Planshore Limited

Parkview Nursing Home

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

This was an unannounced inspection that took place on 10 and 11 May 2016. At the last inspection in May 2015 the service was meeting the regulations we inspected.
The home had 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 and associated Regulations about how the service is run. The registered manager was present on duty for the inspection.

The service had procedures in place whereby they assessed and identified risks to people's health and safety. Appropriate risk management and support plans were developed to respond and to guide staff on how to keep people safe. Risk assessments and support plans were reviewed every month or where the person's care needs had changed. Staff knew how to keep people safe and how to recognise signs of abuse. People and staff told us and we saw that there were sufficient staff numbers to meet people's needs but acknowledged there were staffing shortages earlier this year which were now resolved.

People were supported by staff who were appropriately trained and skilled to meet their needs. Staff upheld people's rights and supported them in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff followed protocols and ensured people who lacked mental capacity were not unlawfully deprived of their liberty.

People told us they enjoyed the food and they got a choice. People's nutritional needs were being met. People had access to outside health professionals when their health needs changed, but the service delivered by some community health professionals was not always satisfactory.

People and their relatives told us that this was a happy place to live. Staff provided people with the care and support they needed, this was delivered in a respectful way.
The home employed two activity coordinators; activities were available to all people living in the home. People were offered variety and could join in the numerous activities provided if they wished.

Staff were supported appropriately in their roles which enabled them to plan and deliver people's care competently. The provider ensured suitable staff were recruited and appointed using robust recruitment procedures.

People using the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

Areas of the environment were not satisfactory such as flooring, decor and a number of bathrooms required improvement. These had been identified by the provider and work was in progress in replacing flooring and attending to other areas of the environment indoors and maintaining the garden.

The organisation had systems in place to monitor the quality of the service, and we found these helped drive improvements. Feedback was obtained from people and areas for improvement were actioned as appropriate.

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. Medicines were managed safely and people received them when required.

Staff were knowledgeable about safeguarding people from abuse and the action to take if they felt they were at risk. The service followed safe recruitment practices.

The risks associated with people's health and care needs were assessed and actions and care plans put in place to manage them.
There were enough staff to provide safe care for the people who lived at the home.

Is the service effective?

Good

The service was effective. People's choices were recorded and care planning and care arrangements helped ensure these were respected.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments. Best interests' meetings were arranged if required.

Induction procedures were in place for new staff and appropriate to their roles. The service had a training and development programme for staff, some gaps in training were identified as staff had not attended planned training, but plans were in place address these.

The service had seven GP practices involved with providing medical care for people in the home, this presented challenges due to the varying approaches and responses.

Staff were motivated, and well-supported through supervisions and through team meetings.

Is the service caring?

Good

The service was caring. People's cultural diversity was respected and celebrated.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff were respectful, their practice promoted individuals privacy and dignity.

Is the service responsive?

Good

The service was responsive. People were supported by staff who understood their individual care needs and supported them to make choices.

People had access to a range of activities they found stimulating and enjoyable. People took part in activities of their choice and pursued their hobbies and interests.

Staff assessed and regularly reviewed people's needs and kept care plans updated. People received their care as planned.

When people had concerns they felt confident in raising them with staff and felt confident they would be listened to and action taken when necessary.

Is the service well-led?

Good

The service was well-led. People and their relatives found the registered manager was approachable.

Staff told us they felt supported in their roles and felt valued by the registered manager.

The registered manager ensured an effective partnership by working well with healthcare professionals to meet people's needs.

Regular audits of the service were carried out on the quality of care and support people received and improvements to the service were made as necessary. However, a refurbishment programme to address environmental areas was underway.

Parkview Nursing 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 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 brought forward the inspection of this service because of concerns raised with us about the responsiveness of the service to people at the home. Our first visit on 10 May 2016 was unannounced and we told the manager our second visit would return 11 May 2016.

The inspection team included two inspectors, a specialist advisor who was a clinical nurse, the regional medicine manager and an expert by experience. The expert-by-experience was a person who has personal experience of using or caring for someone who uses this type of care service.

There were 77 people living at the home when we visited. We spoke with 30 people using the service, nine relatives, ten care staff, the registered manager and deputy manager, and the regional operations manager. Some people experienced dementia and were unable to share with us their views. 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. We spoke with three health professionals and one social care professional involved with people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for eight people using the service and recruitment records for six staff.

Good

Is the service safe?

Our findings

People and their relatives felt the home was safe and they were looked after well. One person said, "I feel very safe and would not go anywhere else." Another person visiting told us, "It is safe here, my friend came here when they could no longer manage at home, they were familiar with the home as other relatives spent their final years here."

