J C Care Limited

Gateholme

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

The inspection of Gateholme took place on 7 January 2016 and was unannounced. The previous inspection had taken place on 24 June 2014. The service was not in breach of the health and social care regulations at that time.

Gateholme is registered to provide accommodation and personal care for up to 48 people. There were 48 people living at the home at the time of the inspection. There are six self contained units within Gateholme which have their own lounge, dining and kitchen areas.

The service had a registered manager in place. 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 a 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 living at Gateholme. Staff were able to recognise potential signs of abuse and had received safeguarding training so they understood the appropriate policies and procedures in order to help keep people safe.

We found that staff were recruited safely and there were enough staff to meet people's needs.

Medicines were managed appropriately and staff who were responsible for administering medication had been trained to do so.

Staff performance was monitored and staff received regular supervision and support in their roles.

Where people lacked capacity to make specific decisions, a mental capacity assessment had been undertaken and decisions were made in people's best interest, in accordance with the principles of the Mental Capacity Act 2005.

Support was provided so people had their nutritional and hydration needs met. Referrals were made to other health care professionals where appropriate.

People told us staff were caring and we observed this. Staff and the registered manager knew people well. People's privacy and dignity were respected.

Care and support was provided to people in a personalised way and this was reviewed regularly. People were involved in developing and reviewing their care and support.

People were enabled to develop life skills and to become more independent through work, education and

training both within the home and the community.

The service was led by a registered manager that people and staff spoke highly of. We found the registered manager to be open and responsive during the inspection.

People's views were regularly sought and acted upon, through meetings and questionnaires.

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 were trained and developed in order to follow current practices and guidelines in relation to safeguarding adults.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Medication was managed appropriately and was administered in a safe way by staff that had been trained to do so.

Is the service effective?

Good

The service was effective.

Staff knew the people who they were supporting well.

People were given support to ensure their nutritional and hydration needs were met.

Staff had received training to enable them to provide effective care and support to people.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

We observed positive interaction between staff, the registered manager and people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Personalised care plans were reviewed regularly.

People were involved in a range of activities, employment and

education.

Information was provided to people on how to complain and this was made available in an easy to read format.

Is the service well-led?

Good

The service was well led.

Staff and people spoke highly of the registered manager.

The culture of the home was open and transparent and the registered manager was responsive to feedback given at the inspection.

Regular audits took place to monitor and improve the quality of service.

Gateholme

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.

We had received some specific information of concern prior to this inspection and we checked whether the registered provider and registered manager were meeting their legal requirements. The inspection took place on 7 January 2016 and was unannounced. The inspection was carried out by three adult social care inspectors. Before the inspection, we reviewed the information we held about the home and contacted the local authority. This information was used to help plan our inspection and to consider our judgements.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit, in advance, information about their service to inform the inspection.

We used a number of different methods to help us to understand the experiences of people who lived at the home, including observations and speaking with people. We spoke with 13 people who lived at the home, two family members of people who lived at the home, four care and support staff, including the staff member responsible for ordering food and the registered manager.

We looked at five people's care records, two staff files and training data, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, with their permission, bathrooms and other communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Feel Safe? Yes, because I know what to do if there is a fire. I have a mobile phone and if I'm late back they call me." Another person said, "Yes, I feel safe. I have no worries. If I did I'd go tell my key worker but that's never happened." A family member we spoke with said, "Yes, they're very into health and safety."

Staff had been trained and understood appropriate policies and procedures in relation to safeguarding people. All of the staff we asked told us they had received safeguarding training and they were able to demonstrate a good understanding of different types of abuse. The registered manager had also received safeguarding training. Staff and the registered manager were able to explain what they would do if they had any concerns about the way people who lived at Gateholme were treated.

The registered manager told us that safeguarding was also regularly discussed at meetings involving people who lived at the home. Furthermore, we saw safeguarding posters were displayed throughout the home and these were displayed in an easy to read format. This helped to ensure people, as well as staff, were aware of what safeguarding was and what action they could take if they suspected anyone was at risk of harm or if anyone felt they were being harmed.

