Te Hira Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Te Hira Care Home Ltd provides accommodation and personal care for up to 14 older people with dementia. There were 11 people living at the home at the time of our inspection.

We inspected the service on 13 January 2015. The inspection was unannounced.

The service has a registered manager. 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 and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. The recruitment process checked staff's suitability to deliver care safely. Staff received training and support that ensured people's needs were met effectively. Staff supported people with kindness and compassion, and treated people in a way that respected their dignity and promoted their independence.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care. People's records showed their families and other health professionals were involved when they did not have capacity to make their own decisions, and any decisions made were in their best interests.

People were encouraged to maintain their independence and were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

The registered manager maintained an open culture at the home. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. People said the registered manager and the deputy manager were visible and accessible in the service. Staff felt well supported by the registered manager and the registered manager valued staff and promoted their development.

The registered manager was dedicated to providing quality care to people. There were processes in place to ensure good standards of care were maintained for people.

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.

People were kept safe because risks to their individual health and wellbeing were identified and staff followed support plans to minimise those risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs. A thorough staff recruitment process ensured new staff were suitable to work with people and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by care workers who they considered kind and caring. People were valued and staff understood the need to respect their individual wishes and values. They respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns

they received.

Is the service well-led?

Good

The service was well-led.

The registered manager was dedicated to providing quality care to people. They valued staff and promoted their development. Staff felt well supported by the registered manager and able to raise any concerns. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. There were systems to monitor and review the quality of service people received.

Te Hira Care Home Limited

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.

The inspection took place on 13 January 2016 and was unannounced. The inspection was conducted by one inspector and an inspection manager.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no concerns about the service. We also looked at information from the local authority fire and rescue service. An inspection had been carried out in December 2015 and recommendations had been made to ensure people's safety in the event of a fire.

Before the inspection visit, 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 found the PIR reflected the service provided.

During our inspection we spoke with seven people who lived at the home and two relatives. We also spoke with the registered manager, the deputy manager, the cook, a senior carer and two care assistants.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person told us, "I certainly feel safe, they [staff] check on me regularly." A relative told us, "[Name] is 100% safe here." A member of staff told us, "We're always chatting with people and asking if everything is OK." We saw people were relaxed with staff and approached them with confidence, which showed they trusted them.

Information about how to raise concerns was available in the communal hallway of the home, which made it accessible to everyone. People were protected from the risk of abuse because staff knew what to do if concerns were raised. Staff received training to help them keep people safe. The registered manager told us staff discussed how to keep people safe in team meetings. They told us they discussed the issue regularly with people who lived at the home, to help them understand what to do if they had a concern. People told us who they would go to if they felt worried about something. One person told us they could raise things with any of the staff and said, "I can use the call bell." Staff told us, "People have call bells in their rooms on a clip. They've always got them with them" and "As we go in a room we automatically check round the room to see if there are any problems."

The registered manager and deputy manager had identified potential risks relating to each person who lived at the home. Care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were detailed and reviewed regularly. The registered manager told us, "As soon as people come to the home we start writing assessments and they evolve from there. We discuss risks with people and their families and determine if the level of risk is high or low. Peoples' needs change all the time, so we put risk assessments in place as we go along. We look at risks on a daily basis and staff tell me if something happens or if they have a concern." Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, we saw how one person's mobility had been assessed because they were at risk of falls in the home. We found specialist equipment had been obtained and was being used to minimise the risk. The person's relative told us how the equipment helped staff to support their family member and helped keep them safe. Staff we spoke with had a good understanding of the risks related to each person's care.

Where accidents and incidents had occurred, action was taken to minimise the risks of them occurring again. For example, the registered manager told us how they had analysed the details of incidents relating to one person and found they occurred around the same time in the evening. The person's medicines were reviewed by their GP, who made a change and there were no further incidents. The registered manager gave us another example where changes were made to the type of bed one person slept in, following an incident. This had improved the person's safety and prevented further incidents taking place.

