Bupa Care Homes Limited

River Court Care 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 23 and 31 August 2017 and was unannounced. This was the first inspection since the service was registered on 31 January 2017.

River Court is a purpose built nursing and residential care home. The home is located on the outskirts of Watford Town Centre. It has the capacity for up to 120 older people, some of whom live with dementia and it also provides nursing care/palliative care.

There were 106 people living at the service on the day of our inspection. River Court consists of four units, Hampermill, Gade, Chess and Colne.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and secure living at River Court. We found that staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns both within the organisation and externally if required.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends.

People received appropriate support from staff to enable them to take their medicines.

People and their relatives knew how to raise concerns and told us they were confident that these would be resolved without delay. People received care and support from a staff team that fully understood people's health and care needs and who had the skills and experience to meet them.

We found that people who used the service were treated with dignity and respect and their privacy was maintained.

The activities programme in place required improvement as it did not always reflected accurately or meet the individual needs of the people who used the service.

The environment requires further adaptation with regard to supporting people who are living with dementia.

People were involved in the planning of their care and we found that people had access to independent

advocacy services. Care plans were clear and gave staff enough information to meet people's needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, and were suitable to work in a care home environment as well as being fit for the roles they were being employed to carry out. Staff records confirmed checks had been made which ensured it was safe for them to work with vulnerable adults before a position was offered to them.

Staff were well supported by the management team and received an induction from senior staff when they first started working at the home. They received on going training and support to enable them to perform their roles effectively. Staff had regular individual supervision meetings, team meetings and had an annual appraisal to review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People's views about the service were gathered using surveys and verbal feedback. Feedback was used in a positive way to improve the quality of the overall service. The majority of people we spoke with were positive and complimentary about all aspects of the service.

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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were reviewed regularly to help ensure they continued to accurately reflect people`s changing needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at River Court.

The current activities programme requires improvement.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

River Court Care Home

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

This unannounced inspection took place on 23 and 31 August 2017 and was carried out by three inspectors, an expert by experience and a specialist advisor. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service. A specialist advisor is a person who is a qualified professional in the service provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

During the inspection we spoke with 23 people who used the service, seven relatives, nine staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to 12 people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People who lived at River Court told us they were happy. One person told us "I have been here for about a year and I can honestly say that I have no complaints, I feel much safer here than I did at home." One relative said, "I feel [name of person] is safe here because whatever time I come, night or day [person] is always well dressed and clean. The staff and manager always keep me up to date with my [relative`s] care and with anything that I need to know, which gives me peace of mind." Another relative said, "We never worry about [person] because the staff are all very professional and experienced."

We saw information and guidance was prominently displayed about safeguarding within the home and on how to report any concerns, together with relevant contact numbers. We spoke with staff during our visit about safeguarding. One staff member told us, "We have regular discussions in staff meetings about safeguarding and if I am ever uncertain about anything I always ask and would never leave work without passing on any concerns I may have." All staff we spoke with were able to verbally demonstrate they could recognise signs of abuse and how to report any concerns both internally and externally should they need to. One staff member said, "If I had any concerns I would report them to the manager. I could go to the manager, CQC or social services."

Safe and effective recruitment practices were followed which ensured that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references had been verified as part of this process.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager used an established and recognised dependency tool to assess and review people's individual needs and as a result regularly evaluated staffing levels. This ensured there were enough staff on duty at all times. Staff told us that they were happy with the staffing levels. One staff member said, "I feel that we have enough staff to be able to look after people safely and appropriately. It can sometimes feel a bit rushed but overall we still have time to sit and chat with people when we have finished all our jobs." Another staff member we spoke with told us, "It's important that we are given time to talk to people as well as providing their personal care." This was confirmed during our visit where we observed staff sitting and chatting to people after their lunchtime meal and also during their morning coffee time. The atmosphere was both relaxed and calm throughout the day.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person we looked at who had mobility issues had been assessed for bedrails due to the risks of falling from their bed. We noted this had been regularly reviewed and we saw that risk assessments had been completed for the profile sides to ensure the person's safety. This meant that risks and people's changing needs were monitored and reviewed and actions were taken to keep people safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager which ensured that reoccurring patterns were identified and actions put in place to mitigate risks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked medicine administration records (MAR) and found that these were all up to date with no gaps or errors found. We found that boxes of tablets were dated to indicate when they had been opened and the amounts held agreed with the amount recorded on the MAR`s.

