25 6NR

Tel: 01425617656
Website: www.newforestquakercarehome.org.uk

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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

Quaker House provides accommodation and personal care for up to 40 older people. The home is set in its own grounds close to local amenities and the town centre.

Quaker House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Medicines management had improved and people received their medicines as prescribed from staff who had been trained and were competent to do so.

Staff received guidance in how to keep people safe from harm and abuse and understood how to report any concerns.

Risks associated with people's health, safety and welfare had been identified and assessed. Emergency evacuation procedures were in place and known to staff.

There were sufficient staff deployed on all shifts with the right skills to meet people's needs and keep them safe. Recruitment procedures were in place to ensure only suitable staff were employed.

Improvements had been made to ensure staff received training and appraisal to provide them with the required skills, knowledge and competencies for their roles. Some staff had not received regular supervision but felt well supported and able to discuss any issues with the management team at any time.

People's rights were protected because staff understood the principles of the Mental Capacity Act (MCA) 2005) and asked for their consent before providing any support. The registered manager understood their responsibility to submit applications for Deprivation of liberty safeguards to the local authority for authorisation when required.

The catering had improved at the home. People were offered a choice of fresh, home cooked food and a choice of drinks that met their preferences and dietary needs.

People were supported by staff to maintain their health and wellbeing and had access to a range of healthcare services when required.

Staff were kind and caring and treated people with dignity and respect. People were encouraged to make choices and retain their independence and maintain relationships with people who were important to them. Family and friends could visit at any time.

People and their relatives were involved in planning their support and care. Care plans had improved and were detailed and described how people wanted to receive their support.

People took part in a wide range of activities and events that met their preferences and needs.

The provider was working towards meeting the Accessible Information Standards. Staff used a variety of communication methods to communicate with people where required.

People and relatives were offered opportunities to feedback their views about their care and this was used to help improve the service.

There was a positive, supportive and open culture within the home. Staff felt supported and listened to by the manager and management team who were visible and approachable.

The provider had a complaints procedure and any complaints were investigated and responded to appropriately.

Quality assurance and auditing systems were in place to help drive continuous improvement. Record keeping had improved significantly although there was room for further improvement.

The registered manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the commission.

We last inspected the service in October 2017 when we rated the service Requires Improvement with five breaches of regulations. The home has made significant improvements and now meets these regulations.

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 has improved and is now safe.

Risks to people had been identified and assessed and measures put in place to mitigate any risks. Medicines were well managed and people received their medicines as prescribed.

Recruitment procedures ensured suitable staff were employed at the home. There were sufficient staff deployed to meet people's needs and keep them safe.

Safeguarding procedures were in place and staff understood their responsibilities to report any concerns.

Is the service effective?

Good

The service had improved and is now effective.

People received support to enjoy a healthy and balanced diet that met their dietary needs and preferences.

The registered manager and staff understood and worked within the principles of the MCA and DoLS.

People were supported to maintain their health and wellbeing and had access to a range of healthcare services when required.

Staff received regular training and annual appraisal and whilst not all staff received formal supervision all felt supported in their roles.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service has improved and is now responsive.

There was a wide range of daily activities available for people to take part in which met their preferences, interests and hobbies.

People were involved in the planning of their care as much as possible along with family and staff. Care plans were detailed, person centred and up to date.

The provider had a complaints procedure which was implemented appropriately when a complaint was raised.

Is the service well-led?

Good

The service had improved and was now well led.

People's care records and records relating to the management of the home had improved and were well organised and accessible. Some records required further improvement.

There was an open and supportive culture in the home. The manager was approachable and staff felt listened to.

Quality assurance and auditing systems were in place to monitor, assess and improve the quality of service delivery. There were formal and informal opportunities for staff, people and relatives to contribute their views about the home.

Quaker 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 checked 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. We also inspected to check the home had continued to make improvements following our inspection in October 2017 when it was rated as requires improvement.

The inspection was carried out on 21,22 & 23 November 2018 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about in law.