Prior to the inspection we had received information of concern relating to the management of people's finances at the home. However, the most recent financial audit showed that robust records and procedures were in place. The registered manager showed a clear understanding of what may constitute potential financial abuse and safeguards were in place to protect people. For example, where the service managed people's finances, monies were reconciled weekly and electronic records were kept to show income, expenditure and the balance of funds. Any bank cards that were used were logged and recorded and receipts were kept. All financial information was kept secure. This demonstrated that robust policies and procedures were in place to protect people from financial abuse.

We saw risks were assessed and risk assessments were in place, for example in relation to mobility, diet, epilepsy and activities such as swimming, climbing and road crossing for example. Although risk assessments were in place, we found the risk assessment documents lacked detail. However, these details were actually made available to staff because they were incorporated into support plans. We highlighted this to the registered manager who agreed to address this. We saw, where people had specific needs or where specific risks were identified, such as if a person had epilepsy for example, support plans detailed what action to take if a person experienced a seizure. Having risk assessments in place helped to ensure that people could be encouraged to be as independent as possible whilst any associated risks were minimised.

We noted that entrance vestibules and the reception area displayed information relating to safeguarding, making complaints, pictures of staff on duty and the whistleblowing policy. Notices were also displayed in an easy to read version which included pictures. This showed consideration had been given to people's communication needs to help people understand essential policies and procedures.

Fire safety procedures were clearly displayed and this also included information in an easy to read format. This helped to ensure people knew what to do in the event of a fire. Notices were displayed to make fire marshals identifiable. Fire marshals had received appropriate training and had access to a summary of people's emergency evacuation plans which detailed people's individual needs in the event of an emergency evacuation. This helped to ensure people's safety in the home, in the event of a fire or emergency evacuation.

Fire risks were regularly assessed and we saw fire drills had taken place. Fire alarms were tested weekly and we saw evidence that any faults were rectified. Fire extinguishers were also checked weekly and emergency lights were tested monthly.

We saw records of regular safety checks such as the nurse call system, lifting equipment, water temperature checks and window restrictors. Portable Appliance Testing (PAT) had taken place during the month prior to the inspection and appliances were deemed safe. This meant steps had been taken to ensure the premises, and equipment, were safe.

We found that accidents and incidents were recorded and analysed monthly. Any actions required were logged and these had been completed. For example, following a medication error, staff had been retrained. We saw that, where accidents or incidents had occurred, correct procedures had been followed in terms of reporting to safeguarding and to the Care Quality Commission. This showed the home analysed accidents that may result in harm to people and made changes to the care and treatment they provided where necessary.

We looked at whether safe staffing levels were employed at the home. A person who lived at the home said, "Enough staff? Definitely. The best staff I've ever been with." Another person said, "yes, there are enough staff." A member of staff we spoke with said, "Yes, staffing levels are fine. I've never seen agency staff here."

The registered manager told us that staffing numbers were determined by taking into account people's needs. We looked at staffing rotas and saw that the number of staff identified as being required were deployed. On the day of the inspection we saw that people's needs were being met.

Most of the staff we spoke with told us they felt there were sufficient numbers of staff to meet people's needs. One member of staff, however, felt that an additional staff member was required in a particular house within the home. We shared this information with the registered manager, who advised that staff were deployed in such a way so they could provide additional staff cover for different houses within the home if required. The registered manager told us that agency staff were never used and that bank staff were deployed on occasions to cover for staff sickness and holidays. The activities coordinator, housekeeper and administrative staff were all trained to the same level as carers, which meant they were also suitably trained to provide care and support if required.

We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed from two referees and Disclosure and Barring Service (DBS) checks had been carried out. We saw evidence of this in the files we sampled. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at whether medicines were administered safely. The registered manager told us that staff who administered medication had received specific training to do so. Once staff had received training, their competency was checked to ensure they were administering safely.

We found medication was stored and administered in a safe way. Storage temperature checks were recorded. We observed staff administering medicines and saw that the records included a photograph of the person. This helped to reduce the risk of medicine being administered to the wrong person. Any allergies were clearly recorded and this reduced the risk of people being given medicine which would be harmful to them. Records were up to date and signed once people had received their medicine.

We saw that bathrooms were clean and notices were displayed, highlighting effective hand washing procedures. Hand towels and soap were available. The housekeeper was the designated infection control lead person. This meant they had received additional training in relation to infection control and they attended meetings with the local authority to learn and share good practice. The helped to reduce the risks associated with infection.

