Vesta Care Homes Limited

Mount Hermon Dementia Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 16 August 2016 and was unannounced. Mount Hermon is a care home without nursing providing residential care for up to 30 people, many of whom are living with dementia. At the time of the inspection 29 people were living at Mount Hermon.

A registered manager was in post. 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, their relatives and staff all spoke highly of the management of the home.

Care provided was not always responsive to the needs of people living at the home. Some people who were living with dementia did not have meaningful activities to occupy and stimulate them. We have made a recommendation that the provider seek information about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

Some monitoring systems were not consistently effective in identifying gaps in recording. This meant that the registered manager could not always be assured that high quality care was being delivered. This was identified as an area of practice that needs to improve.

People and their relatives spoke highly of the caring nature of the staff. Their comments included, "The staff are all kind, without exception," and "I am yet to find one that I don't like, they are all lovely, caring people." Staff knew the people they were caring for well and had developed positive relationships with them. Staff contacted health care services when people needed medical support. A visiting health care professional told us that staff were quick to make referrals when they had concerns about people and that they acted upon instructions and recommendations that were given.

Staff received the training and support they needed to care for the people living at the home. People told us they had confidence in the skills and knowledge of the staff, their comments included, "You can't fault them, they are well trained and nothing is too much trouble for them." Staff had received training in MCA and demonstrated a firm understanding of their responsibilities to comply with the legislation and guidance.

People were supported to have enough to eat and drink and they told us they enjoyed the food at Mount Hermon. One person said, "The food is very nice, there is lots of choice. They are always bringing snacks and drinks round too, it's lovely." People told us they felt listened to and that their views were respected by staff. One person told us, "I didn't want to come into a care home, I thought they would tell me what to do all the time but it's not like that here. They asked me exactly what I want and how I would like things to be. It's really lovely here actually." People and their relatives knew how to make complaints and there was an effective system in place to record and respond to complaints received.

Incidents and accidents were recorded and monitored by the registered manager. Actions were taken to address any emerging patterns. The provider used a number of external and internal resources to audit care quality including a questionnaire for people and relatives. The registered manager used this information to identify areas for service improvement in a development plan.

Staff protected people's privacy and spoke to them respectfully. People and their relatives were happy with the care their received and spoke highly of the staff. One relative said, "The care is very, very good. They try very hard to maintain peoples' dignity," and a person said, "It is very well run, they are a good team."

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 had a firm understanding of how to keep people safe and risks were managed appropriately.

There were sufficient staff on duty to keep people safe. Recruitment systems ensured staff were suitable to work with people.

Medicines were managed safely and people received them when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to meet their needs.

Staff had a firm understanding of their responsibilities with regard to MCA and DoLS.

People were supported to have enough to eat and drink. People had access to health care services when required.

Is the service caring?

Good

The staff were caring.

People were supported by staff who were kind and knew people well.

People and their relatives had been involved in developing their care and support plans.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always have suitable activities to occupy and stimulate them.

Care plans were personalised and reflected the preferences and personality of people.

People and relatives knew how to raise concerns and complaints were responded to effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Record keeping was not always robust and some governance arrangements were not consistently effective.

Staff said they were well supported and felt able to raise issues or concerns with managers. They described an open culture.

There were clear lines of accountability and staff knew what was expected of them.

Mount Hermon Dementia 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 16 August 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to eight people who use the service and four relatives. We interviewed seven members of staff and spoke with the deputy manager. We looked at a range of documents including policies and procedures, care records for nine people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's systems for allocating care visits and other information systems.

The last inspection of Mount Hermon was 25 August 2014 when there were no concerns.

Good

Is the service safe?

Our findings

People felt safe living at Mount Hermon. One person told us, "I feel safe because the staff are very good and know how to care for me," another person said, "It's very safe and secure here," and a third told us, "I can call on staff at any time for help, that's why I feel safe here." A relative said, "It's definitely safe here, I am never worried before I come and visit or after I leave, I have total peace of mind now."