We spoke with eight people and two relatives to find out their views about their care. We spoke with four care staff, a member of catering and housekeeping staff, the activities co-ordinator, the maintenance operative, the team leader and the registered manager. We also spoke with the Chair of the Board of Trustees who attended on one day of the inspection. We spoke with two external visitors who provided activities for people. We also spoke with a visiting healthcare professional. Following the inspection, we spoke with one other healthcare professional.

We looked at five people's care records and pathway tracked three people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the management of the home, including incidents and accidents, medicines management, six staff recruitment and training records and systems for assessing and improving the quality of the service provided.

Good

Is the service safe?

Our findings

At our previous inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 in relation to people's safe care and treatment. Medicines were not always well managed and risks to people had not always been identified and mitigated.

At this inspection we found significant improvements had been made and the provider was now meeting the regulations.

People told us they felt safe. One person said, "Everything is geared up for safety. A new bell system has been put in. It now tells them which room to go to. I had a fall in my room and rang my bell. Someone came." Another person told us, "The staffing is pretty good". Two relatives told us they thought their family member was safe.

At our previous inspection we found that risks to people's health, safety and welfare had not always been identified or mitigated which put them at risk of harm. Risk assessments had not always been completed or updated to reflect people's needs, for example, for the use of bedrails.

At this inspection we found that improvements had been made and risks were now appropriately managed. Risks to people included for example, risk of choking, pressures wounds and falls. These were documented within people's care records with actions staff should take to reduce the risks. Staff understood people's individual risks and how they needed to support them to minimise the risks. One staff member told us about a person who was at risk of choking. They said, "[The person] needed to see a specialist. Pureed food and supervision at meal times was recommended."

At our previous inspection we found that systems to manage medicines were not always effective and people had not always received their medicines as prescribed. At this inspection we found significant improvements had been made. The previous electronic system had been replaced by a paper based system which staff found to be more user friendly. Medicine administration records (MAR) had been re-organised to make each medicine round simpler and with less room for errors. The ordering and storage of medicines was safe. A robust ordering system was in place to ensure people always had their medicines available to them. Medicines were securely stored and accounted for, including controlled drugs (CDs). CDs are covered under the mis-use of drugs Act 1971 and require more robust management and control. Fridge and ambient room temperatures were taken daily to ensure medicines were stored at the correct temperatures.

Staff had completed medicines training and were observed to ensure they were competent before being able to administer medicines without supervision. A relative told us, "The staff do [my family member's] meds. I have no concerns with meds." A staff member told us, "I did meds [medicines] training then shadowed [another staff member]. Then I did the meds and was observed to make sure I was doing it all okay. When I felt comfortable I did it on my own. There was no pressure. I had space to build my confidence". We observed a number of people receiving their medicines and saw that staff worked methodically and checked each person's MAR and medicine carefully. Staff asked each person if they

wanted to take their medicines and gave them time to do so without rushing. Senior staff checked people's MARs after each medicine round to check staff had completed them appropriately. Audits were completed regularly and an external pharmacy review had been completed in September 2018. We noted that some areas of record keeping could be improved and have written more about this in the well led section.

There were sufficient staff deployed to keep people safe and meet their assessed needs. The registered manager told us they had reviewed staffing roles and structures. They now included two senior care staff on each shift along with one or two care staff, depending on the needs of people. The team leader was also available to assist staff if required. They had employed an activities co-ordinator and were in the process of recruiting a catering manager. Three waking night staff were on each night shift which always included a senior carer. Staff told us they felt there were enough staff on each shift. One staff member said, "If someone calls in sick or leaves they make sure they contact agency so we have the number of staff we need. We have regular agency most of the time. They know us and know the residents [people]." Our observations showed there were sufficient staff to ensure people did not have to wait for support if required. Call bells were answered and people's ad hoc requests for support were responded to promptly.

People were protected from abuse and improper treatment. Staff had received training in how to recognise safeguarding concerns and keep people safe from abuse. Staff were able to identify the signs to look for which might raise concerns. They understood their responsibilities to report any concerns to their manager or external agencies such as the local authority safeguarding team and the CQC. Any concerns had been referred to the appropriate authority promptly.