We had received information prior to the inspection alleging that some people were sharing razors. At the inspection we found this not to be the case. People used their own toiletries and own razors. The staff we spoke with also confirmed that people did not share razors and staff were aware of the risks that would be associated with this. We had also received information prior to the inspection alleging the home did not have suitable receptacles for disposing of razors or sharp implements. We saw a suitable 'Sharps Bin' that was used to dispose of blades in a safe manner. This showed that appropriate infection prevention and control policies, procedures and practices were in place.

Good

Is the service effective?

Our findings

One person told us, "All of the staff, every single one of them, are excellent." Another person said, "What would I change? I wouldn't change anything. I am happy. No changes to be made."

A family member told us their relative, who lived at the home, was previously aggressive and verbally demanding, but they told us, "Staff have changed [name]'s attitude (in a positive way) to a lot of things." This demonstrated staff had the skills to appropriately engage with people in a positive way.

Staff completed a two-week induction which included shadowing more experienced members of staff. We looked at training records dated December 2015 and these showed that staff had received training in areas such as confidentiality and data protection, crisis management, The Equality Act (2010), The Mental Capacity Act (2005), fire safety, food safety, infection prevention and control, safeguarding and health and safety for example. Furthermore, staff had undertaken specific training, which was pertinent to the people they supported, such as an introduction to autism. This meant the registered manager had taken steps to ensure staff had up to date skills to enable them to provide effective care and support to people.

Staff told us some of their training was completed on-line and some training, such as first aid and moving and handling, was completed in person, as a practical session. A member of staff was able to appropriately describe to us what action they would take in the event of a first aid emergency. This further demonstrated to us staff had received training to enable them to provide appropriate support and help keep people safe.

The registered manager told us staff received supervision bi-monthly and an annual appraisal. We saw a calendar was in place and supervisions and appraisals were well organised, with staff being sent an invite when their supervision was due. Staff confirmed they received regular supervision. We saw evidence in staff files that supervisions had been undertaken regularly as well as annual appraisals. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff received information to enable them to communicate effectively with people. In one of the support plans we looked at we saw there was a communication dictionary. This provided staff with an indication of the non-verbal signs a person may use to communicate, for example, how the person might indicate if they were hungry, unwell or happy. This meant that steps had been taken to enable people to communicate their needs to care staff.

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.

We saw that mental capacity assessments had been completed when this was necessary and these were decision specific. We could see that, as a result, if a decision was made in someone's best interest, the

person and their representative were involved in the process. In one of the support plans we sampled, we saw a mental capacity assessment had been completed in order to determine whether the person had the capacity to manage their own finances. A financial support assessment was included and the procedures and outcome for managing the person's finances were clear. We saw a person's support plan stated, 'Give me time and explain to me. It if appears I lack capacity around major subjects, independent advocacy and outside professionals should be asked to work with me.' This showed the registered manager and staff were following the principles of the MCA and people's rights were therefore protected.

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).

Staff and the registered manager had received training in relation to the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. When we spoke with the registered manager, they showed they understood the principles. The registered manager had sought advice from the local authority and had submitted applications for people who had been assessed as lacking capacity and who were being deprived of their liberty and was awaiting a decision from the local authority regarding whether these applications were approved. The registered manager was aware of their duty to inform the Care Quality Commission (CQC) of the outcome of these applications.

Prior to the inspection we had received some information of concern alleging there was a lack of food and drink available for people and that drinks were only available at set times. We asked people about this. One person said the food was, "Excellent." Another person we spoke with said, "There's fresh fruit and yogurt. You only have to ask." Another told us, "They [staff] do food. We can have a cup of tea when we want." Staff told us people could ask for drinks anytime. A further person said, "If I want a hot drink, I can get one." We observed people and staff making drinks throughout the day. This demonstrated that people received support to maintain their nutrition hydration needs.

The registered manager told us food was ordered in bulk and different food types were delivered to the home twice weekly and fresh produce was delivered three times per week. We looked at food stocks and found plentiful supply. The staff we spoke with told us they were not aware of any issues with food stocks. We observed that fresh fruit was readily available for people.

We observed a lunchtime experience and people were given a choice of different foods, including sandwiches, salads and meats. People were asked whether they would like more, once they had finished eating. We observed people being given support to eat and drink when this was needed. For example, we saw staff sit with a person for an hour to assist them to eat a sandwich. The staff member was patient and allowed the person to eat at their own pace. This further demonstrated people were given the support they needed to maintain their nutritional needs.