People were protected from avoidable harm and abuse. Staff had a firm understanding of safeguarding and understood their responsibilities with regard to keeping people safe. One staff member said, "If I had any concerns I would report it to a more senior member of staff straight away." Records showed that safeguarding alerts had been raised appropriately and the registered manager had ensured that any resulting actions were taken. Arrangements were put in place to manage situations where some people were vulnerable. For example, where there had been an altercation between people living at Mount Hermon, staff had recorded the details of the incident. Risks to individuals were reviewed and staff were informed of changes to prevent a re-occurrence. We asked staff how they supported people who had behaviour that could challenge them. One staff member told us, "We get to know people really well, we know how to talk to them to calm them down and sometimes just having a cup of tea with them really helps."

Risks to people were identified and plans were in place to manage the risks. Appropriate tools were used to measure the level of risk where appropriate. For example, a specific tool was used to identify the level of risk associated with skin integrity. This meant that if someone was shown to have a high risk they were more likely to develop a pressure sore. The risk assessment identified appropriate measures to be taken to reduce the risk. This included use of pressure relieving equipment, ensuring regular food and fluids were encouraged and being vigilant to ensure that any sore areas were identified and reported to the district nurse for immediate treatment. A visiting health care professional told us, "We come here regularly, staff are good at following our instructions to reduce risks to people. For example, one person was sitting in a chair instead of going to bed every night. This was increasing the risk of a pressure ulcer and staff worked hard to persuade them of the importance of sleeping in bed at night. It made a huge difference and the person's legs really improved."

People were supported to receive their medicines safely by staff who had been trained and assessed as competent to administer medicines. There were suitable arrangements in place to ensure that medicines were stored, managed and disposed of safely and in line with best practice guidelines. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. Records included clear instructions for staff in how and when to administer PRN medicines. People told us that they were offered pain killers when they needed them, one person said, "Staff will bring me a tablet if I tell them I am in pain, there's never a problem with that."

People told us that there were enough staff on duty. One person said, "Staff are pushed for time sometimes but I think there are enough staff." Another person said, "Staff are busy but they always make time for us and everything gets done." A relative said, "I visit most days and there are always enough staff around." Another relative said, "Whenever I come they always know where my relative is, no matter who answers the door they

always know. I think that's a sign that there are enough staff around to keep an eye on everyone."

The staff rota showed that the number of staff on duty was consistent across the week and there was little use of agency staff. A staff member told us that recruitment and retention of staff had improved and confirmed that this meant that use of agency staff was minimised.

Recruitment procedures were safe. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and two references were gained. The DBS helps employers make safer recruitment decisions to ensure that staff are suitable to work with people.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. We noted that most areas of the home were clean and equipment was in good condition. Staff told us that redecoration of the lounge and other areas of the home were planned and this was documented in the homes quality assurance audit. The handyperson told us that there was no problem in accessing the resources required to make improvements. The kitchen was in need of refurbishment and the chef told us that this was planned to happen in two weeks' time. Appropriate arrangements were in place to provide meals to people while the work was undertaken.

Good

Is the service effective?

Our findings

People and their relatives had confidence in the staff and told us that the care they provided was effective. One person said, "You can't fault them, they are well trained and nothing is too much trouble for them." Another person said, "I feel that I am in good hands with the staff, they are lovely people." A relative told us, "The staff are good, they understand dementia and recognise that people are at different stages and have different types of dementia. I think they are very knowledgeable."

Staff told us that they received the training and support they needed to care for the people they looked after. One staff member said, "The training is very good, for example when we had manual handling training I was put onto a glide sheet so I know what it feels like. It helps to understand how people must feel." A glide sheet is a piece of manual handling equipment that enables staff to move someone sideways or up and down a bed safely. We observed staff using a hoist to transfer a person from a chair to their wheel chair. They were confident and reassuring in their approach and managed the manoeuvre competently. Other examples were seen of staff assisting people to mobilise using appropriate techniques and reassurance.