Recruitment processes were in place which ensured only suitable staff were employed. All staff had completed an application form, had attended an interview and provided satisfactory employment references. Staff had a Disclosure and Barring Service (DBS) check before their appointment was approved. DBS checks allow employers to make safer recruitment decisions.

Fire safety systems were in place and checked regularly. For example, fire alarms, extinguishers and emergency lighting. Staff received fire training which included the operation of equipment such as the evacuation sledge and extinguishers. Fire drills were carried out periodically. Each person had an individual emergency evacuation plan which provided guidance for staff in what support they would need in the event they needed to leave the building in an emergency. The registered manager was in the process of updating their emergency contingency plan.

Maintenance and health and safety was well managed. The maintenance operative explained the checks the routine checks and servicing contracts which ensured the safety of the premises and equipment. For example, hoist slings, gas safety, fixed wiring, legionella and lift maintenance. We saw that these were up to date.

Good

Is the service effective?

Our findings

At our previous inspection we identified breaches of Regulation 11 of the Health and Social Care Act 2008, in relation to consent and Regulation 14 of the Health and Social Care Act 2008, nutritional needs. At this inspection we found significant improvements had been made and the provider now met the requirements of these regulations.

People told us they enjoyed the food and were well cared for. One person said, "The food is quite good. It goes on the [menu] board. You can choose what you want. There's always plenty to drink". Another person told us they thought the food was, "So far so good".

At our previous inspection we found that people had not always received a healthy, balanced diet suitable for their dietary needs. Where people were on a fortified diet to reduce the risk of weight loss this had not always been provided. People's personal food preferences had not always been respected and accommodated.

At this inspection we found significant improvements had been made. The previous chef had left and an agency chef was in post while the registered manager recruited to a new post of catering manager. The agency chef was supported by a kitchen assistant who told us things had improved. They said, "Everything is changing for the better." We observed people being asked by care staff for their meal choices from the menu options. People were able to request alternatives if they wished. Where people required fortified food to help them maintain or increase their weight their meals were prepared appropriately. For example, with double cream or fortified milk powder in their porridge or custard. A list of people with special dietary requirements was recorded in the kitchen and the chef was updated by the team leader as people's needs changed.

We observed a lunch meal in the dining room on the first day of our inspection. The dining tables were nicely laid out with place mats, flowers and napkins. People chose where to sit and some were busy with chatter and laughter. People were served their meals which had been individually plated and were offered gravy or stuffing separately. We saw that people were supported to retain their independence when eating. The registered manager told us they had purchased new crockery and drinking glasses for people to use. This included deep lipped plates which replaced the ordinary plates and plate guards used by people who had some difficulty eating. This ensured they could remain independent when eating, however, staff were on hand to provide support when required. For example, we observed staff asking one person if they would like help with cutting up their food. A choice of drinks was offered to people at mealtimes and throughout the day.

At our previous inspection we found that staff did not always understand the principles of the Mental Capacity Act (MCA) 2005 and had not always sought consent from the relevant person.

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 they lack mental capacity to make

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found significant improvements had been made. Staff had received updated training and understood and worked within the principles of the MCA. Appropriate assessments had been completed and had involved relevant people. At the time of our inspection people living at the home had capacity to make their own decisions. People had access to advocacy services to support in decision making where required. Throughout our inspection we noted that staff asked people for their consent before providing any support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). The registered manager understood their responsibilities in applying for DoLS if required.

People were supported to maintain their health and wellbeing. People had access to a range of preventative health care services, such as opticians and chiropodists. Prompt referrals were made to health care professionals such as a GP or district nurses when staff had concerns about people's health. A healthcare professional confirmed they didn't have any problems with the home and said, "They're good at identifying pressure sores. As soon as they've identified [a sore] they call me. They implement what we suggest. Records are good. They can give me the information I need." People were also referred promptly to specialist services such the speech and language therapists when required. Health appointments and visits from health care professionals were recorded and any recommendations or treatment plans were followed up appropriately. One person told us, "They call the doctor in. I'm amazed how quickly they [staff] get them in".