Staff had received safeguarding training, were aware of when a safeguarding alert should be raised and how to do so. The home had policies and procedures about protecting people from harm and abuse and staff had received training. Safeguarding information was also provided to staff via a handbook, all staff completed this as part of the induction programme. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting people from harm and abuse was one of the most important things they did and part of their induction and refresher training. Staff felt confident that if they reported to senior staff any concerns they would take the appropriate action to prevent harm. The registered manager had made reports to the local authority and cooperated with their enquiries. Staff were aware of the provider's whistleblowing procedure and understood when it should be used. Staff records showed only suitably vetted staff were employed.

There were sufficient numbers of nursing and care staff on duty on both days, in addition there was also two activities coordinators and housekeeping staff. The staff rotas showed the staff allocations considered the needs and number of staff. Comments from some people reflected on occasions when the home had experienced insufficient numbers of staff. The manager and senior staff acknowledged they had encountered staff shortages in the past year due to unplanned absences when regular staff were on leave, they also experienced staff turnover when a number of staff took up employment in hospitals. This was now resolved as vacant posts were recruited to. One person told us, "Staff do respond quite quickly if they can but sometimes they may be dealing with someone else and one must wait."

People's care plans included detailed and informative risk assessments. These provided staff with information and guidance on how to support people in relation to the identified risk. Where accidents or incidents occurred these had been appropriately documented and investigated. Where incidents occurred in relation to people, these had been reported and appropriate actions taken to protect the individuals concerned. Identified risk areas included their health, mobility, skin integrity. The risks were reviewed regularly and updated if people's needs and abilities changed. People were supported to manage conditions which could have put them at risk of harm. For example, people at risk of developing pressure ulcers were assisted to change position regularly and relieve pressure on areas of their body. The risk assessments were reviewed monthly or more frequently so they reflected people's current conditions and any changes to the person's care plans were made as necessary. The tissue viability nurse was also involved and consulted as necessary on wound care.

We saw nurses giving medicines to people in a caring and safe manner. Nurses told us how they talked to people about their medicines to encourage them to take them. We saw in the records that people were referred to the GP to review their medicines when they repeatedly refused them. Medicines that were

required at specific times were given and recorded correctly. All medicines were stored securely including controlled drugs which require a higher level of security. Accurate records were kept of these medicines and checks were done daily. This included medicines that were prescribed for people in anticipation of their end of life needs. One person told us, "I get medication for my paining knees."

Medicines were available for people who needed them, changes to medicines or doses were actioned promptly. For example we saw that following a blood test a particular medicine had been stopped for two days. Staff had taken appropriate advice from healthcare professionals when medicines needed to be crushed or administered in a different way, for example via a feeding tube or covertly following a best interest decision. Where medicines were prescribed 'when required' care plans reflected the support people needed to have these medicines consistently and appropriately, although not all of this information was available with the medication administration records (MAR). Care plans also reflected people's needs with regards to varying a dose of medicine, for example the dose of insulin following a blood glucose test. MAR were accurately completed. However we noted that some changes to prescribed medicines had been handwritten on the MAR without a signature, check or date. We also saw that the separate cream records that were signed by the care workers to show that creams had been applied were not always complete. We recommend that the service consider current NICE guidance on completing accurate MAR charts and take action to update their practice accordingly.

The manager undertook regular audits of medicines management in the service and the pharmacist visited annually. These audits resulted in action plans. The most recent audits we saw showed no significant concerns; however handwritten MAR had been highlighted as a concern.

We found the service provided a safe environment for people using the service, visitors and staff. Areas of the environment were not satisfactory such as flooring, decor and a number of bathrooms required improvement. A refurbishment programme had started and work was taking place during the inspection. New floor coverings were being laid throughout a large part of the building. This work was carried out and completed in specific areas to minimise inconvenience and risks. We were assured that areas of concern we identified would be addressed in the refurbishment programme. We examined various items of equipment, including hoists, baths and bathroom chairs. They were clean and where appropriate were regularly maintained.
The service was following the Department of Health Codes of Practice for the prevention and control of infection in care homes. The service employed domestic staff to ensure the premises were clean and hygienic. Each member of domestic staff worked to a cleaning schedule and responded to specific incidents when required. The service met the requirements of the Control of Substances Hazardous to Health Regulations (COSHH). Such substances were stored in locked COSHH cupboards. The manager informed us of future plans to have all the laundry undertaken by a laundry contractor as laundry facilities on site were not satisfactory.