Staff told us that they had received a thorough induction when joining the service. One staff member said, "It takes a few weeks, I had to read care plans and then shadow the more experienced staff, everyone was so helpful and patient." New staff were expected to complete the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were supported with an on-going programme of training throughout the year. They told us that they used the knowledge they gained from training to support the people they were caring for more effectively. One staff member said, "The dementia training was very informative. I learned a lot, like, the importance of keeping eye contact and making sure you speak clearly, not making assumptions." Another staff member said, "It gives a real insight into how people with dementia may be seeing the world. It helped me understand, for example, people may not recognise themselves in the mirror anymore." Our observations confirmed that staff had a good understanding of the needs of the people they were supporting.

Records showed that staff were receiving supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provide staff with the opportunity to raise any concerns or discuss practice issues. Staff were unclear about how often they should be having supervision meetings. However they told us that they felt well supported and they were able to talk to a more senior member of staff when they needed to.

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. 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 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 or authorisations to deprive a person of their liberty were being met.

Staff understood the need to seek consent in line with the MCA. We observed examples of this throughout the inspection. A staff member was heard to ask someone, "Would you like to come through for some lunch now? " Another person was asked, "Can I give you a little help with that?" and a third person was asked, "Where would you prefer to sit?" One person refused a suggestion of help with personal care. The staff member respected their decision, saying, "That's absolutely fine, just ask if you change your mind, maybe a little later would be better." We noted that they asked again about an hour later and their offer was accepted. This shows that staff understood the need to seek consent and respected people's right to make decisions about their care.

Some people, who were living with dementia, were no longer able to make some decisions themselves. Mental capacity assessments were in place and documented where people had fluctuating capacity. For example, one care record stated 'They are able to make some decisions themselves but cannot always retain information.' A relative, who had legal authority to make decisions on the person's behalf, had signed the consent to care and treatment form. Staff told us that they continued to seek consent from the person and we observed this happening throughout the inspection. Staff spoke clearly and gave the person time to respond, sometimes the person was able to indicate their preference or consent on other occasions staff made the decision for them. This showed that staff had a clear understanding of their responsibilities with regard to MCA.

Some people were subject to DoLS authorisations. There was a keypad system for opening external doors. This was intended to keep people safe but meant that some people who would not be able to operate the keypad were deprived of their liberty. Appropriate DoLS authorisations were in place and staff understood the reason for this. One staff member said, "We have to keep people safe but we can only stop them leaving if they have a DoLS authorisation in place."

People told us they enjoyed the food at Mount Hermon. Their comments included, "You can't moan about the food, it's really good, "and "The food is very nice, there is lots of choice. They are always bringing snacks and drinks round too, it's lovely." A visiting relative said, "The staff are careful to leave drinks within reach and the food here is marvellous." Another visitor told us, "I think the food is alright, there could be a bit more choice." We noted that the recent resident's survey had identified that some people felt the menu was poor. A staff member told us that menus were often a topic of conversation with people living at the home. Staff told us there were plans to review the two week menu and to make it more visual with bright, colourful pictures to help people to communicate their choices. This was described as work in progress.

The chef was aware of people who required special diets and had a system to record this, as well as people's preferences, likes and dislikes. We observed the lunch time meal. Most people came to the main dining area for lunch, but some people stayed in the lounge areas or in ate in their rooms. We heard people being offered a choice of where they wished to sit. People's needs and wishes were documented in their care plans with regard to eating and drinking and we noted that staff were aware of individual's preferences and complied with instructions. For example, one person's care plan indicated that they preferred to eat in the small lounge. A risk assessment detailed that they should be supported to sit upright when eating. We observed that this was happening on the day of the inspection. Staff told us that male residents preferred to sit together and we heard them being offered this opportunity.