Staff had received training in key topics to update their skills and knowledge to help ensure they could provide effective care. Training had included first aid, moving and handling, diet and nutrition and infection prevention and control. Some staff had completed specific training for conditions such as dementia and diabetes. Staff told us they felt well trained. One staff member said, "We do distance learning and some face to face. The trainer is very good, covers a lot and makes it not boring!" Another staff member told us, "I get lots of training. I can't complain. They really make sure we have the information needed to do the best job." Staff were able to continue with nationally recognised qualifications such as level three in health and social care.

New staff received an in-house induction and were also required to complete the Care Certificate. This is a national set of standards which staff are required to meet when working in social care. The induction included shadowing experienced staff, attending training and completing a probation period. One staff member told us their induction was on-going and said, "I'm really supported. [The registered manager] and [team leader] want to know how I'm feeling and if I'm okay with everything".

Staff had opportunities to discuss their performance and any issues or concerns with the manager or team leader. Whilst not all staff had received formal supervision, they told us they felt very well supported to carry out their roles. One staff member said, "I haven't had many supervisions but I know I can talk to [the registered manager] or [team leader] when I need to. I am supported. I've never felt unsupported. It's quite open here and we can talk about things when we need to." The registered manager was in the process of reviewing the supervision policy to make it more relevant to the home. Each staff member had received an annual appraisal to discuss performance, job roles, goals and training needs.

The building provided accommodation on two floors and access to the first floor was by a passenger lift or chair lift. Corridors had hand rails attached along the walls for people to steady themselves if needed.

People had pictures and familiar items outside of their rooms to help personalise them and make it easier for them to recognise. Easy chairs in the communal lounge were arranged in small clusters to afford people a choice of sitting with or away from others.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring. One person said, "Fantastic. They are all helpful and kind." Another person said, "They are very good. If you need anything they are always there to help." A third person told us, "They're very lovely here. So friendly." A relative told us their family member was happy at the home. They said, "It feels like home. He is settled. It's small enough for him to move around by himself. The service he gets here takes the pressure off us. They treat him with respect and they [staff] are all so lovely."

The atmosphere in the home was calm and friendly and people seemed relaxed and comfortable. Staff took time to sit with, and listen to people and ensured they felt that what they had to say was important. A staff member told us, "I'm proud of the way we care. It's important that every resident [person] gets someone to one attention every day." Another staff member told us, "It's nice to talk to people and take time with them….Try to get them to join in [with activities] it's nice to see." Staff cared about the people they supported and wanted them to be happy. We observed staff checked that people were okay and used regular appropriate physical touch to provide re-assurance.

Staff treated people with dignity, respect and patience. We observed staff asked people for their views about their care and respected their wishes. Staff called people by their preferred names. Staff knocked on people's doors before they entered and this was confirmed by one person who told us, "They knock and ask to come in. They tell me anything they think I need to know about." A relative told us, "There's always a smile on [the staffs'] faces. They're always respectful and never impatient." A healthcare professional told us, "The ones I have seen [Staff] have been lovely. They have lots of patience. They're honest [with people] and can be direct when needed without being rude. They're very good at that." People were supported to maintain their appearance and self-esteem. People were smartly dressed and wore make-up and jewellery if they wished to. A hair dresser attended regularly so people could choose to have their hair done at home or go into town to a salon. People's rooms were personalised with photos, ornaments and other personal items.

Staff knew people well and the people and things that were important to them. A staff member told us, "[A person] likes her coffee to be on the table before she comes in so I always make sure I'm there with it." Staff knew peoples' relatives and friends and made them welcome when they visited. A relative told us, "They're always welcoming and give us tea and coffee and lunch if we want it." People could entertain visitors in their rooms or in quiet communal areas. There was a small lounge with a kitchenette where people could meet visitors and make their own drinks. A relative told us, "We can have family gatherings here and use one of the lounges." We observed one person celebrated their birthday with their family who joined them for lunch. Everyone sang happy birthday and shared cake and wine.

