Care First Class (UK) Limited

Bretby House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on the 26 January 2017. At the last inspection on 30 December 2014, no regulations had been breached and the provider achieved an overall good, but there was some improvement required in certain aspects of the service. At this inspection we found that improvements had been made.

Bretby House is a residential care home which provides accommodation with personal care for up to 24 older people. At the time of our inspection 21 people were living at the home.

A registered manager was 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection improvement was required in monitoring people at risk of losing weight, the choice of meals available to people and mealtime support for people that required assistance to eat their meals. There had been an improvement. People told us the quality and choice of food available had improved although there were some issues with the people telling us their dinner and puddings could have been served hotter. People were able to choose what they ate and drank and were supported to maintain a healthy diet with input from dietary specialists. People were supported to receive care and support from a variety of healthcare professionals and received appropriate treatment if they were unwell.

People and relatives told us they felt the home was a safe environment for people to live in. Staff spoken with could identify the different types of abuse and explained how they would report abuse. People were protected from the risk of harm and abuse because staff knew what to do and were effectively supported by the provider's policies and processes. Risks to people were being monitored and staff identified risks to people and explained how those risks should be managed. Staff had a good understanding of the risks and the action that was required. The care plans and risk assessments were reviewed and updated regularly although on occasion, the information contained within the care plan did not always reflect that contained within the risk assessments.

We saw all staff were busy but were available to provide support to people when needed. This included support for people to eat, drink and move around the home safely. Requests for assistance from people were responded to promptly. The provider's recruitment processes ensured suitable staff were recruited.

People received appropriate support to take their prescribed medicines and accurate records were kept of the medicine administered to people. Medicines were stored securely and consistently at the recommended temperature given by the manufacturer and were safely disposed of when no longer required.

People were assisted by suitably trained staff that told us they received training and support which provided them with the knowledge and skills they needed to do their job effectively. People and relatives felt staff were knowledgeable on how to support people effectively and that staff possessed the necessary skills.

We found mental capacity assessments had been completed for people who lacked the mental capacity to consent to their care and welfare. The provider had taken suitable action when they had identified people who did not have capacity to consent to their care or treatment. Applications had been made to authorise restrictions on people's liberty in their best interests.

People's care records contained information relating to their specific needs and there was evidence that the care plans were updated when people's needs. People and relatives told us they were involved in developing and reviewing their care plans. People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. Staff understood how to seek consent from people and how to involve people in their care. We saw staff interacting with people in a friendly and respectful way and that staff respected people's choices and privacy.

People were supported by staff that provided activities on a regular basis. People told us they had no complaints but were confident if they did, that the provider would deal with it effectively. No complaints had been raised but we saw there was a complaints process in place.

The registered manager carried out audits and checks to ensure the home was running properly to meet people's needs and to monitor the quality of the care people received.

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 told us they felt safe. People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by suitably recruited staff.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

There were arrangements in place to ensure that decisions were made in people's best interest. Staff sought people's consent before they provided care and support.

People were supported by suitably trained staff.

People enjoyed the meals provided and were given drinks at regular intervals, or when requested. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they

received.

People were supported to maintain relationships with their friends and relatives.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individualised to their needs, because staff were aware of people's individual needs.

People knew how to raise concerns and were confident the provider would address the concerns in a timely way.

Is the service well-led?

Good

The service was well led.

There were systems in place to assess and monitor the quality and safety of the service.

Staff felt supported by the registered manager.

People were happy with the care and support they received.

Bretby House

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 unannounced inspection took place on 26 January 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with 10 people, seven relatives, the registered manager, the provider, one health care professional and seven staff that included care, kitchen and domestic staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to three people's care and six medication records to see how their care and treatment was planned and delivered. Other records we looked at included three staff recruitment and training files. This was to check that suitable staff were recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a

selection of the provider's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us the home provided a safe environment for people to live in. One person said, "I feel very safe here, there are lots of staff around to help you if you need something, nothing is too much trouble for them." Another person told us, "Yes I feel very safe here, they [staff] always assist me when I need them, especially getting up from the chair and doing the first few steps with my walking frame, they make sure I am safe." There were a number of people living at the home who were not able to tell us about their experience. We saw that people looked relaxed and comfortable in the presence of staff and that staff acted in an appropriate manner to keep people safe. For example, staff ensured people had their walking frames close by to support them to walk and reduce the risk of falling.