Staff were assisting people to eat and drink and ensured that they had everything they needed to manage independently where possible. For example, one person received a small jug of custard allowing them to choose the amount they wanted. Some people needed help to eat their food and staff were observed to be patient and focussed during this process. For example, one person was receiving a pureed meal and the staff member was heard to explain to the person what each item of food was before beginning to support them with eating. They continued to talk to the person throughout the meal, checking when they were ready for more food and ensuring that the person had time to finish each mouthful. The atmosphere was relaxed and sociable and people appeared to be enjoying their food. We heard people being offered second portions and observed them receiving them. One person was not happy with their food and asked that it be taken away. The staff member immediately offered different choices and said, "I'll ask the chef to get you something else." Staff were seen to check that people's food was hot enough and asked people if they were enjoying their meals. There were enough staff on duty to help people and to support them to have a pleasurable meal time experience.

Throughout the day we saw staff offering people drinks and snacks and a bowl of fruit was available in the hall for people to help themselves. Several people were seen to take a piece of fruit themselves during the day.

Risks and nutritional needs were identified and recorded in people's care records. Where people were identified as at risk of malnutrition or dehydration their care plan was amended to manage the risk. For example, one person's care plan included monitoring of their food and fluid intake and recorded their weight monthly to monitor any further loss of weight. Records showed that their weight was being effectively maintained. Another person had been identified as having difficulties with swallowing. A referral had been made to a Speech and Language Therapist (SALT) who recommended a pureed diet and thickened fluids. The care plan included appropriate monitoring to ensure the person's weight was maintained. We saw that staff were aware of the care plan for this person and that they were supported to have their food and fluids safely.

People told us that they were able to access health care services when they needed to. One person said, "If I need anything medical they sort it out, the nurses come in or they get the doctor." Another person told us, "You just have to mention to the staff if you are not well or worried about something and they call the surgery straight away, they're very good like that." A visiting relative said, "I never worry, they call the GP if needed and let me know what's going on," another relative said, "They keep a close eye on people, if they are worried they get the doctor or nurse in straight away." A visiting health care professional spoke highly of the staff and management at the home. They told us that they visited regularly and they were impressed with staff knowledge of residents. They said that staff were quick to make referrals when they had concerns about people and that they acted upon instructions and recommendations that were given. Records confirmed that appropriate referrals were made to health care services when required.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and kind. One person said, "The staff are all kind, without exception." Another person said, "I am yet to find one that I don't like, they are all lovely, caring people." A visiting relative told us, "The staff are wonderful, it's a fabulous home, nothing is too much trouble for them."

Staff had developed positive relationships with people and spoke of them affectionately. One staff member said, "I love my job, the residents make it all worthwhile." Staff demonstrated that they knew the people they were caring for well. They were able to tell us about them, giving details about people's backgrounds, their likes and dislikes. For example, one staff member spoke about someone they cared for saying, "They have a really close family and they love to look smart especially when they have visitors. I know what they like to wear to look nice so I always make sure their clothes are ready when their family are coming."

We observed staff speaking to people appropriately and in a caring manner. They often used gentle touch to reassure people and spoke slowly and clearly to people who were hard of hearing. We noted that staff gave people time and didn't rush them, for example, waiting for them to respond when they asked a question. A staff member knelt down next to a person, using gentle touch to get their attention and said, "I'm so sorry to disturb you but the nurse is here to dress your leg, shall I send them along to your room?" The staff member waited some time for the person to process this information and agree to go to their room, but there was no sense of urgency or pressure for them to hurry. A visiting health care professional told us that they felt the care was good at Mount Hermon, saying of the staff, "They are very kind and caring and they work very well. They are thoughtful with the people and knowledgeable about them."

People and their relatives had been included in planning their care arrangements. One person said, "I was asked what would make me feel comfortable here and how I would like staff to address me, I thought that was very nice." A relative said, "Before they moved in the manager came and talked to us both for a good couple of hours, it felt that they were really interested in including us in the process." Care records showed that people, or where appropriate their relatives, had been involved in developing care plans. People told us their views were listened to and respected. One person said, "I didn't want to come into a care home, I thought they would tell me what to do all the time but it's not like that here. They asked me exactly what I want and how I would like things to be. It's really lovely here actually." Staff told us that people's choices were respected, for example, if someone preferred a care worker of a specific gender that would be accommodated.