Staff encouraged people to make day to day choices. For example, asking what meal or drinks they would like or if they would like to join in with the activities. We observed staff were patient when supporting people and ensured they had the time they needed to make decisions. People were encouraged to maintain their independence and staff supported people to do so. For example, one person wanted to walk to the activity room rather than use their wheelchair. A staff member supported the person to walk and a second staff

member followed with the wheelchair in case it was needed. They gave the person lots of praise when they got to the activities room, "Well done [name], did you enjoy that?" Another person told us, "I like to go into town. I belong to the church and get a lift every Sunday mostly. Whilst I can go out I will."

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Most people living at Quaker House were able to communicate verbally with staff, however, staff used physical gestures, pictures and photographs to support communication if needed.

Staff understood the importance of maintaining confidentiality. Appropriate action was taken to ensure paper and computer records were only accessed by those who had authority to do so.

Good

Is the service responsive?

Our findings

At our previous inspection we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008, relating to person centred care. There was a lack of meaningful activity and entertainment for people to enjoy and people told us they were bored.

At this inspection we found that significant improvements had been made and the provider was now meeting this regulation.

The provider had employed an activities co-ordinator to facilitate a programme of events and activities throughout the year. The activities co-ordinator explained how they liked to involve people in planning the activities. They told us, "I went around and had a chat to find out what they liked to do. Some will only do one or two things, others will do everything." People's care plans included information about their life histories, hobbies and interests. Some people took responsibility for arranging activities such as the film club and book club which helped to give them a sense of purpose.

There was information posted on noticeboards around the home and each person was given a weekly activity programme to inform them what would be available. We saw there were a number of daily activities including yoga, dominoes, arts and crafts, a book club and external entertainers such as a harpist and singers. We observed during our inspection that the daily planned activities happened as scheduled. Staff encouraged people to get involved if they wanted to. We observed people enjoyed the activities and socialising with others. People told us the activities were very good. One person showed us their art work displayed in their room. They said, "I can do what I want. I spend a lot of time painting and I can join in what I fancy. I was given this gift of art. They [staff] provided a board and put my pictures up. The girls [staff] come in and we talk about it. It provokes conversation." Another person told us, "There is an amazing amount of activity." A relative told us, "The garden is kept impeccably. [My family member] likes to spend time in the garden.

Each person had received an assessment of their needs before moving into the home. Care plans had been developed from these assessments and were detailed, person centred, accurate and up to date to reflect people's individual needs. Care plans included guidance for staff in how to support people with, for example, their mobility, communication, personal care, nutrition and medicines. People's support was planned with them and with people who knew them well, such as relatives, friends and staff. Relatives were involved in their family member's care and the daily life of the home. A relative told us, "We get invited to resident's meetings. They [staff] always keep us informed." Staff told us they understood people's needs and how to support them and we saw people received their support in line with their care plans.

Some people and their relatives had also recorded their wishes for their end of life and funeral plans. A health care professional told us they thought the staff managed people's end of life care very well. They said, "They [staff] are very interested, very engaged, caring and compassionate. They talk through what [the person] needs and wants. They seem to know [people] very well." They told us because of this people were able to stay at home [to receive their end of life care] with the clinical support from district nurses.

There were opportunities for people and their relatives to share their views of the home. Thank you cards included positive comments about people's care. Comments included, 'Thank you for our 'wedding special lunch'. It was so much appreciated' and 'You have become part of our family' and 'We will be eternally grateful to you' and 'Thank you for all the care and kindness.'

The home had a formal complaints procedure. People told us they would speak to staff or the registered manager if they had a complaint. We observed one person complained about their meal at lunchtime and saw the staff member listened and responded appropriately. They offered the person alternatives, gave feedback to the chef and informed the person what they had done. The person was satisfied with their response. The registered manager told us they were going to put the procedure into the new welcome pack. The home had not received any formal complaints about care.

Good

Is the service well-led?

Our findings

At our previous inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 relating to record keeping. At this inspection we found significant improvements had been made and the provider was now meeting the requirement of the regulation.

