Three Oaks Residential Care Home Ltd

Three Oaks Care Home

Inspection report

Southwick Road
North Boarhunt
Fareham
Hampshire
PO17 6JF

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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

Three Oaks Care Home is a 20 bedded care home without nursing providing 24 hour care for older people, some of whom are living with early stages of dementia. The home is situated in North Boarhunt Hampshire. Accommodation is provided over two floors. At the time of our inspection the home was full with 19 people living at the home. One person was using a double room for single occupancy.

Three Oaks Care Home had two registered managers who shared management responsibilities. On the day of our visit we were supported by one of the registered managers and throughout the report we referred to this person as 'the registered manager'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date with refresher course booked for people. Staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff verbally. People were involved in decisions about their care and had signed a consent to care form and were consulted before any care or support was given by staff. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. People were free to go out into the community independently if they so wished. There were a variety of activities and outings on offer which people could choose to do. There was a clear policy and procedure for dealing with any complaints.

People could express their views and discuss any issues or concerns with staff or the registered manager. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

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 from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. Care plans provided information and guidance to staff about how people wished to be supported.

Staff understood how to support people and responded quickly to any changes in their health.

A range of activities were provided for people.

People knew how to make a complaint if necessary and were confident any issue would be acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views through questionnaires sent to them by the provider.

Staff were supported to question practice and people, relatives, staff and outside professionals were asked for their views about the care provided at Three Oaks Care Home through annual surveys.

Regular audits took place to measure the quality and safety of the service provided.

Three Oaks 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 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.

This inspection took place on 1 November 2016 and the visit was unannounced. The inspection was carried out by one inspector.

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. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, minutes of meetings with people, records of activities undertaken, menus, quality audits and records relating to the management of the service such as policies and procedures.

During our inspection, we met with seven people who used the service and spoke with three relatives. We spoke with the registered manager, the deputy manager, two care staff the cook, and a cleaner. We also spoke with the activities co-ordinator and a GP who was visiting the service.

The service was last inspected in January 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at Three Oaks Care Home. One person said "Oh yes I feel completely safe and I am very well looked after". Another person said "I am perfectly safe, the staff are wonderful and will do anything for you". Relatives had no concerns about the safety of their loved ones.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report any concerns to the deputy manager or to the registered manager". Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, psychological and financial abuse. All staff we spoke with had a good understanding of safeguarding adults.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. People's risks had been assessed and identified appropriately. We saw risk assessments in place for moving and handling, falls, skin integrity and mobility. The risk assessment provided staff with information and guidance to minimise any identified risk. For example one person's risk assessment stated that the person had a number of falls before moving to Three Oaks Care Home. On moving to the home a walking frame had been provided to assist the person to mobilise around the home. The risk reduction measure instructed staff to ensure the person used their walking frame at all times. Since the person started using the walking frame no falls had been recorded. This meant the person could still move around independently and the potential risk to the person was minimised to help keep them safe.

There was an environmental risk assessment in place. The providers PIR stated 'The safety of the premises is ensured by risk assessment and both proactive and reactive maintenance. We have a handyman who spends two full days at the home and who is available on call should any problems arise that need resolving more urgently'. We saw there was a policy and procedure in place as well as a contingency plan for dealing with any emergencies. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. The provider also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There were a minimum of two staff on duty at all times. From 8am to 1pm there were three staff on duty and they were supported by the registered manager who was available for additional support if required. There was also a cook and a cleaner. From 1pm to 10pm there were two staff on duty with a third staff member on duty between 4pm and 8pm. From 10pm to 8am there were two staff members on duty who were awake throughout the night. The registered manager told us that people were quite independent but needed some support in certain areas and the current staffing levels were sufficient to meet people's needs. People told us there were enough staff to provide the support they needed and staff said there was enough staff on

duty to give people the support they needed.

The home had a stable staff team with many of the staff working at Three Oaks Care Home for many years. Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff told us they did not start work until all recruitment checks had been completed and said their recruitment had been thorough.