Relatives told us that they were able to visit at any time and that they were always made to feel welcome. Two visiting relatives said that staff always made a point of checking how they were feeling. One relative said, "They always check if I 'm ok too." A second relative said, "The staff are always reassuring and they ask how I am as well." A visiting relative spoke highly of the staff saying, "The care is very, very good. They try very hard to maintain peoples' dignity; they always have clean clothes on and look well cared for." Another relative said, "I have no concerns, staff are great, they are respectful and professional and I am very pleased with the care here." Staff told us they knew how to maintain people's privacy and dignity. One staff member

said ,"I always make sure I cover people with a towel when helping them to wash so they don't feel exposed, it's how I would like to be treated." Another said, "The care here is brilliant, staff can take time with people, it's not clinical, it's lovely." A third staff member said, "I always talk to people about what I am doing, it helps them understand and if they can do what they can for themselves it maintains their dignity." We observed staff interactions with people throughout the inspection and found them to be respectful and kind.

People's confidential information was kept securely and staff were aware of the importance of maintaining confidentiality and protecting people's privacy. One staff member said, "We have to be careful sometimes because people get curious but we have to maintain people's privacy." We noted that staff knocked on doors before entering and made sure people's doors were closed when providing personal care. Staff spoke to people discreetly to maintain their privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care that was responsive to their needs. This was because people were not always provided with meaningful occupation or activities that were suitable for their needs. The home had a new activities co-ordinator and they were in the process of developing a programme of activities, but this was not yet fully embedded. We saw some people were involved in a quiz during the afternoon and they were clearly enjoying this activity. However, many people living with dementia had little to occupy themselves and we saw people sitting for long periods in the lounge area with nothing to do. Although the television was on people were not watching the programme, some were sleeping and others were not engaged with anything. Other people were choosing to stay in the bedrooms and although some people had they television on many were not watching the programme and had nothing else to occupy them. The activities co-ordinator was seen to be providing some people with one to one support and was assisting someone with a word puzzle, but other people were not receiving any stimulation.

Some people told us that they were bored and didn't have enough to do, one person said, "I would love to go out more, but I can't because staff are too busy to take me." Another said, "I do find the days long, there's not much to do but staff do their best." A third person said, "It's better than it was, we are having a quiz later, I will enjoy that." Some people who were living with advanced dementia were not able to take part in the quiz and there was no alternative activity to occupy or engage them. We noted that some people who were not receiving any support or stimulation were becoming agitated and anxious. This is an area of practice that needs to improve. We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

People had received an assessment of their needs prior to coming to live at Mount Hermon. Peoples' care plans reflected their initial assessment but provided additional information and detail about how they would like their care to be arranged. Care plans were written in a way that encouraged staff to see the person. Details about the person's background and personal history were included as well as details about how they would like care to be provided. For example, one care plan stated, 'Talk to me about my interests, remind me about my love of wildlife.' Another example guided staff saying, 'I like tennis, please remind me when it is on TV so I can watch it.' A third care plan stated, 'Use terms of endearment when you speak to me; that helps me to feel happy and comfortable.' Another stated, 'I love to wear pink, it is my favourite colour. 'People's interests and hobbies were also recorded. One care plan stated, 'Interested in music, particularly enjoys musicals, and likes musical activities." The information in care plans guided staff to provide care in a personalised way. Most staff were aware of the detail in care plans and we saw that people's preferences and wishes were being respected.

Where people's needs had changed we saw that risk assessments and care plans were reviewed and updated to ensure that their needs continued to be met. For example, one person's sight was failing so staff updated their falls risk assessment and care plan to ensure they received additional support whilst waiting for an appointment at the retinol clinic.

People's bedrooms were well personalised and people were able to bring their own furniture and possessions if they wanted to. Many bedrooms had a picture on the door that was relevant to the person, for example, one person who had enjoyed bicycling had a picture of racing cycles on their door. Staff said that this helped people who were living with dementia to recognise their own bedroom.