Information was made available to people in relation to health and wellbeing. For example, leaflets and posters were displayed containing information on diabetes, keeping hands clean and the importance of exercise for example. People had access to health care and we saw that referrals were made to other agencies or professionals. For example, we saw in people's records they had been referred to the speech and language therapist, optician and district nurse. This showed people living at the home received additional support when required to meet their care and treatment needs.

We looked at the layout and design of the home and found the home was kept clean. We were made aware of plans for on-going improvements to moderise the environment. People's artwork and achievements

were displayed on the walls which helped to create a homely feel.

Good

Is the service caring?

Our findings

A person we spoke with said, "I like staff, they're very friendly. My friends are here. It's welcoming." Another person told us, "The best thing about living here? Good company, good food and good staff." A further person told us, "Everybody is excellent. They work really hard to look after us." One person, who did not verbally communicate with us, gave a 'thumbs up' signal when we asked them about staff and they nodded when we asked if staff were caring.

A family member we spoke with said, in relation to staff, "They're not just caring. They're positive with all the group."

A member of staff we spoke with told us, "I wouldn't think twice about addressing it if I witnessed poor care."

We asked the registered manager how they knew staff were caring. We were told the registered manager walked around the different buildings daily and observed staff interactions. The registered manager told us they knew people well. We observed this to be the case. For example, when the registered manager was showing us around the home, they were aware that one person would be more at ease if we sat down when talking, rather than being stood up. The person responded well and appreciated that the registered manager had asked us to sit down. This showed the registered manager knew the person and had empathy and showed consideration for the person's wellbeing.

We heard many conversations between staff and people who lived at the home throughout the inspection. We observed staff and people laugh and joke together. Staff talked about people's friends and family and hobbies with people. This showed that staff knew people well. People responded to staff by talking and laughing and we observed appropriate interactions. This demonstrated to us that people were at ease with staff.

During the inspection we observed staff assisting a person to stand and move. Staff were patient and took their time, moving at the person's pace. We observed a person becoming upset and frustrated during an activity. A member of staff sat with the person and held their hand. The staff member spoke discreetly to the person and reassured them, calming them down. This showed to us that staff treated people with kindness and compassion.

We saw some people had received support from an advocate when they had lacked capacity to make certain decisions, or when their care and treatment was being reviewed. An advocate is a person who is able to speak on other people's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

People were able to keep their possessions secure and they had a key to their room, if they wished to have one. One person told us, "I have a key for my bedroom door. I like to be private." Staff told us they protected people's privacy and dignity by knocking on doors. A member of staff told us, "We don't disturb people in their own room." The people we spoke with confirmed this and told us staff, "always," knock on the door.

This showed people's privacy and security had been considered and respected.

Staff had a good understanding of the specific communication needs of different people at the home. A member of staff told us that, if people could not communicate verbally they could read people's facial expressions and we observed this. Staff also said they would ask family and consider people's previous choices.

There was evidence that people's end of life wishes were taken into account. We saw care plans included a section based on people's end of life wishes and these were recorded. The registered manager gave us an example of these wishes being shared with family and family being grateful that the home held this information.

Good

Is the service responsive?

Our findings

People told us they had choices. One person said, "I can get myself up. I can choose the time." Another person told us, "Staff listen to me. I can choose where to go." Other comments included, "I like living here. I like my bedroom. I choose what food I want to have," and, "I choose my clothes. I chose my curtains and duvet."

We looked at five people's support and care records. The files we sampled contained a photograph of the person and included information such as what the person liked, what was important to the person and how best to support the person. We saw support plans included information on what support the person required in different areas, for example, communication, personal care, mobility, health and medication, eating and drinking, social interaction and hobbies.

The plans we looked at were personalised and detailed. For example, one plan stated, 'Prefers to have a shower on a morning at around 10.30am. [Name] likes staff to talk and tell [name] what they are doing. [Name] does not like water on their face. Prefers staff to lift the shower hose and start from the feet.' This helped to ensure people received care and treatment that was personalised and specifically for them.

