Roseville Care Homes Limited

Limetree House Upper Poppleton

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 inspection took place on 15 and 16 August 2017 and was unannounced. We previously inspected this service on 31 May and 2 June 2016. At our previous inspection we found the registered provider was in breach of Regulation 15 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan detailing the actions they intended to take to address the breaches we identified and during this inspection we checked and found the actions had been completed and improvements have been made to meet the relevant requirements.

Limetree House is a residential care home. It provides personal care and accommodation for up to 26 older people and is owned and managed by Roseville Care Homes Limited. The home is a large detached property set in private gardens in the village of Upper Poppleton on the outskirts of York. There is some parking on the site, and on the road nearby. At the time of our inspection there were 20 people living at the home and receiving a service.

At the time of the inspection the home had a manager who was registered with the care Quality Commission (CQC). 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. The registered manager is referred to as the 'manager' throughout this report.

People told us they felt safe living at the home with the care workers who supported them. Care workers had received training in safeguarding adults from abuse and harm. Systems and processes were in place to ensure any concerns were reviewed and escalated for further investigation. Actions were implemented to mitigate re-occurrence and to help keep people safe from avoidable harm and abuse.

The provider had completed risks assessments in relation to the environment at the home and in relation to the needs of people who lived there. Care and support was provided based on the assessed risks which meant people could live their lives safely without undue restrictions.

Safe systems were in place to manage people's medicines. Care workers were trained in medicine administration and their competency was checked. Audits had been introduced for the management and administration of medicines to ensure people received their medicines in line with their prescription.

The manager reviewed people's needs to ensure there were enough care workers to meet people's individual needs.

People received support from care workers who respected people's dignity and privacy and promoted their independence. Care workers followed people's wishes and preferences.

Care plans were reviewed monthly and information was centred on the person and written from the person's perspective. People had been involved in their care planning and reviews.

People were free to live normal lives and where they required assistance, this was provided. Arrangements were in place for people to maintain links with the local community, friends and family.

The manager and care workers had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were assumed to have capacity and where people's capacity to make decisions had come into question, the provider had submitted applications to the local authority.

The provider supported care workers with training and a programme of regular supervision had been implemented to ensure they had the up to date skills and knowledge to carry out their role.

People had access to other healthcare facilities and support that helped them to maintain a healthy lifestyle.

Residents meetings were held where people could discuss and contribute to the running of their home and provide feedback on the service they received.

The provider had systems and processes in place to receive and manage any complaints, incidents or accidents. Evaluations of this information included any actions implemented as a result.

The provider completed a range of quality assurance checks around the home. These checks helped to maintain and improve standards of service.

Everybody spoke positively about the way the service was managed. Care workers understood their levels of responsibility and knew when to escalate concerns. The manager had a clear understanding of their role and responsibilities and requirements in regards to their registration with the Care Quality Commission (CQC).

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.

Care workers had received training in safeguarding adults and understood the signs of abuse to look out for and how to report any concerns.

Risks from the environment and to people were effectively assessed and managed.

Care workers received training in medicines management and a policy and procedures were in place that ensured people received their medicines safely as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by care workers who had the knowledge and skills to provide care and support that was responsive to people's individual needs.

Care workers we spoke with had an understanding of the Mental Capacity Act 2005 and understood the importance of ensuring people consented to the care and support provided.

There were systems in place to support people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Care workers encouraged and supported people to remain independent.

We observed the service provided person centred care and it was clear the care workers had an understanding of people's needs.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

Care plans included up to date person centred information and this was reviewed monthly or sooner where people's needs changed.

Effective systems were in place to respond to any concerns and complaints raised.

People were supported to follow their interests and hobbies and were involved in a wide range of activities and community involvement.

Is the service well-led?

Good

The service was well led.

Everybody spoke highly of the manager who understood their roles and responsibilities with regards to their registration with the Care Quality Commission.

The provider sought and acted on the views of care workers and people who received support to improve the service provided.

Quality assurance systems, including audits, were in place. This helped to maintain and improve standards at the service.

Limetree House Upper Poppleton

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. The inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 August 2017 and was unannounced.

On the first day of our inspection, the inspection team consisted of one Adult Social Care (ASC) Inspector and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. On the second day, the inspection team was made up of one ASC Inspector.

Before our inspection, 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 what improvements they plan to make.

We looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority for their feedback. We used this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and three people who were visiting their relatives or friends. We spoke with the manager, deputy manager, five care workers, the activities coordinator and the assistant cook. We also spoke with two visiting healthcare professionals.

We looked at care records for four people, four files for care workers, training records, medication administration records (MAR) and records used to monitor the quality of the service.