Staff were able to explain to us what could constitute abuse and how they would recognise the signs of distress in people. One staff member told us, "You get to know people well and you can tell by their faces or how they move if they are upset or in any pain." Another staff member said, "If a person pulls away from someone or becomes very upset if a particular carer or relative goes near them, that could indicate something is wrong." Staff we spoke with knew how to escalate concerns about people's safety to the provider and other external agencies, for example, the local authority, police and Care Quality Commission (CQC). A staff member we spoke with told us, "I'd tell safeguarding or CQC." The provider had procedures in place that showed when a safeguarding incident occurred appropriate action was taken. For example, referrals would be made to the local authority. We saw the provider had conducted investigations, where appropriate and had worked with the local safeguarding team to ensure people remained safe.

We saw people were supported safely by staff when being transferred from a lounge chair to a wheelchair, using the correct equipment and techniques. We found that risk assessments had been completed and were individualised for people. We saw equipment such as pressure relieving cushions were in use to support people who were at risk of developing skin damage. One staff member explained, "We use body maps, we inspect skin during personal care and mark on the map if we see any unexplained or any redness to the skin and also tell the senior." Another staff member told us, "We get to know people; we talk to them, we look at their care plans and also talk to their relatives." There were a number of people who had been identified at risk of sore skin. Where applicable, referrals had been made to the appropriate professionals and pressure relieving equipment was accessible to people and we found risks to people's welfare were managed effectively.

Safety checks of the premises and equipment had been completed and were up to date. Staff explained what they would do in the event of an emergency. One person told us, "I have fallen once I slipped and hurt my leg, the staff acted very quickly and I was taken to hospital." Staff explained what action they would take in the event of a person choking or if there was a fire. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

Everyone we spoke with told us they thought there was sufficient staff on duty to support people safely. One person said, "There is always someone walking around." Another person told us, "I think there is enough staff, when you ask for help you don't have to wait." One staff member told us, "There is always enough staff

on duty," another staff member said, "I don't feel there is a staff shortage at all." Although we found staff were busy, alarm activations and requests for support were responded to by staff in a timely manner.

The Provider Information Return (PIR) stated employment checks were carried out for new staff that included criminal checks through the Disclosure and Barring Service (DBS). The DBS check helps employers to make safer decisions when recruiting staff and reduces the risk of employing unsuitable people. Staff we spoke with confirmed the provider had completed employment checks that also included employment and character references. This was corroborated in the staff files we reviewed.

People we spoke with told us they had no concerns about their medicines and confirmed they received their medicines on time and as prescribed by the doctor. One person told us, "They [staff] are so helpful they always make sure I have my medication morning and night." Another person said, "They [staff] give me my medication every day." We saw medicines at the home were stored safely and securely. Temperature checks for a fridge that contained medicine had been carried out and these were in line with required temperatures to maintain the effectiveness of medicine. The registered manager was primarily responsible for administering medicines, auditing and completing the Medical Administration Records (MAR) sheets. Staff we spoke with told us they had received medication training and would 'sometimes' administer people's medicine. One staff member said, "The seniors can give people their medicine but it is usually the manager." We saw the registered manager complete a medicine round, she was discreet, checked if people wanted their medicine, where appropriate, and waited with each person to ensure the medicine was taken properly.
We reviewed six people's MAR sheets and found there were people who required medicine to be given 'as and when required'. We found protocols were in place that provided guidance for staff when people required pain relief or became distressed. The PIR stated that regular audits of medicine were completed and there were daily checks. We reviewed the medicines of six people and found the medicine stocks balanced with the medicines that had been administered to people. We also found where people required their medicine to be administered through a skin patch, there was a system in place to ensure the patches were not repeatedly placed on the same area of the body. Changing the position of the patch is important because the adhesive can be an irritant and make the skin sore, red and itchy. Changing the position of the patch regularly means that the placement area that may be irritated is given time to recover.

Good

Is the service effective?

Our findings

At the last inspection the service was found to be requires improvement relating to the choice of food available, food supplements being given to people too close to their meals and a requirement to weigh people at risk of losing weight more regularly. We found there had been an improvement.