The registered manager had completed risk assessments of the premises and had arranged for regular checks of the water, gas, electricity, equipment and fire safety. They had identified when action was needed to minimise risk to people who used the service. Following a visit by a local authority fire officer in December 2015, recommendations were made for improvements to keep people safe in the event of fire. The registered manager had taken action in a timely way and written assessments of the potential risks to

protect people, whilst the works were carried out. We saw management strategies were in place for responding to emergencies or untoward events, for example loss of utilities and these had been reviewed.

We saw there were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People we spoke with had no concerns about the level of staffing. They told us there were always staff available to support people who used the service. One person told us, "Carers have time to chat." The registered manager explained how they ensured there were always enough staff to meet people's care needs and support them with their preferred routines. Staff told us when people with more complex needs had been living at the home, the registered manager had ensured there were, "Extra staff to give extra support."

The registered manager checked that staff were suitable to support people before they began working in the service. This minimised risks of potential abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. Staff had received training to administer medicines safely which included checks on their competence. The deputy manager told us when staff were trained, they shadowed a senior member of staff and then they were supported and observed to administer themselves. The deputy manager told us staff needed experience in administering medicines and "Not just a certificate," before they were signed off as competent. A member of staff told us, "I am fully trained and feel confident doing medication." Staff recorded that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MAR sheets were accurately completed by staff. We found peoples' medicines were reviewed regularly if there was a change in their needs.

Good

Is the service effective?

Our findings

People told us they were happy with the care provided by staff and that staff had the skills and knowledge to meet their needs. One person told us, "I can't fault them [staff] in any way, all the girls are wonderful, you can talk to them about anything." A relative told us, "Staff are always professional." We saw staff knew people well and provided effective support according to people's needs. For example, a relative told us about the progress one person had made since coming to live at the home and receiving support from staff. They told us, "[Name's] a different person. Within a week of coming here they were back to their old routine. They play dominoes and quizzes."

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. One member of staff told us, "I had an induction for two weeks, where senior staff talked me through everything. I shadowed for one week and I felt confident because I could talk to managers and other staff. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was acting to continuously improve staff induction procedures.

Staff told us they had staff supervision meetings and these helped their development. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The deputy manager told us that supervision was, "A lovely way to get to know people and see what people's strengths and weaknesses are and what we'd like to achieve, for example specialist training. We chat about how people feel in their role and ask what training they'd like."

The registered manager planned training to support staff's development. One member of staff told us, "Training is good. I am happy with the amount of training, it a combination of external trainers and online courses." Training was also provided to support staff in meeting people's specific needs. For example, there was training in catheter care and training on soft diets, which was carried out by the local speech and language therapist (SALT). The registered manager told us that in addition to mandatory training, "Staff receive training in staff meetings and group training, for example with SALT and district nurses on specific issues. We deliver training in small groups and repeat with another group, until everyone has received training."

Staff told us they felt well supported by the provider to study for care qualifications. A member of staff told us they had been encouraged to enrol to do a care qualification, they said, "Everything I've needed, they've provided for me." The registered manager explained how they supported staff to develop within their roles. A member of staff told us, "I feel motivated and supported by my manager, they have really guided me through and I feel like I'm really progressing." Another member of staff told us, "It's built me as a person. I have developed into a stronger person and I can lead a team now."

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).

The registered manager was able to explain the principles of MCA and DoLS to us, which showed they had a good understanding of the legislation. Mental capacity assessments were completed when people could not make decisions for themselves. The registered manager reviewed each person's care needs to assess whether people were being deprived of their liberties. They told us no one who lived at the home at that time was deprived of their liberty.

Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. One member of staff told us, "I always ask for consent before I help people with things." Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests', in consultation with health professionals and people's family. For example, a best interest decision had been made about one person's diet. The decision had been clearly recorded in their care plan and involved appropriate people such as health professionals and the person's family.

Everyone we spoke with told us they enjoyed the food on offer at the home. They told us they could make choices each day about where and what they wanted to eat, for example some people ate breakfast in their rooms. One person told us, "The food's good, we're never short of Yorkshire pudding." The registered manager told us, "Meals are homemade and monitored for health content. Residents design the menu and review it every 6 months at their meetings. We are small, so nothing is regimented." People told us they chose what was on the menu. Two people said, "We have residents meetings and discuss menus. We discussed today's meal and agreed it" and "We have changed the menu to introduce spicy foods, it was a bit bland." The cook told us, "I talk to the residents a lot. I've introduced different meals following chats, such as todays corn beef hash." People told us there was always a choice of meal. One person said, "They [staff] put something else on if you don't like the menu." The cook told us, "We offer a choice and if people don't like the choices I offer them an alternative."