At our previous inspection we found that people's records had not been properly maintained to ensure they were accurate, up to date and reflected people's needs.

At this inspection we found that record keeping had improved significantly. Each person's care records had been re-written and the guidance for staff was now clear and informative. Evaluations of people's care was clearly recorded and accurately reflected any changes in their care needs. Records were better organised and easily accessible to staff who needed to refer to them. We noted that other records still required some further improvement and this was work in progress. Food and fluid charts were not always completed when people had received food and drink. Some handwritten changes to peoples MAR charts had not be signed by staff to say when this had been done or who had authorised the changes. Some people's cream charts were not always signed by staff to say that creams had been applied. The registered manager had identified there were still some issues with records and was supporting the staff team to improve.

The registered manager had completed their registration with the Commission since our previous inspection. They had implemented significant change to ensure improvements identified in their action plan had taken place. They had reviewed their policies and procedures and had identified these were not all relevant to Quaker House and were in the process of revising them. We discussed the staff supervision policy which the registered manager told us was not fit for purpose and would be revised to better meet their needs. A new business manager had been appointed to oversee the financial and marketing aspects of the home.

There was an open and supportive culture within the home. Staff all told us the home was well run and they felt supported by the registered manager and team leader. One staff member told us, "I definitely feel supported. I feel listened to and communication is good. It makes a difference. [The registered manager] is a leader not a dictator. I'm not afraid to speak to her. She's straightforward, puts things into practice and is there with you." Another staff member said, "I've seen the changes. It's good. [The registered manager] praises everyone. She said how well we've done. She's on it and issues get dealt with quickly when needed." A third staff member told us, "I can talk to [The registered manager]. Her door is always open. She listens to ideas and she's honest as well. She doesn't sugar coat things but is also supportive and reassuring." A fourth staff member said, "I've seen a lot of change. It's all good. We need to adapt to way the way care is going, where people are coming in later in life. [The registered manager] has brought a lot of new things in." Staff understood their roles and responsibilities and were committed to the vision for the service.

Staff attended regular team meetings where they received updates about the home and could share ideas and concerns. Staff told us these meetings were useful and informative and helped them to carry out their roles with more confidence. Minutes from the most recent senior team meeting in August showed staff

discussed communication, medicines, induction, training and care books. The registered manager had held regular CQC workshops for staff which enabled them to become familiar with the requirements of the regulations and what was expected of them. The registered manager told us, "I start the meetings like 'Question Time' so there are opportunities to ask questions and discuss. I wanted them to understand more about regulation and to own their job roles, to be accountable and responsible, to challenge each other and me. I sent them off with homework….how can we be good or outstanding. How do we provide a safe service?" Communication had improved and systems were in place to ensure this remained effective, such as handover meetings and a daily diary.

Quality assurance systems were in place to monitor the quality of service and help drive improvements. There were ad hoc opportunities for people, staff and relatives to give their views about the home as well as formal meetings and surveys. Satisfaction surveys were sent out to people, relatives and staff each year and the results were collated. An action plan was developed from the results and the comments provided. The most recent survey took place in April 2018. People were most satisfied with the physical environment of the home (88%), followed by housekeeping (82%), the atmosphere (85%) and management (84%). The service areas that people were least satisfied with were the social life (49%), catering (69.5%). These were two areas that were currently being addressed through the employment of the activities co-ordinator and a new chef appointment. We noted most relatives were very satisfied or satisfied with the home and the care their family members received.

An external company visited the home regularly to complete audits, such as health and safety and fire audits, and oversee the progress of the provider's action plan. Actions were taken following health and safety checks where issues were identified. For example, a meeting had been held with the water treatment company to discuss how the monitoring of the water systems could be improved.

Incidents, accidents and near misses were identified, recorded, investigated and learnt from. For example, falls or pressure sores. These were collated and included in the monthly report from the registered manager to the Board along with other important information. For example, staffing, recruitment, safeguarding, involving people, care planning, health and well-being and premises.

The registered manager had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and submitted relevant notifications of events to the commission when required.