In addition to the support plans, we saw 'hospital passports' had also been completed for individuals. These are designed to provide hospital staff with helpful information so that people feel more comfortable in hospital. The hospital passports were completed and included information such as what the person liked to be called, what they liked and disliked, contact details for relatives and how much help the person needed with personal care for example. One hospital passport we looked at stated, 'I am scared of needles.' This helped to ensure people received consistent person centred care when they moved between different services.

The registered manager told us people's care plans were reviewed monthly and that people were involved in this process. We saw evidence of this in the care and support plans we looked at. Furthermore, the registered manager told us that key worker meetings were held monthly, in addition to reviews and we saw evidence of this. This gave people the opportunity to discuss their care or any concerns they had. One person told us, "My key worker helps with most things." Another person told us, "I've got a care plan and, yes, I have reviews." We also saw evidence that plans were reviewed annually with a social worker and advocate if appropriate. One of the support plans we looked at had been updated to reflect a change in need following an assessment from the speech and language therapy team. This showed that people were involved in their care planning and changes to people's needs were evaluated regularly.

Some people showed us their rooms and we could see these were personalised to their individual tastes. One person told us staff and the registered manager had bought them a picture which related to their specific interests, as a surprise, once their room had been redecorated. This person was clearly very pleased with the picture and they also had many personal and sentimental items on display in their room.

Prior to this inspection, we had received information alleging people were not involved in activities and that

records of activities did not reflect what was actually happening. We found there was a weekly activity planner and people were asked what activities they would like to participate in. The home employed an activities coordinator, who worked two days each week. Additionally, there was a full time driver and two minibuses. Some people chose to attend a local centre, off-site, in order to participate in activities and they were supported to attend, in terms of the transport provided. Other people chose to attend the local church, drama in the community, and an arts and crafts group. We asked people about the activities they had access to and people told us they had also been to the cinema, local pub and garden centre. Additionally, a local faith group visited the home once a month. Staff we spoke with were clear that no one would be forced to participate in activities if they chose not to take part.

A person we spoke with told us, "We can pick our own holidays at the Your Voice meeting. I love travelling. I've been all over." The registered manager told us activities were discussed at regular meetings with people who lived at the home. A local music entertainer had previously attended the home and people had asked for the entertainer to return. This person had returned and was entertaining people at the home on the day of our unannounced inspection.

We saw one person had cut out some pictures from a catalogue in order to indicate what they wished to buy with their money. They had stuck the pictures onto a sheet of paper and the activities coordinator then supported the person to buy the items they had selected. This showed that people were involved in activities that were personal to them.

The staff we spoke with at the inspection told us all activities were recorded in people's daily notes. The registered manager told us they had identified that, although activities and choices were being offered, it was sometimes not adequately recorded when people had declined to participate. Staff had therefore been booked onto some training which was to be held on 9 February 2016 in relation to the importance of accurate information recording. This showed the registered manager had identified where improvements were required and had taken action to improve the accurate recording of activities.

Some people told us they worked in the community, for example at a local café or in a local school or delivering milk. Another person was attending a computer class on the day of our inspection. Other people told us they helped with the running of the home such as helping to, "Keep the home clean and tidy." We saw one person's care and support plan stated, 'I like to dry up after meals.' This demonstrated that people were enabled to develop life skills and to become more independent through work, education and training.

Information was displayed in the reception area and throughout the home detailing how to make a complaint. Although no complaints had been received, the registered manager was able to explain how these would be dealt with and how they would be recorded and actioned. Furthermore, information was displayed in an easy to read format, in order to help people to understand what to do if they had a complaint.

The registered manager told us meal choices were discussed with people at regular meetings and we saw evidence of this. People's choices were considered and the menu devised accordingly. Each unit within the home had a different menu. When we asked the registered manager why this was the case, the registered manager told us they did not want to be institutionalised. A member of staff we spoke with told us that, on the morning of the inspection, people had chosen what they would like for breakfast. Two people chose porridge and this and this was provided. Although people told us they had choices, and we saw evidence of this, we noticed at lunch-time people were offered orange juice but there was no alternative choice of drink offered. We highlighted this to the registered manager who agreed to address this. Enabling and supporting people to make their own choices is an important part of providing person centred care.

We had received information prior to the inspection, alleging that staff were not able to access documents they needed during evenings or weekends. We saw staff were able to access the information they needed, for example, people's care plans. Staff told us that all the information they needed was stored in a secure area but which all staff were able to access. This helped to ensure that people received consistent care and support throughout the day, evenings and weekends.