Staff supported people to take their medicines safely. The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines. Only staff who had completed training were authorised to administer medicines. This training included watching a training DVD and completing a question sheet on this, reading the medication policy, buddying a trained person administering medication and an observation by management to assess understanding and competency. Medicines were stored and dispensed from a medicines trolley and we looked at the contents in the trolley. Topical creams had a shelf life once opened and we saw the date of opening was recorded on the packet so staff knew when they were going out of date. When people had taken their medicines staff completed the Medicines Administration Record (MAR), which documented that people received their medicines as prescribed. We saw that they were up to date with no gaps or errors. Some people were prescribed when required (PRN) medicines and there were clear protocols for their use.

Good

Is the service effective?

Our findings

People told us the staff who supported them were good. Comments from people included: "The staff are all very good." and "They do anything you want and more" One person said "I can be a bit grumpy at times but this does not bother the staff, they are all so nice". Relatives said the care provided was excellent. One relative said "All the staff do a really good job. I have no complaints" People were also positive about the food provided. One person said "It's good, plenty of choice." Another told us. "It's all very good, they use fresh vegetables and it's all home cooked".

During the inspection, we undertook a tour of the home. Accommodation is provided over two floors with stair lifts to access the upper floor for people who have difficulty using the stairs. There were three lounge areas a dining room and a large conservatory which led out to a large garden surrounded by countryside and wonderful views. We found the home to be clean and bright and well maintained. People were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely and fixtures and furnishing were in a good state of repair.

Staff spoke positively about the training they received. One member of staff told us "The training is very good here" and another said "There is always some form of training going on and there are plenty of opportunities to do training". Staff completed face to face training courses including moving and handling, safeguarding, medicines, MCA and DoLS, food hygiene, fire safety and first aid. There was also video training which required a question sheet to be completed. This training included equality and diversity, challenging behaviour, dementia, infection control death and dying and nutrition. Each member of staff had a training record held on the computer system and this identified when each staff member was next due their refresher training. This helped to ensure that all training was up to date. The registered manager told us that DVD training took place monthly so staff were kept up to date. Staff told us the training provided helped them to provide effective support to people.

All new staff were given an induction when they first started work, this included a day with the registered manager going through policies and procedures and shadowing experienced staff. The registered manager and deputy manager said that shadowing would go on until the new staff member and registered manager were confident that they could work on their own. New staff were expected to complete the Care Certificate. This covers 15 standards of health and social care topics and is a national qualification. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support them effectively. Nineteen care staff were employed and 15 already held qualifications up to a minimum of NVQ level2 or equivalent and two were currently enrolled on a relevant course. These are work based awards achieved through assessment and training. To achieve these awards candidates must prove they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Staff received regular supervision and records were up to date. The registered manager told us she and the deputy manager regularly worked alongside staff most days and that they had regular conversations with

staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or deputy. Staff said they were able to discuss any issues and felt that communication was good with everyone working together as a team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that although some people were living with mild dementia people were able to make day to day decisions and choices for themselves. We saw that in care plans people had signed a 'consent to care' form which indicated that people were happy for staff to provide them with the support they needed. We also observed staff seeking people's consent before giving and care or support. The registered manager and staff had completed training on the MCA and understood their responsibilities in this area. The registered manager told us that people were assumed to have capacity unless it had been established they did not.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood her responsibilities in this area and knew how and when an application to deprive someone of their liberty should be made. The registered manager told us one DoLS had been authorised by the local authority to date and one DoLS application was awaiting a decision by the local authority.

We spoke with people and staff about the meals provided at the home. People told us the food was plentiful and good. We spoke to the cook who said breakfast was provided by care staff and this was normally porridge or cereals and toast. However people could choose what they preferred to eat. Lunch was the main meal of the day and there was a four week rolling menu. People had an alternative choice if the main meal was not to their liking. On the day of our visit the majority of people were having chicken casserole, with potatoes and fresh vegetables, one person was having egg chips and tomatoes and one person was having a cheese salad. The cook said staff went round each morning to inform people what the main meal was and if they wanted anything else all they had to do was ask. Supper was a snack type meal such as sandwiches or a hot meal such as cheese on toast. We saw drinks were freely available at mealtimes and staff asked people if they wanted a drink at various intervals throughout the day.