People we spoke with told us and we saw they were offered choices at every meal and had access to drinks. One person said, "The food has improved a tonne." Another person told us, "The food is very good and there's lots of choice, you always have plenty to eat and drink and they [staff] always ask you if you would like a drink and biscuits." A relative said, "The food is very good they [staff] checked with us to see if mom had to have a special diet." We found the staff organised meal time so that people received their food and support when needed. We saw that people who chose not to eat in the dining room received their meals where they chose to eat. However, two people were heard to say their dinner and pudding "Could do with being hotter" and "This is nice but it's cold", although they both did continue to eat their meals. Staff had not been made aware by the persons that their meals could have been hotter. We spoke with the provider and registered manager about the comments we had heard. The provider told us they would investigate the possibility of purchasing a 'hotplate' that would be a manageable size for the layout of the home. We also noted one person could have received more assistance and encouragement to eat their food as they had not eaten much of their dinner or pudding. The registered manager told us they would review the needs of the person to see if there was any additional support that could be offered. We checked their nutritional records and found their weight was stable and appropriate food supplements had also been prescribed. One staff member told us, "We do support [Person's name] to eat but they don't really eat a great deal and tend to have small amounts of food."

We found people who were at risk of losing weight were supported with additional food supplements effectively. Their weight was still monitored monthly, however, we noted people's'weights remained stable and where there had been any unexplained weight loss, the appropriate referrals had been made to the relevant healthcare professionals. We saw that people's dietary needs and preferences were recorded in their care records and, where appropriate, their food and fluid intake was closely monitored and reviewed every month. For example, we saw there was information in one person's care plan that they should be assisted to eat 'fork mashable' foods to ensure they were protected against the risk of choking. We spoke with the chef who showed us relevant information as to people's nutritional needs to ensure the food provided was safe for them to eat. This showed that relevant information was available to staff to keep people safe and we saw staff followed the information within the care plan. For people at risk of choking, referrals had also been made to Speech and Language Therapists for support (SALT). A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection 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. We saw that some people were closely supervised and had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. Applications had been made to the supervisory body and the provider was meeting the legal requirements of the MCA.

The Provider Information Return (PIR) showed that less than half the staff had received training on the MCA and DoLS. The staff spoken with understood why some people were prevented from, for example, leaving the home unaccompanied. One staff member said, "You can't let people go out on their own because they don't see the dangers like we do." We explained to some staff why it was necessary to ensure when a person was being restricted in this way, it was important the service followed the appropriate processes to safeguard people in their best interests. We were shown the training plan that confirmed which staff had completed the training. We saw the issue had been identified as a training need and the registered manager and provider told us this would be addressed urgently.

The 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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. Although most of the staff had not received their MCA training, all the staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "We talk to people, ask them, give them a choice and you if they can't always tell you verbally, you can tell if they understand by the reaction on their face." One person told us, "They [staff] do ask me first before helping me if it is okay." A relative said, "They [staff] do ask [person's name] permission." We saw staff encouraged and offered people choices and sought people's permission before supporting them throughout the day.

People spoken with told us they were happy with the staff and felt staff had the skills and knowledge to support them. One person said, "The carers are nice people and are well trained." One relative said, "All the staff seem to have the skills to support mom." The staff we spoke with said they had regular training and felt supported by the management team and senior staff. One staff member told us, "The training I've had has helped me a lot." Another staff member told us, "Training helps you improve your knowledge and is useful." Staff members spoken with told us they were happy with the training they received from the provider. We saw that training and refresher training for staff was reviewed. Staff new to the service explained how they completed their induction training and spent time shadowing another staff member before being permitted to work unsupervised. The registered manager explained how the training being completed by staff was linked to the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of induction training for care workers.

Staff we spoke with had told us supervisions were held approximately every two to three months. One staff member confirmed, "I had my supervision a few weeks ago." We saw from the staff records we looked at that supervision had taken place. The staff explained to us and we observed how they held their daily 'handover'. We saw staff members discreetly discussed people's support needs and shared with each other any issues, worries or concerns to be alert for. Staff we spoke with confirmed they felt confident to approach the management team and/or their seniors if there were any concerns.

We saw visiting professionals attended to people to assess and review the person's care and support needs. For example, a GP, chiropodist, district nurses, opticians, dentists and social workers. People told us they were regularly seen by the GP and community nurses. One person said, "I have seen the doctor." A relative told us, "All the professionals visit the home if need be." One health care professional told us, "The staff will always ensure [person's name] can come to the office so I can administer their medicine in private, I don't

have to ask, they just do it and ask if they need to stay which is nice if I have any questions that I need to ask so I don't have to go looking for staff." Staff spoken with were knowledgeable about peoples' care needs and how people preferred to be supported. We saw from the care records we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and kind. One person said, "I am very happy here the staff are lovely and kind." Another person told us, "I have a lovely clean room they [staff] clean and change the bed covers, I'm really looked after here." Another person said, "She's [pointing to a staff member] very kind she gives me a bath whenever I want one." A relative told us, "My mother recently had a turn they [staff] phoned immediately for the ambulance, the senior carer was due to go off duty at that time but insisted staying with my mom an extra hour until mom was safe and stable. I found this extremely caring and considerate." Another relative said, "They [staff] have been very attentive and very caring to mum and I really appreciate that." A staff member told us, "This is a lovely home, all the residents are great and the home has had decorating done and new furniture, it all looks very homely."

