

Mr and Mrs S Sharma

Meadow Lodge Residential 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Meadow Lodge Residential Care Home on 1 and 4 July 2016. The first day was unannounced.

Meadow Lodge is registered to provide accommodation and personal care for up to 14 older people. The home is a large semi-detached property located on the outskirts of Padiham. There is one shared and twelve single bedrooms; two have en-suite facilities. The home has two lounges, one with a dining area and a separate conservatory. Stair lifts provide access to the first floor accommodation. There is small car park to the front of the home and a garden area to the rear.

The service was managed by 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.

At the last inspection on 10 September 2014, we found the service was meeting the regulations which were applicable at the time. During this inspection we found the service was meeting the current regulations. However, we made a recommendation about the implementation of the Mental Capacity Act 2005 (MCA). Whilst there were policies and procedures relating to the MCA and staff had received appropriate training, the principles of the Act had not been embedded into the assessment and care planning processes.

People living in the home said they felt safe and staff treated them well. Care delivery was supported by clear up to date care documentation which was personalised and regularly reviewed. Staff felt the training provided was effective and ensured they were able to provide the best care for people. Care plans and risk assessments had been completed to ensure people received appropriate care. These had been written using information sought from the person or their relatives if appropriate. This meant information was person centred and reflected people's personal choices and preferences.

Medicine documentation and relevant policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and on-going checks were carried out to ensure high standards were maintained.

Staff received training which equipped them for their roles and supported them in providing safe care for people. Robust recruitment checks were completed before staff began work. Staff demonstrated a clear understanding on how to recognise and report abuse and treated people with respect and dignity.

People were encouraged to remain as independent as possible and were supported to participate in daily activities. People were given choices and involved in day to day decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected. People's nutritional needs were monitored and reviewed. People were given a choice of meals and staff

knew people's likes and dislikes. Healthcare referrals were made appropriately to outside agencies when required.

The registered manager took into account the views of people and their relatives about the quality of care provided through daily conversations, meetings and satisfaction surveys. The registered manager used the feedback to make improvements to the service. The owners worked closely with the registered manager and took an active interest in all aspects of the operation of the home.

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 protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Good 

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

The registered manager and staff understood the main provisions of the Mental Capacity Act 2005. However we made a recommendation to ensure the principles of the Act were assessed and considered as part of the care planning process.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good 

The service was caring.

People were involved in decisions about their care and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan. People had been involved in the care planning process and were familiar with the contents of their plan.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good ●

Meadow Lodge Residential 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 4 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with eight people who used the service and five relatives. We also spoke with two members of staff, an ancillary staff member, one visiting health care professional, the registered manager and the owners.

We looked at four people's care files, two staff record files, the staff training records, the staff rota, medicines records, meeting minutes, complaints and concerns record, a sample of the policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, "I feel as safe as the Bank of England. There is nothing to bother about here. We are so well looked after" and another person said, "I feel very safe and comfortable here and wouldn't dream of going anywhere else." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I think it is excellent. The care is so good and the staff are lovely." Staff spoke about the importance of promoting and maintaining people's safety and described the steps they took as part of everyday practice to ensure people were safe. For instance one member of staff told us, "I always make sure I follow the risk assessments and make sure the equipment is working properly."

We found care was planned and delivered to protect people from avoidable harm. Each person's care plan included individual risk assessments, which had considered risks associated with the person's support. We noted management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. We found each section of the care plans was underpinned by a risk assessment. These included assessments of the potential risks associated with nutrition and hydration, personal care, moving people safely and night time checks. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. The registered manager explained general service level risks had also been carried out in respect of slips, trips and falls and the use of hazardous substances.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact numbers. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included moving and handling, fire safety and first aid.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate for example to the falls team. A detailed analysis of the records was carried out every three months in order to identify any patterns or trends.

People told us there were sufficient staff available to help them when they needed assistance. One person told us, "There are plenty of staff on duty and they come as quickly as they can if I need them." The home

had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs, for instance wherever necessary, additional staff were placed on duty to support people with hospital appointments.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. We looked at two staff files and noted potential employees completed an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider updated the recruitment and selection policy and procedure during the inspection to reflect the current regulations.

We reviewed the arrangements in place for supporting people with their medicines. People told us they received their medicines when they needed them. One person said, "The staff do a good job with my tablets. I always get them on time."

The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. Staff told us they had completed a medicines awareness course and records seen confirmed this. Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The registered manager had picked up any shortfalls as part of their regular checks and audits. The medicine administration records were mostly pre-printed by the supplying pharmacist and were well organised and presented. Hand written entries had been counter signed to check for accuracy.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building.