We observed the lunch time and evening meals and saw people made their own choices and were supported by staff according to their needs. Meal times were relaxed and there was music playing in the background. People enjoyed listening to the music and one person told us, "I like this Abba tape, it's nice isn't it."

Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff were able to tell us how they supported people to maintain their diets and wellbeing. One member of staff said, "If someone was not eating well, I would inform the senior and encourage them to eat. We make people what they want. We offer them different things in the hope that something will spark their taste buds." People were offered drinks and snacks throughout the day, in accordance with their needs. Drinks were available in people's bedrooms and were in easy reach. One person told us, "I always have enough to drink. I have a drink at night."

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One person told us, "They [staff] do anything medically for you, they get the doctor

or the nurse." Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician. Staff told us how they monitored when people's health appointments were due and how they ensured one person attended frequent check-ups due to their health issue. Another person was referred to an occupational therapist to review their specialist equipment. We saw staff reacted quickly and effectively when there was a change in people's need. For example, one person was prescribed a new medicine by their GP on the day of our visit and had received their first dose that evening.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home. People said, "It's a friendly home"; "This is like our family"; and "They've been wonderful to me, the staff are friendly and caring." Relatives told us, "I am very impressed with the level of care, they [staff] put themselves out" and "Staff are very friendly and kind, they are wonderful." We saw good communication between people and staff and the interaction created a friendly environment. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff told us they enjoyed working at the home, because of the interaction they had with people who lived there. One staff member said, "I love it here because it's like a little family." We observed staff engaged with people in a respectful and compassionate way. They used people's preferred names and communicated with people effectively using different techniques. For example we observed staff touching people lightly on their arms or hands to provide them with reassurance and comfort. Staff assisted people by talking to them at eye level and altering their tone of voice to help people understand them. People laughed and smiled at staff, and enjoyed their interactions. A member of staff told us, "I take my time with people, I say things again in a different way if they don't understand."

The registered manager explained the caring ethos of the home, they said, "It's all about the caring attitude of the staff. I check that staff are caring and compassionate and I make it clear that residents are at the fore front of everything we do and they have a voice. We nurture staff to be caring people." Staff demonstrated a clear understanding of this ethos. A member of staff told us, "We treat everyone as an individual. Because the home is small we are able to give people more personal care and sit and have a chat." The deputy manager told us, "My role is creating an environment which will make people happy all the time."

People told us they made everyday choices about how they spent their time. A relative told us, "[Name] makes their own decisions." We saw some people at the home spent time in their room according to their preference, rather than in the communal areas of the home. One person told us, "I am free to get up when I want and I have a choice of meal. They ask what you'd like to eat."

People and their relatives told us they were involved in decisions about their care and support needs. They said their views about their care had been taken into consideration and included in care plans. Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. For example, staff told us they encouraged people to dress and do everyday tasks themselves, where they could. One member of staff told us, "I let people do what they're able to do and support them and encourage them." The registered manager told us that people were involved in care planning from their initial assessment. They said, "The care plan is a working document. It takes three months to pull all the information together when people first come to the home."

Staff told us the registered manager gave them opportunities for personal development within the service

and said senior staff were caring and this made them feel motivated in their role.

Most people had a relative they could ask for support from, where people did not, the manager provided access to advocacy services. Advocacy services were advertised in a prominent place in the home. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

People told us their dignity and privacy was respected by staff. Two people told us, "They always take care of my privacy, they always knock on the door" and "Staff are lovely and always make sure [name's] dignity is maintained." We observed care staff respected people's privacy and knocked on people's doors before entering, and announced themselves. One member of staff explained how they ensured they treated people with respect when supporting them with personal care. They said, "I ask them and make sure they're comfortable with it, otherwise I won't do it."

Good

Is the service responsive?