People's individual plans of care contained detailed information about the medicines they used what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "I feel I have the right skills and training to feel confident to give people their medicines. We also have regular training and checks by one of the seniors to make sure we are doing everything as it should be done." We found where medication that was given when required, for example pain relief, protocols were in place that gave guidance to staff on how to manage this appropriately.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place. We also checked the service records for the hoists used and found that these had all been serviced within the past year. This meant that people's safety was protected and maintained by staff who were both competent and vigilant in maintaining a safe environment.

Good

Is the service effective?

Our findings

The majority of people we spoke with told us they liked the food provided at the home. One person told us, "I think the food 'is very good, there is always enough and I get a choice at lunch and dinner time between two different things on the menu." Another person we spoke with told us, "The portion size is large. The food looks okay and the vegetables are colourful and look like what they are!"

We observed staff asked for people's consent prior to undertaking a task. For example, we observed a staff member asking one person with limited verbal communication, "Can I help you with your lunch." We saw that the staff member interpreted the smile from the person as an acceptance of consent and the staff member proceeded to assist this person with their lunchtime meal in a manner that was both respectful and inclusive. Daily observation records also reflected that staff obtained consent from people before they attempted personal care and they offered choices to people in regards to daily activities and preferred place to sit and spend their morning.

There was a process for induction and training for newly employed staff. Staff recently employed told us their induction prepared them to work at the service with opportunities to work alongside more experienced staff and training which included recognising and safeguarding people from the risk of abuse, infection control and food safety awareness.

All the staff that we spoke with told us that they felt well supported by both the unit managers and the registered manager who had management oversight for the whole service. Unit managers told us that they had organised supervision sessions with the registered manager approximately every two months and in turn they provided supervision sessions for the staff on each of their respective units. This was confirmed by staff, who told us they had been provided with regular formal supervision sessions and were able to access informal support and guidance from senior staff if required. The registered manager had a system in place for monitoring the progress of supervisions and performance reviews and determining when these were due.

The registered manager and unit managers told us they carried out competency assessments to assess staff`s performance and identify any training needs. Staff described to us the different levels of dementia training available to them across the organisation. This ranged from dementia training as part of the induction programme as well as a three day dementia training course, which led to specific staff members to adopt the role of a dementia champion.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. Applications for authorisation with regards to DoLS for people where

their freedom of movement may have been restricted to keep them safe, such as those requiring constant supervision had been referred to the local safeguarding authority.

We found that staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people who lacked mental capacity had a best interest assessment carried out so that any decisions made regarding their health and welfare where made in their best interests.

Applications for authorisation with regards to DoLS for people where their freedom of movement may have been restricted to keep them safe, such as those requiring constant supervision had been referred to the local safeguarding authority.

We found that where people had been assessed to lack capacity and refused to take their medication these were administered covertly. If a person lacks capacity and is unable to understand the risks to their health if they refuse to take their prescribed medicines, these are administered hidden in food and or drinks to promote people`s health. Medicines should only be administered covertly in exceptional circumstances and only if it is in people`s best interests. We found that before medicines were administered covertly to people there was a best interest assessment and decisions were made by those qualified to do so. This included relevant health professionals and if appropriate an agreement from the person's family members. We noted that for one person who had their medicines administered covertly, a 'covert medication assessment' had been carried out which evidenced relevant consent had been obtained by those qualified to do so.

Where people had recently been administered flu jabs we checked to see if they had been consulted and their consent obtained prior to this treatment having been administered. We found people with capacity had signed to consent to this treatment. Where people lacked capacity to consent to this treatment there was documented evidence of relevant consent having been obtained by those with legal responsibility for the health and welfare of the person.

We observed that one person did not want either of the menu choices and requested something different. We saw that this was provided. We also saw that on all four units that there was excessive wastage of food. This was due to people being given too larger portions which they could not finish. Relatives told us they had meetings where they discussed the quality of the food provided at the home and the use of different ingredients. They also discussed the option for people to have smaller portions served and have the opportunity to be helped for seconds to reduce the waste. Relatives told us this was reviewed by the registered manager.