Good

Is the service well-led?

Our findings

The home had a registered manager in post, who was registered with the Care Quality Commission and had been managing the home since October 2010.

People knew the registered manager and deputy manager. One person told us, "We see them every day. I like [the registered manager]. They're good to us." We asked people if they felt able to raise any concerns they may have. One person said, "I'd always turn to [registered manager]. They're wonderful."

A family member we spoke with told us the registered manager was, "Very hands on," and went on to say, "[Registered manager] has made our lives a lot better." A further family member we spoke with said, in relation to the registered manager, "Very approachable." This family member said there was, "Nothing to improve," about the home.

A member of staff told us, "I enjoy working here. It's fun. No day is the same." This member of staff told us they felt supported by the registered manager and said, "Yes, other staff and the registered manager are helpful." Another staff member told us, "The manager has always supported me. There is good communication."

The registered manager told us they felt very supported in their role and they were always able to access support. Furthermore the registered manager said they felt able to access the resources they needed, from the registered provider, to provide the care and support that people needed.

The registered manager told us they were keen to develop dementia care for people with learning disabilities. This was because they had identified it would impact negatively on people if, due to developing dementia, they needed to leave Gateholme which had been their home for many years. Plans were in place and underway to further develop the service and a new building was in the process of being built and developed on the site. The registered manager told us their vision was to continue to improve and provide better facilities for people. The new building, once completed, would provide two passenger lifts and track hoisting equipment to better support people who need support with their mobility.

The previous inspection report was displayed, as well as the most recent food hygiene inspection rating. The home had been awarded five stars which equates to, 'Very good.' This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

In the files we sampled we saw each person, or their representative if this was appropriate, had been given information detailing what could be expected from the home and what was included in the cost. This also detailed any additional costs that may be incurred. Service user guides contained further information such as 'What we do, keeping safe, how things work, what we can help with, rights and responsibilities, equality and diversity, safeguarding, health and safety and how to complain.' This demonstrated the registered provider was open and transparent about the service they provided and what could be expected.

The registered manager told us that staff meetings were held monthly. We looked at the minutes from a team meeting and these included details of staff being reminded of the need to evaluate care plans and staff being reminded to record where people have declined an activity or service. Staff meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view regarding the standard of care and treatment for people living at the home.

We saw that meetings for people who lived at the home were held regularly. These were called, 'Your Voice,' meetings. We saw notices were displayed, advertising the next meeting. This was due to take place later during the month of the inspection. Easy to read versions of minutes were available for people to view. Items discussed included activities and menu planning. We saw that an action plan had resulted from the discussions and actions were taken, for example we saw that particular activities had been planned and completed. This showed the views of people living at the home were sought and acted upon.

Regular newsletters were received from the 'head office,' of the provider and these shared news with staff and the registered manager relating to the wider company. We found the home had been forwarded minutes of the regional, divisional and national meetings of the wider provider group. This meant the home were kept informed of developments from the provider company and were able to learn from others and share good practice.

We saw quality audits regularly took place, in relation to mattresses, moving and handling equipment and infection prevention and control for example. We saw an environmental audit had recently taken place which looked at areas such as pathways, premises and signage. Additionally, the regional manager undertook regular audits and we saw audits for financial systems, health and safety and accidents and incidents. Furthermore, monthly safety and quality meetings were held with the staff team and maintenance team and these included a person who lived at the home. This showed the registered provider had systems in place for regular audits to enable them to monitor and improve the safety and quality of service.

We saw that action was taken following audits. For example, following an infection prevention and control audit, handwashing procedures were displayed and a sharps bin was procured in order to safely dispose of sharp items. However, we also found that mattress audit records indicated that some mattresses were not meeting the requirements. The audit records stated, 'new required,' for the last five months for one mattress and, 'new required,' for the last 12 months for another mattress. We shared this concern with the registered manager. We were satisfied that the mattresses had actually been replaced but the records were incorrect and the registered manager agreed to address this.

Annual feedback questionnaires were issued to people and staff. In a summary of a service user satisfaction survey dated June 2015, 100% of the respondents said they felt able to make choices, they were happy with staff, they felt that staff treated them with respect and they felt there were enough staff around when they needed help.