Our findings

People who used the service told us they were happy with the care and support staff provided. A relative told us, "They (staff) do a good job of caring for people and they especially respond well to people. They keep their cool. They never make anyone feel not cared for equally." Another relative told us, "[Name] absolutely loves it here."

People were encouraged by staff to be independent. For example we saw detailed information on one person's care plans, about their mobility. A member of staff told us how they assessed the person's mobility on a daily basis because it changed dependant on their health. They said, "If [name's] mobility is very bad they may require two staff to support them and a handling belt." We observed how staff supported the person to move around the home. The support they received reflected the information in their care plan and responded to their changing needs.

We saw people had shared information about themselves, and their likes, dislikes and preferences for care were clearly defined in their care plans. For example, people's preferred choice of leisure interests were recorded and reflected what they told us during our visit. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. The registered manager told us, "It's about the rights of individuals to make choices for themselves. We ask them what they like and what they'd like to do. We tailor care plans specific to the individual." A relative told us, "Staff know more than I do about what [name] likes and does not like. For example, he used to like going to bingo, so they brought a bingo game for him to play in the home." A member of staff explained, "Because it's a small home, it's more personal, we get to know people personally and the little things they like."

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. Staff told us how they encouraged people to maintain their religious beliefs. For example people were encouraged to attend religious services if they wished. One person was supported to attend a service each week. The registered manager told us this had improved their wellbeing and prevented them from feeling isolated. We spoke with the person who told us they had made new friends and received visits from people who attended the same services. We found there was a selection of different churches that held services for people at the home.

There was good communication between staff when they shared information about people's needs, to ensure they received good care. A relative told us there was, "A good atmosphere between staff." Staff told us that the handover of information between shifts was clear and effective. Handover records were detailed and included any concerns staff had about people's welfare and changes in people's needs. Staff told us they would highlight any issues to senior staff and ensure people's care plans and risk assessments were updated where required. A member of staff told us, "Information is shared well in the house. We have handover from other staff and we read the care plans and people's daily logs. We talk to each other. It works well." The registered manager gave an example of how by sharing information, staff had identified changes to one person's demeanour and how they monitored the person. As a result, staff made a referral to the

person's GP who changed their medication and their quality of life had improved. Staff explained how they kept people's families informed where appropriate, of changes to people's needs. A relative told us, "Staff contact me regularly. If anything changes they always phone me."

We saw people's views about their care had been taken into consideration and included in care plans. The registered manager told us there were several ways people contributed to the planning of their care, including when their needs were initially assessed, at annual reviews and through meetings. People and their relatives told us they had contributed to the assessment and planning of their or their family members care. The registered manager told us they conducted initial assessments of people's needs before they came to the home and how this information was transferred onto peoples care plans. We saw people's care plans were reviewed and reflected their care and support needs. This meant staff could be sure the care they provided remained responsive to people's needs and preferences. People and their families were included in the review of their care and they had been asked to comment on the care they received. We saw positive comments from people on their review forms. The registered manager told us, "If we do a care review and people want something, we can implement it quickly." They gave an example where one person had requested their room be redecorated and this had been completed within 48 hours of the request.

We asked people whether they enjoyed the activities and events on offer at the home. People told us they did. Each person had a record of activities in their care plans, which they enjoyed. During our visit we observed people were occupied with a variety of hobbies, such as card games and dominoes. One person told us about the things they enjoyed doing, "Four of us play dominoes. Sometimes we go out to a restaurant, it's very nice." Another person proudly showed us their latest knitting project. The registered manager told us, "The activities coordinator asks who would like to go out, for example for a meal and we organise the transport. We always talk to people about activities in meetings." They gave an example of one person who liked art, so staff supported them to join an art society and attend society meetings, which they enjoyed.

People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. Two people told us, "If I had a complaint I would tell one of the carers and they would tell the manager" and "We have residents meetings where we can discuss anything we want to." A relative told us, ""I would approach the manager and I would also speak to the staff." One person told us how they had raised an issue with the registered manager and that action had been taken immediately and they were satisfied with the response. There was information about how to make a complaint and provide feedback on the quality of the service in a communal area of the home. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. The registered manager confirmed there had been no formal complaints within the last 12 months, she told us, "People's comments are all recorded and what action we have taken." They told us they and the deputy manager, "Speak to people individually to make sure they're OK." They told us, "Families come in and talk to me and I put it right." There was evidence of compliments from relatives about the standard of care provided by the service.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Two people who lived at the home told us, "Everything's good" and "We are very happy. You miss your own house, but you make your home here." Relatives told us, "It's a wonderful place, it's great. If [name's] happy, we're happy" and "The staff do a very good job, I would recommend this home."