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff get taught all sorts of things and do their jobs properly. It's comforting to know." Relatives spoken with also expressed confidence in the staff team, one relative stated, "The staff are very good and I feel they are looking after [family member] so well. I have absolute confidence in them."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work in the home. This included an initial orientation induction on the policies and procedures and the general operation of the home as well as the provider's mandatory training. Arrangements were also in place for new staff to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Where appropriate, new staff enrolled on the Qualifications and Credit Framework (QCF) Diploma level two following their induction training.

New staff completed a probationary period of three months and were given the opportunity to shadow experienced staff for a minimum of two weeks. This helped the staff to learn and understand the expectations of their role.

There was a programme of training available for all staff, which included, safeguarding, moving and handling, medicine awareness, health and safety, record keeping, Mental Capacity Act 2005, person centred care and infection control. Staff also completed specialist training which included dementia awareness and malnutrition. We looked at the staff training records during the inspection and noted all staff completed their training in a timely way. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager and the owners. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able to discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care

the provider had complied with the requirements of the MCA 2005.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had an understanding of the principles of the Act. However, we found there were no mental capacity assessments in the care files we looked at. These are important to assess people's capacity to make decisions about their care. We also noted potential restrictions on people's liberty had not been assessed. We discussed these issues with the registered manager who agreed to carry out the assessments, as appropriate and make the necessary applications to the local authority as soon as possible.

We recommend the service consider the relevant guidance and principles contained in the code of practice for the Mental Capacity Act 2005 and take action to update their practice and documentation accordingly.

Staff understood the need to ask people for consent before carrying out care. One staff member told us, "It's automatic for all the staff to ask people if they want any help and then explain what we are doing. It's very important we respect their views." People spoken with also confirmed staff asked for their consent before carrying out care, for instance one person told us, "They always ask me if it's alright to help. They are virtually asking for permission to go ahead which I think is a good thing." We saw people had signed consent to care forms as part of their care plan documentation.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is very enjoyable and I always get plenty to eat" and another person commented, "I like the food and they are happy to make you something different if you don't like what's on the menu." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits.

Weekly menus were planned and rotated every three weeks. The registered manager explained the menu was changed to take account of people's preferences. All meals were prepared daily from fresh ingredients. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and hot and the portions were ample. Staff interacted with people throughout the meal and we saw them supporting people sensitively. Where people were reluctant to eat, staff provided gentle support and encouragement.

People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Daily progress records included a section on food and fluid intake so people's diet could be readily monitored.

We looked at how people were supported to maintain good health. We noted that where there were concerns people were referred to appropriate health professionals in a timely way. People and their relatives told us the registered manager and staff were very proactive in monitoring and responding to healthcare needs. One person told us, "They are very good especially if someone is ill. They quickly call the

paramedics and then go to hospital with you." And a relative commented, "They are always keeping an eye on [family member's] health in fact they watch her like a hawk." Relatives told us they were kept informed of any health issues or appointments.

We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. The professional commented, "They are very vigilant and any referrals are made immediately." Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, and chiropodists. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A hospital information form had been completed for all people. This was used in the event of an admission to hospital and included all essential details about each person.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "The staff are really kind and thoughtful. When I came back from hospital there was a reception committee waiting for me to welcome me home. I was glad to be back" and another person commented, "All the staff are very pleasant and show the utmost respect." Relatives were equally complimentary about the approach taken by staff, for instance one relative said, "The staff are fabulous. Very caring and friendly."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "No matter when I visit I am always made very welcome. I've been at all different times and it's always brilliant." We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. At lunch time we saw that staff sat and spoke with people. Staff assisted people and ensured they were using their mobility aids safely. We heard staff discussing what was for lunch when they were assisting people to the dining area. Staff constantly spoke to people to ensure they were comfortable and they had everything they needed.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I think the care is excellent. All the staff give their all to make sure people are looked after properly." There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. People were familiar with their keyworker and confirmed they spent time chatting to them. One person told us, "I get on really well with my keyworker. She'll do anything for me."