We found hand sanitizer dispensers throughout the home. This meant people using the service, staff and visitors were able to keep their hands clean reducing the risk of infection. We saw staff using the dispensers and personal protective equipment as required.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they did a good job. Some people felt the staff were interactive and very engaging with people. Comments included, "Nothing is too much trouble, the staff are so kind", they look after me in every way". A family member commented on their confidence in the service, they said communication with staff was generally good and were made aware of any changes in their relative's condition. Another visitor complimented the staff and management, stating that the relative's quality of life had improved greatly. People told us the service had a 'pet's welcome approach' which people said enhanced their lives. People enjoyed their relatives and visitors coming as their pets were also welcome. Visitors present during the inspection had taken their dogs, we saw that people in a lounge were familiar with these pets, their moods lifted as they enjoyed stroking and chatting to the dogs.

Staff caring for people had access to a range of training to develop the skills and knowledge they needed. Staff received regular supervision and had an annual appraisal. These processes allowed senior colleagues to observe and assess staff performance, identify training needs and areas for development. Staff said they felt supported and were able to talk with senior staff and the registered manager if they had concerns or needed advice. Staff meetings took place regularly and provided a forum for support and discussion.

The training and development plan in place for staff was in accordance with their role and responsibilities. Staff undertook training relevant to the needs of the people living at the home and refresher courses were arranged so they had up to date information to assist them with their roles. Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, equality and diversity and health and safety, dementia. There was also access to more specialist training to meet people's individual needs, such as diabetes and end of life care. Qualified nurses continued with their professional development and had clinical meetings; they undertook training in venepuncture and catheterisation. Staff also participated in training provided by specialist's teams from the local authority. There were gaps identified in training provision according to records. The registered manager explained that due to staff shortages for a period in early 2016 some staff had not attended planned training as there were insufficient numbers available to provide cover. The staff team had now reached a full complement, and training plans showed that overdue training was rescheduled as a priority.

The service had a keyworker system in place which meant that individual members of staff were responsible for effectively supporting a number of people with daily activities. During our visit people where possible made decisions about their care and what they wanted to do, care records showed acknowledgement by the person in consenting to care. Staff showed an awareness of people's needs and worked diligently as a team to ensure people's needs were met. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also involved. People said the type of care and support provided by staff was what they needed, and delivered in a friendly and appropriate way that people liked. One person said, "If I need anything I just tell staff and they get it for me."

People's consent to care was sought in line with legislation, staff were clear about using a variety of

methods including those who were non-verbal to gain the individual's consent when carrying out personal care tasks. The manager and senior staff had attended relevant training and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 interest and as least restrictive as possible.

The registered manager had submitted applications as necessary to the local authority for a range of restrictions and these were approved. We saw examples of how the service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was considered in the pre admission assessment process to help identify if needs could be met at the home. Staff understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

Care records demonstrated the service was working effectively with other health and social care services to help ensure people's care needs were met. A mental health professional reported positively on staff, they said, "There is great continuity of care in this home, we work with staff and carry out information sessions, they are not afraid to discuss any queries they have about a person, they observe for any changes and are well informed on residents."

One person said, "I like to be independent but the nurse helps me when I need it." Records of care demonstrated that staff made general observations of people's wellbeing, their food and fluid intake, and recorded blood pressure and temperature of people displaying signs of not being well. This information was shared with the GP services before requesting call out visits. Managers had made appropriate referrals to include service from health care professional including GPs, opticians and dentists. The home had followed guidance when provided in relation to treatment interventions at the request of clinical professionals. For people with swallowing issues we saw that they were referred for speech and language, (SALT). The speech and language therapist visited while we were present and explained that resources in the community had led to delays in their response to referrals. Staff followed the advice of the specialist and provided the meals recommended such as pureed dishes.

The service was supported by seven GP practices. Management and staff told us the practices operated different approaches and response times to requests for visits and referrals for other services were variable. This presented challenges to the service and we observed over two days that medical appointments were cancelled at short notice by some GPs. There were concerns raised with us by external agencies about timely response to incidents such as falls or to people seeing the GP in good time. The local authority intervention team was working together with staff at the home on ensuring new falls protocols were followed and to help reduce unnecessary hospital admissions. Staff told us this project had helped raise standards of care; they held discussions with the project leader and reflected on their own practice and individual cases. Senior staff told us this was a valuable learning experience.