We saw the registered manager was visible and accessible to people in the service. Two people said, "I would only have to ask and they would come" and "The manager was very helpful to me in the transition [from moving from their own home to living in the home]. I even had flowers in my room and it made me feel it was home." A relative told us, "The manager is down to earth and you can talk to them about anything. If there's anything wrong they are the first one to contact me."

Staff told us the registered manager was approachable and they could make suggestions and these were acted on. One member of staff told us, "It's a very friendly home. If there are any problems they are always solved straight away, the manager is very good like that. The office door is always open for us, so I feel supported in that way." Another member of staff explained how they had raised an issue with the registered manager and it was dealt with promptly and to their satisfaction. The deputy manager told us, "We've worked really hard to improve communications between staff. There's an open culture because we are such a small service. We work on an open door policy, so if anyone wants to speak to us about anything they can, or they can ring or text me." During our visit we observed one person raise an issue with the deputy manager during a meal time. The deputy manager listened to the person and made suggestions to resolve the issue. The person was visibly happy with the outcome of the conversation.

Staff understood their roles and responsibilities and felt supported by their manager. The registered manager told us they made sure staff understood their roles through a comprehensive induction process where staff were made familiar with people's care plans. They told us, "We ask staff to seek advice from us and we listen to them. We always thank staff." Some staff had worked at the service for several years and all the staff told us they enjoyed working there.

There were regular staff meetings. Staff told us they were encouraged to be involved in making improvements to the service. For example one member of staff told us they had identified that one person's behaviour had changed and suggested a review of their health. They told us the registered manager had responded by arranging a review for the person. Records showed that the registered manager had taken action on other things raised by staff and for example, had increased staffing levels at busy periods. This showed the registered manager encouraged staff to develop and make improvements to the service, which helped them to deliver high quality care to people.

People told us about 'residents meetings', which were held for people at the home to attend. The registered manager told us, "There is a good turnout at residents meetings and we try to encourage this." Records showed many issues were discussed at meetings, such as the temperature of the home, the menu, activities and staffing arrangements. We saw people's views were recorded in detail. We found where people had

made comments, actions had been taken. For example people had commented that sometimes vegetables were not hot enough at meal times. We saw on the day of our visit that the cook took action to keep vegetables hot as long as possible before being plated up. Another example was where people had requested changes to the menu, including adding cheese and biscuits and sardines. We saw these were both offered on the menu on the day of our visit.

People could provide feedback about how the service was run and their comments were acted on by the registered manager. People were encouraged to share their experiences of the service by completing surveys. The registered manager explained there were questionnaires for people who lived at the home, health professionals, staff and people's families. The registered manager told us they analysed the responses and if any issues were identified, they took steps to make required improvements. We looked at the responses received in August 2015 and saw that feedback about the quality of the service was very positive.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) and we found the information reflected the service well. The registered manager understood their responsibilities and was aware of the achievements and the challenges which faced the service. They explained how they had worked alongside the local authority and actioned recommendations following their visit to the home in August 2015. We found the registered manager had taken responsibility for making improvements to the premises following an inspection by the local authority fire and rescue service in December 2015. Priority improvement works had been carried out swiftly, in order to ensure people were protected. The registered manager told us their greatest achievement was, "Hearing people are happy. As long as I've got happy staff and residents, then I am happy."

There were systems in place to monitor the quality of service. This included regular checks made by senior staff on medicines, infection control, health and safety and the quality of care plans. We saw where actions had been identified, action plans were followed and improvements were made. The registered manager told us they ensured they kept up to date with changes in social care, including legislation and good practices, because they obtained advice and updates from an external company who specialised in providing information to care homes.

We saw people's confidential records were kept securely and could only be accessed by staff members. The provider's policies were easily accessible to staff.