We saw that people had an assessment in place with regards to their nutritional and dietary needs. People who were assessed as being at risk of choking had an up to date assessment in place which ensured the diet provided was suitable and also provided guidance for staff on how to keep people safe when assisting them to eat. We also saw that people who had been assessed as being at risk of malnutrition were provided with a fortified diet to increase their caloric intake and to encourage weight gain.

We observed the lunchtime meal in all four units and found this to be a relaxed and social experience for people. However on one unit we observed that people were assisted into the dining room at 12.25 p.m. but had to wait until 13.20 p.m. before they were served their first course. We saw that one person had become restless during this time and wandered up and down the dining room whilst they waited for their soup. We saw that several other people just sat and waited with very little interaction or engagement from the staff members with regard to an explanation as to why the meal had not arrived.

We saw in people's care plans that people received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. For example we saw from one person's care plan that they had recently been visited by their GP as they had been feeling unwell with a persistent cough. This information was well documented, with the date and the advice and action taken. We also found that people were regularly visited by a chiropodist. One person told us, "I see the doctor when I want. I see the chiropodist often and they come to my room." Another told us, "The doctor comes to see us when we need them.

All relatives we spoke with told us they were kept informed of changes in people's healthcare conditions and informed of incidents that affected people's wellbeing. One relative told us, "They will always call me and let me know if there are any health concerns about [name] so I can come in and check everything is ok." One person we spoke added "We're reassured too as the GP has a set time to come in and if there is something we think should be looked at they tell us the GP who will then see us at the next visit, it's never long to wait."

We were informed by the registered manager that the home was currently being re-furbished with improvements and re-decoration to all areas of the home. However we noted that this refurbishment did not include any adaptions, or redecorations of the units where support and care was provided to meet the needs of people who were living with dementia or promote people's independence. We noted that the shared community environment, which included the corridors were not dementia-friendly. Apart from a current photo and memory box on some bedroom doors, there was no visual signage to people's bedrooms to help signpost the correct way or to assist people in locating other areas of the home. Every corridor was uniform with the rest of the care home i.e. colour, style and pictures. Further work was needed with regard to exploring both current research and good practice recommendations in order to provide a more enabling, dementia friendly environment. For example, improving the signage, changing the bland corridor wall and door colours and providing tactile objects for people to access. This is an area that requires improvement.

Good

Is the service caring?

Our findings

We saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff, we were told by one relative, "Staff are kind, friendly and know what they are doing. I can see that some people need a lot of help especially those who need to be helped by that hoist but I see staff take their time to help them and talk to them all the time. I keep an eye out for anything untoward." Another person told us "I could not wish for kinder care staff, they are all so lovely. "

We saw that staff helped and supported people with dignity and respected their privacy. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the visit the staff`s approach was calm, caring and respectful of people's needs. One relative we spoke with told us, "When they change [family member] they keep the door closed, even I'm not allowed in the bathroom while they do it." Another person we spoke with said, "I am quite shy and self-conscious but all the staff know that and always make sure they keep me covered when they help me have a shower or a bath, they always chat with me when they are doing it too, which helps me relax." One relative said, "I am happy with the home and feel that the staff who are employed are the right kind of staff which gives me peace of mind."

The home had a 'Resident of the day' scheme in place which identified one person, each day where a complete review of their care needs took place and covered every aspect of their daily life. This included the person's choices and decisions, their lifestyle, health and safety, their moving and handling assessment, their mental well-being, consent and skin care. The information was then recorded and any aspect of the person's care and welfare that required attention was passed onto the relevant senior staff member to implement the changes in the person`s care plan.

Care plans contained detailed information as to people's preferred wishes and preferences and about how they liked to live their life. Staff also had guidance on what support they had to provide to people in order to fulfil people`s wishes. For example we saw in one person's care plan that they particularly liked to wear blue colour clothes.. They told us, "I wear blue, it's my favourite colour and my husband likes it too." They told us that staff helped them to sort out their blue clothes and helped them dress each day.