People we spoke with told us the staff listened to them. One person said, "The staff do listen to you." Staff explained how they supported people who could not express their wishes, for example, once they got to know people, they could tell by facial expressions and body language whether the person was happy with their care. Staff spoken with explained they would make sure they delivered care in a way the person was happy with. If the person was not happy, staff told us they would leave the person for a while, then return later to check if the person had changed their mind. We saw staff understood people's communication needs and gave people the time to express their views. People we spoke with told us staff treated them with kindness and empathy. A relative told us,"Tthe staff are unbelievably kind and caring to mom, nothing is too much trouble, they [staff] help her in every way I can't fault them at all."

We saw people exercised choices with regard to their daily routines; such as the time they got up, went to bed, and what leisure activities they enjoyed. For example, one person told us, "I get up late and go to bed late." We asked staff how they encouraged people to maintain their independence. One staff member said, "We try to encourage people to do as much as they can. It might be washing their face, brushing their teeth or combing their hair." Staff demonstrated patience and understanding when people needed encouragement and reassurance. For example, one person became upset and was calling out, we saw a staff member sit down with the person, they reassured them and asked them what was upsetting them. The person told the staff member they wanted to lie down in their bedroom. We heard the staff member repeat what they had been told back to the person to confirm this was what they wanted and then helped the person to their room.

We saw that staff protected people's dignity and privacy when providing personal care. We heard staff discreetly prompt people so that their personal care needs were met in a sensitive and private manner. Staff members knocked on people's bedroom doors and asked if they could come in. We saw that staff had supported people with their personal appearance by supporting them to dress, brush their hair and where makeup if they wanted.. One person showed us their nails that were polished. A relative told us, "They [staff] encourage mum all the time, I've never seen them [staff] stop or discourage anyone from doing something." Staff ensured confidentiality was maintained and were discrete when talking to each other.

People told us that their family members were made welcome. We saw there was a constant arrival of

visitors. One person said, "The family come to visit me here, they [staff] are very good with that, they [staff] like to see you have visitors. My daughter visits lots of homes with her job and said I'm in one of the best homes, she can see how caring the staff are, they are first class." A relative told us "We come any time to visit really, sometimes they prefer you not to be here at meal times but they're not strict at all, they even invited us to stay for lunch the one day." We saw there was a 'quiet lounge' that some people chose to sit with their relatives, or people could choose to remain in the main lounge or dining area. We saw there were also opportunities for relatives to meet in the person's bedroom and on warmer days, there was a well kept and large garden, giving people the opportunity to meet with their relatives in private. We were invited into some people's bedrooms and found them to be clean and maintained by the provider. Each room was individualised with pictures and belongings that were important to the person.

Good

Is the service responsive?

Our findings

The Provider's Information Return (PIR) stated that each person had a personalised care plan that was reviewed with them and, where appropriate, their family members. One person told us, "I'm always asked by [registered manager's name] if I need anything else or want something done a different way." A relative said, "[Registered manager's name] made sure she had all the information she needed to put into mum's care plan and we go through it quite regularly." A staff member told us, "The reviews are usually completed by the manager but we make sure we ask people if they are happy with how we support them."

We saw individual care plans were in place which reflected people's individual needs. Staff we spoke with were knowledgeable about people and their support needs. Staff demonstrated that they understood how to engage with people who may have some memory loss or difficulties expressing themselves. Staff told us that they had the guidance and instructions they needed to meet people's specific needs. This showed that people's preferences were known by staff which enabled people to have their care delivered in a way that met their individual needs.

We heard from people and their relatives that staff were responsive to people's requests. Relatives we spoke with told us they were kept informed about any changes if people became unwell. A relative told us, "If there is any change in [person's name] health, the staff tell us straight away." We saw one person was slipping slightly whilst sitting on a seat protector, the person told a staff member who responded immediately and made the person more comfortable and applied a non-slip cover to the seat. Staff told us that they had daily handovers to keep them up to date with people's changing needs and confirmed they were updated on any significant risks so that they could contine to respond to people's individual care and support needs.