Care plans clearly documented people's food likes and dislikes. The cook showed us a list which was kept in the kitchen of people's preferences and dislikes, together with a list of those people who required their food prepared in specific ways such as a soft diet, mashed or pureed. The cook told us there was good communication with the care staff so they were kept up to date about people's dietary requirements. We observed people as they had their lunchtime meal. Most people ate in the dining room, while others choose to eat in their rooms. Tables were set with cutlery and serviettes and there was a pleasant atmosphere during lunch with people and staff chatting. People had sufficient to eat and drink and were encouraged to maintain a balanced diet.

People had access to healthcare professionals to ensure that their health needs were met. Each person was registered with a local GP. Care plans contained information about people's health needs and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health

appointments were placed in the diary to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs. One staff member said, "Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns". We spoke to a GP from the local surgery who told us they felt the care provided was very good. They said the home was proactive in asking for advice and support and always followed the advice given. The GP visited the home each week and the district nurse team visited twice a week to provide support to people. This meant that people's healthcare needs were monitored and responded to appropriately.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff are marvellous, they can't do enough for you" Another said "They are all very kind and considerate" People said the staff respected their privacy and dignity and they were treated well by staff. Relatives told us staff were kind and caring. One relative said "The staff are always around to help. My relative is always singing their praise". Another said "I visit every week and they always make me feel welcome".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, we saw them engage with them and check if they needed any support. Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and how they liked to spend their day.

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and they engaged positively with people throughout our time at the home. We saw staff showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required.

Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner. Staff told us they had sufficient time to spend with people. One member of staff said, "People are relatively independent so we have time to chat and engage with them." Another member of staff said, "We know all the people very well, we know their likes and dislikes and their normal routines". A visiting GP told us, "I visit every week and all the residents seem very happy, there is always a nice calm atmosphere".

On the day of our visit the hairdresser was in attendance during the afternoon and a number of ladies were looking forward to having their hair done. We observed that staff spent time listening and engaging with people and responding to their questions. We observed one person who asked staff about having their hair done. The staff members said "The hairdresser is here now, I will check what time she is going to see you". The staff member went away and returned shortly after and informed the person that she was due to see the hairdresser at 3.pm. The staff member said "Don't worry (name of person) I will come and tell you when it's your turn". This was reassuring to the person.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

People had meetings two or three times a year and these gave them an opportunity to be involved as much

as possible in how their care was delivered. Minutes of meetings were kept and these showed that people were able to share ideas and put their views forward on how the home was run.

At the end of their lives, people were supported to have a private, comfortable, dignified and pain-free death. People were involved in the compilation of their care plan and knew what it contained and their wishes were clearly documented. Staff had completed a training course on death and dying and this training enabled staff to give appropriate support to people and their relatives. Some relatives had been appointed as Lasting Power of Attorney for their family members and took decisions on people's behalf relating to their finances, health and welfare. They were involved in identifying what the person would want at the end of their life. This would ensure staff followed the person's wishes regarding how they wanted to be supported.

Good

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said "I've been here about three months, I was not sure if I would like it but everyone is so kind and give me all the help I need. I like it very much thank you." Another person said "I get up at 7.30 each morning and staff bring me a cup of tea, but on occasions I like a bit of a lie in and this is never a problem it's my choice". Relatives said people received the care and support they needed. One relative said "Three Oaks Care Home is very homely, staff are always available to talk to and they always let me know what's going on".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. Relatives told us they could visit at any time.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. The assessment included details of the reason for admission and information about what support was needed and what the person could do for themselves. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. We saw that people had contributed and were involved in their care plans and there was information on how the person liked to receive their support to meet their needs. Care plans were person centred and explained what the person could do for themselves and what support was needed from staff. The importance of explaining to people what they were doing when providing support was understood by staff. One staff member said "It's really important to communicate what you are doing, you need to listen to ensure you are supporting people the way they like to be supported." There was information in care plans about people's needs which included moving and handling, mobility, personal care tasks, daily routines and routines at night. These care plans detailed what support was required from staff and detailed how this support should be given. We saw that where people were quite independent with their daily routines they were supported and encouraged to carry out the majority of care tasks themselves with staff providing advice and encouragement. However where people needed more support the care plan gave staff the information they needed to do so.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew people's preferences of where they liked to spend their time, what music they liked to listen to and knew about their lives before they moved to Three Oaks Care Home. This information enabled staff to engage people in conversation and to respond to people appropriately. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