Staff we spoke with were all able to verbally demonstrate they understood how to promote independence and respect towards people's privacy and dignity. They told us that they encouraged people to maintain their independence especially in relation to when they used walking frames where possible rather than being taken around in wheelchairs.

It was clear that people who used the service and their relatives had been involved in developing people's care plans because of the level of detail contained within them. People told us that they had been involved, and where they were unable, relatives were invited to contribute to the planning of people's care and provide information about people's life histories. One relative we spoke with said, "The care plan is in the book in [name] room. We are happy with its content." They told us "It's reviewed about every three months and the manager has an open door policy so we can always speak to them if we need to."

We noted from the visitor's books that there was a regular flow of visitors into the home and there were no restrictions with this. We observed visitors coming and going throughout the day during our inspection. The registered manager told us that people who used the service had external advocacy support if this was needed.

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required. We were told by the registered manager that advocates were used although nobody currently had requested to use this service.

Requires Improvement

Is the service responsive?

Our findings

We saw that people's care and support needs were comprehensively assessed before they moved into the service to ensure the service could meet their needs. A care plan was drawn up once they moved in and people's feedback on their care was sought within the first few weeks.

People and their relatives told us they had been involved in developing people's care plans. One relative told us. "I am involved in [family members] care plan particularly recently as they are end of life now, staff have been very supportive, they check on us regularly and that medication is given, it's all really good." Another person told us "I am involved in my care plan, and we have reviews, staff do listen to you and they have always been supportive."

We found that out of 12 care plans we reviewed we found that 5 still required updating. We saw that people's relatives were invited to attend regular review meetings where appropriate. A visiting relative told us "The staff are always around and they are very approachable, there is always someone available to speak to if you need to."

Some people who lived at the home were not sure if they had reviewed their care however, they were able to tell us that staff had asked them if they were happy with the service provided. One relative told us, "I was involved in developing the care plan when [name] first moved in and I know I can request to look at t at any time but I am here nearly every day so I know what is going on or if anything changes."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's communication care plan stated, "I cannot communicate my needs and wishes", however their plan described, in detail how this person liked to be cared for. The care plan also provided staff with the information that the person's bedtime routine included having the radio put on to help them settle.

People were asked to think about their wishes in relation to their end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. For example care plans looked at all contained information about where the person would prefer to spend their final days, their religion and symptom control (pain relief).

People received personalised care and support that met their individual needs and took full account of their background history and individual circumstances. Staff told us that there was good guidance in the care plans to support them to meet people's needs. For example, in one person's care plan we noted that they had been identified as being at risk of social isolation. Within the care plan there was a section called 'My Day, My Life, My Story' which incorporated the person's hobbies and interests. We saw that an activity and interaction log had been created in order to monitor the person's interaction with others and engagement in activities, in order to help prevent this person feeling isolated. This showed us that people received care and support that was centred on them as individuals.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person's care plan recorded that they were having trouble sleeping. We saw that as a direct result of this this concern an appointment with their GP had been arranged and the person was prescribed a small dose of sleeping tablets to help them settle. The care plan record stated that this person was now 'sleeping longer with less or no disturbance during the night time.' This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at River Court. A relative of a person who used the service said, "The registered manager is always around if I have a question about [name] care, they are approachable and professional." A person who used the service told us, "I like to come along to the meetings so I can find out what is happening and raise any concerns I may have, it's also a nice time to meet up with others who live here." People we spoke with were aware of the meetings and dates

We were told that there were four activities co-ordinators who provided a range of activities, seven days a week. People gave mixed views about the current activity programme provided. One person told us, "I play a little bowling just to be a little bit social but there are not many activities here." They also told us, "At my last home, there was table tennis which was one of my favourites and each resident was given a plot to plant vegetables this is real activity." A relative we spoke with told us, "My [name] loved to do handicrafts but there is nothing on the activity programme like that here, so they just tend to sit and sleep. I would like there to be more activities that are focussed on people as individuals."