We saw there were one to one and group activities. Feedback from people and their relatives about how people's leisure and social needs were responded to was positive. One person told us, "My hobby used to be doing embroidery but my eyes are not so good now so I'm not able to do it but staff do encourage me to join in with board games and quiz's." Another person said, "They [staff] are very patient, they spend a lot of time with us trying to keep us entertained." Another person told us, "I enjoy going to a day care centre and they [staff] support me with that." We saw people who chose to, took part in a group activity, whilst others read newspapers and magazines or coloured in pictures in a colouring book. Some people had gone out with their relatives.

People we spoke with told us they had no complaints. One person said, "I have no complaints, but if I did I'd speak to [registered manager's name]." Another person told us, "No complaints, staff are good to me." A relative said, "We feel staff and management are very good and have no complaints at all." We received some feedback regarding laundry, although the person concernd told us it 'wasn't really a complaint' they had raised the issue with the registered manager and were happy with the action taken. There had been no other complaints. We saw there was a complaints process in place that would record the issues and identify the outcome and record what action had been taken. A copy of the complaints policy was clearly displayed on the notice board.

Good

Is the service well-led?

Our findings

All the people and the relatives we spoke with were complimentary about the service and that they would speak with members of the management team if they needed to. One person told us, "This is a happy home." Another person said, "She's lovely," smiling and pointing to the registered manager. A relative told us, "If there was ever a problem, we would speak to [registered manager's name] she's a lovely person." Another relative said, "[Registered manager's name] is brilliant." Staff we spoke with us told us they felt valued and listened to by the management team.

We found there was a leadership structure that staff understood. There was a registered manager in post who was visible and actively involved with supporting people living at the home. We could see from the reactions from people, they thought highly of the registered manager. We saw the registered manager was approachable and that people and relatives approached her and other staff members freely during our visit. Staff we spoke with told us they were able to raise concerns at staff meetings which were held regularly and that communication was 'good.' One staff member said, "[Registered manager's name] is good, you can talk to her and she listens and will address things." Another staff member told us, "She [registered manager] helps a lot, she's always around, everything here is fine, we [staff members] get on really well which I think is one of our best points." We saw staff had access to visible leadership in the home where they could seek guidance and advice.

The Provider Information Return (PIR) stated the provider had completed a number of meetings and surveys to gain peoples' and relatives views of the service. People and relatives told us they had been asked for their views on how the service could be improved. One person said, "We do have meetings where you can raise anything." A relative told us, "I attended the last residents meeting it was very good. [Registered manager's name], staff, relatives and residents were all encouraged to attend. She [registered manager] was excellent at encouraging the residents to say what they wanted and also for the relatives to have their say of what would be more beneficial for their relatives, marvelous really, she's a very good manager." We saw evidence to support the provider had issued satisfaction surveys where an analysis of the information received had been reviewed and where appropriate action taken. We saw the results of satisfaction surveys were displayed on the wall at the home.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the management team, and if it became necessary to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.

It is a legal requirement to notify the Care Quality Commission of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action. We had been notified about significant events by the provider and saw that where appropriate, investigations had been conducted in partnership with the local authorities to reach a satisfactory outcome.

The most recent CQC reports and ratings were prominently displayed in the hallway area of the home. The PIR we requested had been completed and submitted on time. It contained information relevant to the service and the improvements they planned to make. These were consistent with our findings and what we were told by people, relatives and staff. At the end of our site visit we provided feedback on what we had found. The feedback we gave was received positively with clarification sought where necessary.

A range of audit checks were carried out to monitor the quality and safety of the home. These included audits looking at the arrangements for people's medicines, risk assessments, recruitment, care plans and health and safety. Although some information contained within people's care plans did not always reflect the information written in separate documents. For example, recording what people had drank or ate were not consistently recorded on the monitoring sheet used for auditing purposes, the information was found on the person's daily records. Risks identified on the risk assessments had not always been accurately reflected within the care plan, however, staff were knowledgeable about what risks posed a danger to people and how to reduce that risk. The registered manager explained they had been in post full-time since September 2016 and were in the process of updating all care plans to reflect what was recorded in the daily notes and risk assessments. By having quality assurance systems in place, this protected the safety and welfare of people living in the home.