People were given a choice on how often they wished their care plans to be reviewed. Records we saw showed that care plans were evaluated on a monthly basis by staff but reviews with individual people were carried out at intervals decided by the people themselves, Reviews could be carried out monthly, three

monthly, six monthly or annual, whichever suited the individual concerned. Reviews ensured that support was tailored to meet current needs. Care plans sampled evidenced that these reviews were up to date and records showed people signed to confirm involvement in the review of their care plans. Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending a handover before commencing their shift. The handover included an update on each person together with any information staff needed to be aware of. This ensured staff provided care that reflected people's current needs.

The provider employed an organisation who provided a range of activities from Monday to Friday. A number of different people came each day and provided a different activity such as bingo, arts and crafts, quizzes, singing and dancing. We spoke to the activities person on the day of our visit. He said he came with an activity in mind but would see who was attending and would change activities around depending on who was attending and what they would like to do. The registered manager said the staff also arranged activities such as garden parties, BBQ's, afternoon teas, and trips out into the community, such as trips to local garden centres or places of interest chosen by people. The hairdresser visited once per week. The registered manager said she produced a newsletter three or four times a year to keep people and families up to date with things going on in the home.

People said there was enough going on to keep them busy. One person said "I like certain activities and will join in if it's something I enjoy. If it's not I am quite happy reading my paper or a book or chatting with other people and staff". Another person said "I like to play bingo and sometimes I just enjoy watching other people doing things". On the morning of our visit we saw the activities person engaging with a number of people, asking questions, playing music, singing along with people and encouraging people to get up and dance.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with the registered manager or a member of staff. The registered manager said any complaints or concerns would be dealt with promptly and appropriately in line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure displayed on the notice board at the home. Relatives knew how to make a complaint. One relative said "I am not sure of the complaints procedure but I would just talk to the manager or staff and I am sure they would sort it out quickly". Staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager said there had been no complaints received in the past 12 months. However if any complaints were received they would be discussed with the provider and staff to see if any learning could take place and to try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. Comments from people included: "If I am not happy I will say something to the staff and they will sort things out". And "I am quite capable of speaking out if things are not right, but I have not had to, everything runs very well" Another said "The managers and staff come round and ask if everything's OK, I am sure if there was anything wrong they would sort it out". Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run and were asked to complete satisfaction surveys.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that she was open and transparent and worked well with them.

Staff said the registered manager demonstrated good management and leadership. Although staff meeting were not regularly held staff said they saw the registered manager most days and they could speak with her at any time. One member of staff said "If I had any ideas to change how the service was run to improve things for people, then I could speak with the manager and I am sure they would listen". Another member of staff said "I asked the provider if they could provide lockers for staff to lock their bags and possessions away, I did not think too much about it but a week later a set of lockers arrived, so it was clear they had listened to what I said". The registered manager said she, the other registered manager and the deputy manager regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

The registered manager kept her skills up to date by attending any appropriate training. She said she also regularly kept up to date with developments on the internet and the CQC website. She told us she would feedback any relevant information to staff. This meant that staff were kept informed of developments, learning and best practice within the care sector and were able to pass this information to their staff team as appropriate.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents, falls, cleanliness and infection control, fire audits and concerns or complaints. An action plan was

produced for any shortfalls identified following these audits so that they could be quickly rectified.

The provider also employed an outside consultant who carried out three monthly visits to the service. They toured the home, spoke with the registered manager, people, relatives and staff and checked that the manager's quality audits had been carried out. These visits used CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. After each visit the auditor produced a report together with evidence to support their findings. If any recommendations or actions were required the registered manager produced an action plan to say how they intended to address the issues and included timescales for their completion. The auditor checked that these had been completed at subsequent visits. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and staff and outside external professionals were supported to question practice and asked for their views about the home through quality assurance questionnaires which were sent out by the provider each year. The 2016 quality questionnaire had been sent out at the beginning of October and the registered manager was waiting for responses to be returned. These were then passed to the provider who produced a graph to show any areas for improvements which the registered manager would then address.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.