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and improve their mobility. One member of staff told us it was important people remained as independent as possible in order to "Keep their own dignity and run their own lives." People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. One person told us, "I'm able to do my own thing either stay in my room or join in if I want to."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. We noted people were involved in developing and reviewing their care plans and their views were listened to and respected. The process of reviewing care plans helped people to express their views and be involved in decisions about their care. People were also able to express their

views by means of daily conversations, residents' meetings and customer satisfaction surveys.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People's privacy was respected. Several people chose to spend time alone in their room and this choice was respected by the staff. One person told us, "I like being left to my own devices. But I know they are there if I want them." We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these matters in the service user guide. The guide was available in all bedrooms and was on the front table in the hallway. This presented an overview of the home and the services and facilities provided. We noted there were information leaflets about advocacy services in the entrance to the home.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance one relative had written following a bereavement, "Thank you for your professionalism, dedication and compassion. It was a great comfort to depend on your experience and calmness." Another relative told us people were provided with sensitive and compassionate care at the end of their life. They commented, "People are made so comfortable and the room is truly beautiful and very peaceful." The registered manager had completed a nationally recognised end of life qualification known as the six steps training programme and was passionate about providing people with a high level of compassionate care at this time.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "The staff are very agreeable and do their best to help" and another person commented, "If there is ever anything wrong, they will listen and put it right straight away." Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "Staff are so willing to help in every way they can. I have no concerns at all."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's care plans and other associated documentation. We noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

We noted all people had an individual care plan which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need, for instance personal care, communication, medication, mobility, diet and weight and daily living and social activities. People spoken with were familiar with their plans and confirmed they accurately reflected their needs. One person told us, "My plan is read out to me once a month and it is altered as necessary" and another person commented, "My keyworker goes through the care plan with me and asks me if I want to change anything. I then sign the form." Relatives had also been involved in the care planning process as appropriate, one relative said, "I've seen [family member's] care plan. Everything discussed is written up. They miss nothing."

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. One member of staff said, "I think the care plans cover everything and they are easy to follow."

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily progress records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People had access to various activities and told us there were things to do to occupy their time. Forthcoming activities were displayed on the residents' notice board in the hallway. These included nail care, bingo, foot spas, music and movement and watching sport. We observed people spent time chatting with staff during the inspection. Records were maintained of the activities offered and provided. We noted

there were numerous photographs on display around the home of people enjoying activities. There was Wi-Fi within the home and some people had computers or mobile devices that they used regularly. The registered manager was aware some people living at Meadow Lodge were at risk of social isolation. To reduce this risk, she told us the staff regularly encouraged these people to join in activities they enjoyed or spent time with them in their room. For instance the registered manager told us she spent approximately 20 minutes each day chatting to a person at breakfast time.

We looked at how the service managed complaints. People spoken with told us they had not needed to make a complaint and any minor issues were dealt with informally and promptly. Relatives spoken with told us they would be happy to approach the owners, the registered manager or the staff in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The provider had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure included in the service user guide and this had been discussed at a residents' meeting. We looked at the complaints and concerns records and found the registered manager had received three minor concerns during the last 12 months. We noted the appropriate action had been taken to resolve the concerns in a timely manner.

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The home is run on a very orderly basis. The manager is first class" and a relative said, "The home runs very smoothly. They always sort things out quickly."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them.

The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission. However, on checking the information we held about the service we noted one notification had not been submitted in line with the current regulations. The registered manager apologised for this oversight and sent us the notification after the inspection.

The registered manager told us she was committed to continuously improving the service. She described her key achievements over the last 12 months as the successful introduction of new people into the home, the support given to apprentices throughout their learning and the development and implementation of an end of life policy. The registered manager also talked about ways of improving the service further. She described her planned improvements over the next 12 months as embedding the principles of the Mental Capacity Act 2005 within the care planning system, developing the range and scope of activities and implementing social care champions within the staff team. The Provider Information Return submitted before the inspection also set out detailed plans for the development of the service. This demonstrated the registered manager had a good understanding of the service and strove to make continual improvements.

During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

Staff spoken with made positive comments about the registered manager and the way she managed the home. One staff member told us, "The manager is very good and very supportive. You can talk to her about anything and she makes time for everyone." The registered manager carried out regular observations of staff providing care to ensure good standards of practice were maintained. Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People and their relatives were regularly asked for their views on the service. This was achieved by means of meetings and biannual satisfaction surveys. We saw minutes of the meetings during the visit and noted a range of topics had been discussed. The last annual satisfaction questionnaire had been distributed in February 2016. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "The staff are kind and wonderful." We noted an action plan had been drawn up to address any suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems used to manage medicines, staff training, care planning, infection control and the environment. Checks were also carried out on the water temperatures, call system and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was supported in her role by the owners of the care home. It was evident throughout all our discussions that they formed a strong team and had an excellent working relationship. The owners visited the home two or three times a week and took an active interest in all aspects of the operation of the home. They shared the registered manager's commitment to person centred care and providing people with a good quality service.