The activity programme stated there would be a musical quiz on one unit. However we observed the musical quiz failed to take place or any other activities was offered to people during the morning. On another unit we saw that people were sat in front of television from 9.30, three people were asleep, and two people were sat at the dining room table but with no interaction, stimulation or activities offered by the staff members. There were no magazines, puzzles, pencils/paper for people to have something to do when activities coordinator not physically there. The activity programme stated that on this day there would be an 'Exercise to music' session but this was not offered or provided. We saw two activity staff arrive on the unit at 11 am and said "We will get all the residents together to do a quiz on Venice." However this was not the activity that was advertised and there was no explanation given to people as to why this had been changed. We saw the two activity staff then proceed with the quiz, seven people were sat in the lounge but only two people were actively engaged in this activity and the remaining five people were asleep. This went unnoticed by both activity staff members. We passed this information on to the registered manager for their attention. This is an area that requires improvement.

We saw that there were several communal areas available where people had the opportunity to sit and chat with their friends and relatives. The atmosphere of the home was both welcoming and homely, with a steady flow of visitors coming in to meet their relatives and friends. We also saw that people were able to enjoy a walk in the grounds of the home where the pathways had been adapted to allow wheelchair access throughout.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person said, "I would speak to the staff in the office, that's what they are here for." One relative told us, "We did have an issue come up and we spoke to the registered manager and this was resolved." We reviewed records of complaints and found that the provider's policies and procedures had been followed and that there was a clear trail of the investigation into the concerns and a report back to the complainant.

Good

Is the service well-led?

Our findings

People who lived at River Court, their relatives and staff were all positive about how the home was run. We were told that the registered manager was approachable and supportive. One person told us "I think this is a well-led home and we see the [provider] a lot, they walk around the whole of the home, every day and my general impression is very favourable." Another person who lived at River Court told us, "It's a good place to live, staff are patient and caring and the managers have a positive presence in the home." One relative said, "The manager is approachable and very professional. They are always available whenever I need to discuss anything about my [relative] and always have a solution or suggestion, which is reassuring." Another relative told us, "It it's a respectable home and I think the manager we have now has improved the reputation of the home as a caring place to live."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. One staff member told us, "There are always staff changes in large care homes but River Court has always been able to sustain a core group of staff. I have worked here for over eight years now so it must be a good place to be."

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Staff meeting minutes confirmed that these were a two way process and that staff suggestions were taken seriously and incorporated into daily working practice. We saw minutes of the most recent meeting held where the issues discussed included The BUPA code of conduct, which covered areas such as confidentiality, diversity safety and the speak up policy and resident consent.

Record keeping in the home was robust and detailed; we noted examples where daily intervention records were always completed at the time when the intervention happened?. This meant that any information that related to the care of an individual person could be accessed regularly and was continuously updated.

There were regular management meetings held between the registered manager and the heads of each department in order to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of checks undertaken routinely in the home which ensured that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, and fire checks. This showed us that the registered manager and provider were committed to providing a safe service.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication, health and safety, call bell audits and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure

people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. The registered manager also carried out 'A daily clinical walk around forum'. We reviewed the most recent record and saw that this covered areas such as resident of the day, a review of any recent falls, a record of GP visits, safeguarding concerns and a review of people who had been assessed at high risk of what?. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor all training and to make arrangements to provide refresher training when necessary. Staff told us that the registered manager regularly 'worked alongside' the staff. This ensured that staff implemented their training and ensured they delivered good quality care to people. As a result of these checks staff knew what was expected of them.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the registered manager collated the information and produced a report of the findings which was shared with the whole staff team. We reviewed the result of the most recent 'Residents experience survey' which was completed by 46 people. We saw that all 46 people felt they were treated with dignity and respect and that 98% of people felt secure and safe. However the lower scores related to activities and communal spaces provided. There was an action plan in place to address the issues identified.

The service produced a 'Residents Involvement Charter' in January 2017 which responded to a variety of issues raised by people who use the service and relatives. This included providing more seating areas for visitors throughout the home, the replacement of damaged and worn crockery, replacing carpets with water resistant and non-slip flooring and the installation of a new lift. This showed us that the provider and registered manager were committed to obtaining feedback from people who used the service to help ensure the service delivered a good standard of care.

Providers of health and social care are required to inform the Care Quality Commission, (CQC) of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.