The nutritional needs of people were suitably met. Staff support at mealtimes was appropriate, staff demonstrated they were suitably trained, understood the needs of people with dementia, and reflected this in practice especially at mealtimes. They were engaging and supportive as they encouraged people to eat the meal served, or served alternative snacks. People told us they thought the food was very good with plenty of variety and choice. One person said, "The food is well cooked, there is a good variety." Another

person told us, "I enjoy mealtimes and sit with my friends." We saw there was information provided on food allergies and intolerances, and visitors were requested to speak to staff before supplying food or drink to people. Kitchen staff had the required information on dietary needs such as those requiring pureed food or on a low salt diet. Staff understood the importance of identifying people who were nutritionally at risk and used an appropriate assessment tool for this. Kitchen staff prepared fortified food and drinks to people with low body weights, some also had food supplements prescribed by the GP.

Good

Is the service caring?

Our findings

People's cultural backgrounds and their faith and beliefs were respected; they said they were encouraged to stay in touch with their communities. People said the care delivered was good and most people said staff were friendly, kind, caring and attentive. We observed contact with individuals was of a caring nature. Some people commented that staff were calm and efficient and dealt with "difficult people well."

Staff (including the management) were seen to interact and engage with people residing in the home and used their first (preferred) names as recorded in care records.
People said the care delivered was good and most people said staff were friendly, kind, caring, attentive and respectful. We saw care workers, nurses and management were caring and friendly towards people. For example we saw the registered manager approach people to enquire how they were and to ask what they had been doing throughout the day.

Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The relationships between staff and people receiving services demonstrated dignity and respect at all times. Staff knocked on people's doors and waited to be invited in.

Staff demonstrated a good understanding of people's life histories. Staff had sought information about people's life and people important to them when they first came to the home; this information was included in people's care records and shared with staff. Care records included details about whether the person preferred a male or female care worker for support with their personal care, if they had any specific or cultural practices that staff could assist with and details about their life history. Information about people's life histories was shared with the activities coordinators and activities were arranged that considered individual social care needs. Staff shared with us details about people's lives and the circumstances which had led them to using the service, and how their conditions such as dementia impacted on their personalities and changing needs.

Staff were acquainted with people's habits and daily routines, people's likes and dislikes in relation to activities as well as things that could affect people's moods. Staff made sure people were involved, listened to and encouraged to do things for themselves, where possible. For example one person said, "I like to be independent and walk about, I have only to ask staff for help if I need it." Two people were involved in growing plants from seed and displaying them on the window sills. Staff facilitated positive interaction between people using the service and promoted their respect for each other. A number of religious services were held at the home for people. The provider also had links with religious leaders from other faiths so that care staff could support people who practised other religions.

Staff were aware of people's individual preferences and used short sentences and gestures to communicate with people. Staff spent time engaging with people, talking in a supportive and reassuring way and used positive body language that people returned. There were numerous examples seen of positive interactions between staff and people using the service throughout our visits. One person said, "Staff are kind, so helpful and enthusiastic which is very important to my relative, they respond well to tender loving care and feel

reassured."

One person visiting said that the management and staff were 'excellent' and gave examples of the positive outcomes due to the care and support their relative had received. Another relative said, "The staff are so patient with [my relative] who can be very difficult. I have no complaints."

Staff spoke affectionately about the people they cared for. Throughout the inspection we noted that staff were not rushed in their interactions with people. We saw staff spending time with people individually and supporting them to engage with activities.

People at the end of their life received high quality care as the registered manager had ensured there was appropriate support to meet their needs. Staff had received training in end of life care and worked in partnership with the palliative care team. The service encouraged and supported people and their relatives to plan in advance their end of life care and support. Staff showed an understanding of a person's needs at the end of their life and how they supported them to be comfortable. People were assured of high quality care and respect of their wishes up to the end of their lives at the service.

Good

Is the service responsive?

Our findings

People told us they were happy with their care and with the support staff provided. One person said, "I can get up and go to bed when I want more or less, and staff help me with dressing and getting in and out of bed." Another person told us that staff helped them back to their bedroom if they wished to rest, and their choice was respected by staff. A relative told us that when their family member had come to live in the home they were quite undernourished but with the care and encouragement from staff and good meals their state of wellbeing had much improved. Another person visiting told us, "My family member has done very well, their health is much improved due to good healthcare from staff. If I ask for anything it's usually done, on some occasions I have had to remind them." We observed staff were quick to notice and respond appropriately when people's moods changed and they required a little more emotional support.

People's care plans were based on the initial assessment prior to admission, further information was gathered as staff and the person became more familiar with each other. The home provided care that focussed on the individual and we saw staff put into practice their knowledge on promoting a person centred approach. People were enabled and encouraged to discuss their choices, and contribute to their care and care plans if they wished. Records contained detailed information about the life history of people, their health conditions and how staff should support them. Care plans gave staff positive strategies on how to help people manage their anxieties and challenges. We saw details about how people preferred to receive their care. Care reviews showed people received care which was individual to their needs.