People told us that they knew how to complain and that they felt comfortable to do so. One person said, "I would just speak to the staff, they are all very good and it would get sorted." A visiting relative said that they had raised a complaint in the past and it had been acted upon immediately. They said they were encouraged to raise any issues with staff and felt confident to do so. A system was in place to record complaints and the registered manager had oversight of all complaints and ensured that they were responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff spoke highly of the management of the home. People's comments included, "It is very well run, they are a good team," and "The manager is excellent I can't fault them." A visiting relative said, "There have been some very positive changes, the staff and manager are very accessible and helpful." Staff also spoke well of the management team, saying "The manager and deputy are great and they will muck in and help us," and "The leadership is good, they communicate well and we can ask them if we need help or if we get behind they will step in." We found that some aspects of governance in the home needed to improve.

There were systems in place to audit records, however these were not consistently effective. For example, someone had been identified as being at risk of dehydration and they required support with fluids. The recording had not been consistent and fluid targets and totals were not clear. This meant that it was not clear if the person had received adequate fluids in a specific period. We spoke to a staff member about this. They were able to evidence through recording in handover sheets and care records that the person had received adequate fluids, however this was not obvious from the fluid monitoring chart. Staff told us that care plans were audited regularly through the "resident of the day" process. This meant that there was special focus on all elements of care provided to the person including checking records were complete and accurate. This system had not identified the recording issues that we noted. This meant that the registered manager could not be assured that good quality care was always delivered. Similar issues with record keeping had been noted as an area for development in a previous audit of care plans conducted by the provider. This was included within the development plan for the service but changes were yet to be implemented and embedded. Maintaining accurate and contemporaneous records is an area of practice that needs to improve. The provider was working towards the improvements detailed in their action plan to ensure that recording systems would be effective.

The provider's mission statement includes an assertion that they will, 'Provide and open, transparent environment whereby staff feel valued, supported and listened to.' We checked if staff members felt there was an open environment. A staff member said, "We can always ask the managers if we have any concerns." Another staff member stated, "We can add issues to discuss at the staff meetings, we can always bring items to be discussed," and "It's not regimental, it's a relaxed atmosphere here." Another staff member told us, "If we get things wrong we try and learn from our mistakes, it's not about blame, it's about getting it right for the people who live here." This showed that the values of the provider were embedded in every day practice and understood by the staff.

Staff had developed good links with the local community and had regular contact with a range of health and social care professionals. One visiting health care professional said, "The staff are all really good here, I have no concerns." Another health care professional said, "The manager and staff communicate well and take our advice on board when needed."

The provider used an external consultant to undertake a compliance audit to improve quality within the service. A local pharmacist had also completed an audit of the medicines people were receiving. The

provider had undertaken a number of internal quality audits including for health and safety and fire prevention The group operations manager visited weekly and told us that once a month they went through the operational recommendations with the registered manager, to check progress. They explained that this process had led to the planned refurbishment of the kitchen.

The management structure provided clear accountability at all levels and staff told us they understood the structure and felt well supported. The registered manager had clear systems in place to maintain oversight of the running of the home. Incidents and accidents were recorded and monitored by the registered manager. Actions were taken to address any emerging patterns, for example where a person had a number of falls in one month the risk assessment was reviewed to ensure risks were appropriately managed and a new risk assessment was included for accessing the garden.

Quality assurance monitoring included a survey completed by people living at Mount Hermon and their relatives. Results from this were mainly positive. Where negative comments were received the registered manager was taking steps to address the issues, for example by working with the chef to update the menu. The management team were committed to driving improvements and used data from audits, quality assurance and complaints to inform the development plan for the service. Staff told us that there were plans in place to improve the service and staff were aware of the detail of these. One staff member said, "I know the manager is recruiting more staff," another staff member said "Team leaders are going to be trained to take on a broader role." These and other areas for development were noted in the development plan for the service.