Changes had taken place in falls protocols at the home which addressed any previous shortfalls in the service response to concerns. A health professional visiting told us staff were using a new tool successfully to determine the appropriate action to take when a person experienced a fall. We saw examples of staff responding appropriately when people's needs changed, and they were able to tell us about people's health and social care needs. For example, staff told us when one person became agitated they talked about people in their family photographs and this helped prevent them becoming more anxious. A mental health professional told us, "Staff are good at complying with advice given by our community team, they always contact us immediately if they have concerns about people or recognise they are relapsing, communication is excellent." We saw that a person who was experiencing deterioration in their physical health was referred promptly to the GP for a home visit, in the meanwhile nursing staff monitored the person's health closely and recorded vital signs. We were told the appointment was cancelled by the doctor and staff then requested the visit be rescheduled for the following day. Staff members told us this was not unusual to have a GP cancel the home visit at short notice and the service was variable. Staff explained some of the other issues that impacted on people using the service. For example following admission staff registered people with a GP practice but their choices were limited and relied on wherever there were vacancies.

During the inspection one person moved to the home. We saw how a staff member responded and helped the person with dementia settle in to their new environment. They struck up a good rapport with the person as they helped them display ornaments and possessions in their bedrooms using these as a subject to talk about. There was continuity as the same staff member supported the person to the dining room and introduced them to a small group sitting together.

Staff passed on important information regarding people's care in staff handover at the beginning of a new shift. The handover was informative and staff were instructed about what care people required, who to monitor closely. The care plans recorded people's interests and the support required to follow them. Daily notes identified if chosen activities had taken place. The home had two activities coordinators who people spoke highly of. The weekly activities programme was varied and provided for individual interests and preferences. The activities were a combination of individual, group and mainly home based which was people's preference. The available activities included indoor gardening, quizzes, exercise, photo reminiscence, singing sessions. For those who chose to remain in their bedrooms there was provision made for one to one support, and there were plans to improve this provision.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

We saw the home had received numerous compliment cards and letters reflecting the gratitude for the quality of the service. The following are examples of individual's comments, "The care and devotion given when my relative's health began to fail and particularly those last few months of her life was truly wonderful." Your dedication was superb.'' "Although not with you for very long, everything that our relative received was done perfectly, professionally and with great sensitivity."

Good

Is the service well-led?

Our findings

People and their relatives told us the manager was approachable and easy to talk to. One person said, "If anything needs to be done I talk to (manager) and it is done, she is quiet but gets things done." During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people's views and needs. It was evident from people's conversation with us and from body language that they were comfortable talking to the manager.

Staff understood the responsibility of their role. They told us their roles and responsibilities were clearly set out and explained during induction training and were regularly revisited during supervision.

Staff told us the manager was very supportive and hardworking. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to; staff said they would feel comfortable using it. A staff member said, "I am happy working here, now that we have recruited more people and better staffed I look forward to coming to work." The records demonstrated that regular staff supervision, staff meetings and annual appraisals took place.

There was a quality assurance system that identified how the home was performing, any areas that required improvement and also those where the service was performing well. This enabled any required improvements to be made. The service history shows that necessary improvements to the environment were not always actioned within reasonable timescales. At the end of each year information was collated and analysed, the most recent results were a positive indicator of the service and any progress made. We were pleased to see the most recent refurbishment plan was well underway and had set out timescales for completion of each action to address areas of the environment. Policies and procedures were audited annually. The service has addressed the issues and ongoing complaints about the laundry service. The laundry service has now been contracted out as a result; the onsite facility had limited space to improve the facilities. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. The service recognised there were issues in relation to the volume of care records and care plans, and was looking at how they could develop a more efficient system for recording and managing information. The local authority had been involved in assisting the service source these and, electronic records were being considered.

Resident and relatives meetings were held quarterly, however attendance by relatives was low. People visiting felt confident in expressing their views to the manager and staff and were confident their views were considered and acted upon. One person said, "We are asked for our opinion and views throughout the day.

The registered manager was aware of their responsibility to inform us of relevant events that took place within the home. We saw they involved other agencies as appropriate. We saw the registered manager worked closely with other agencies to ensure people received the best care they could provide. Our records told us that accidents and incidents were recorded, and trends were identified and responded to appropriately. Notifications were made to the Care Quality Commission in a timely way.