We observed interactions between staff and people who used the service and observed lunch being served. We looked around the home with the manager and in people's rooms where they agreed to this.

Good

Is the service safe?

Our findings

At our last inspection, completed in May and June 2016, we found the provider had not ensured that all premises and equipment used were properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. We asked the provider to submit an action plan detailing the actions they intended to take to address this breach. During this inspection we checked and found the actions had been completed.

We found the provider completed checks that ensured the home and any equipment was safe for everybody. Service certificates were up to date and provided assurance that the lift, premises and equipment were being maintained in a safe condition. There were current maintenance certificates in place for the fire alarm system, fire extinguishers, portable electrical appliances, gas safety and the electrical installation. There was a fire risk assessment in place and certification to show that checks had been completed to prevent Legionella. Legionella is water borne virus that can cause lung diseases similar to pneumonia.

At our previous inspection, completed in May and June 2016, we found the provider had not taken appropriate steps to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. We asked the provider to submit an action plan detailing the actions they intended to take to address this breach. During this inspection we checked and found the actions had been completed.

During this inspection we checked the policies and procedures in place for medicines management and we observed people receiving their medicines over the lunch time period. We found that improvements had been implemented since our previous inspection. There was a designated senior care worker who had responsibility for medicines, and we observed they wore a red tabard whilst dispensing the medication to avoid being disturbed. Where staff were involved with medicines they had received up to date training. A medicine trolley was locked to the wall in the communal area. The team leader checked the Medication Administration Record (MAR), administered the medication and waited until the person had taken the medicine and assisted where necessary before completing the MAR.

There was a system and process in place for the ordering, storage, handling and disposal of medicines and this was in line with best practice. PRN protocols for administering medicines that were prescribed for people 'as and when required' were in place. Records were up to date and audits were completed to maintain safe practice. However, we found three small errors on the balance of medications. We discussed the errors with the manager who was responsive to our concerns and implemented actions to minimise any further re-occurrence. The manager said, "The pack size has been incorrectly recorded on receipt which has resulted in the balance carried forward being incorrect." They told us this would have been picked up as part of the audit process that we saw was in place to capture and rectify any similar errors. This meant people received their medicines as prescribed.

People told us they felt safe in their home and with the staff who supported them. Comments included; "It

feels like home; I can come and go as I choose and I feel safe living here". Care workers told us, and records confirmed they had completed training in safeguarding adults from abuse. Care workers who we spoke with were able to describe the types of abuse they would look out for and understood how to escalate any concerns they had. One care worker said, "If I had any concerns I would refer to the policy and procedure in place and follow our guidance. That would usually involve speaking with the manager but if I had concerns about any bad practice, I would consider whistleblowing my concerns to the local authority or the Care Quality Commission (CQC)." The service had policies and procedures in place to guide care workers in safeguarding people from abuse. The manager showed us a 'Safeguarding concern analysis sheet' which recorded any incidents with any contributing factors, measures in place, referrals and outcomes. This included further monitoring and escalation to the local authority safeguarding team and the CQC. It was clear any incidents had been evaluated and where appropriate care plans had been updated to mitigate further re-occurrence.

There was a system and process in place to record and evaluate any accidents or incidents at the home. Guidance for the completion of the forms and a completed example was available for care workers to follow. We saw records included any lessons learnt as part of the evaluation which helped to reduce the risks of any re-occurrence to help keep people safe.

The home had a contingency plan in place in the event of an emergency situation. This meant people who received care and support would continue to do so in the event of an emergency situation. For example, a fire or adverse weather.

The manager showed us a dependency tool used to assess people's needs and calculate the staffing levels required to meet people's needs. The manager said, "I review staffing monthly or sooner where we have a new resident, to ensure we can safely meet their needs." Duty rotas were in place which recorded different staffing levels and shifts. We observed people did not have to wait to be attended to. Care workers were available around the home and we observed enough staff to ensure people were supported on a one to one basis with activities, meal times and to access areas outside of the home and in the community. Care workers we spoke with confirmed, "We have enough care workers; there are more care workers on duty at busy times." Another care worker said, "It has been a bit of a struggle at times recently, as some staff have left and it is the holiday period; it means we can have some long shifts to pick up." The manager showed us records to confirm they were actively recruiting replacement care workers and were awaiting the outcomes of recruitment checks before they could commence duties.

At this inspection we looked at recruitment records for four employees. Information included two references, background checks and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to care workers that were barred from working with vulnerable adults. These checks had been completed before care workers commenced their role.
The manager said, "We are looking at ways to renew the checks we make after employing people to ensure there have been no changes."

Risks to people's health and well-being had been assessed. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who would need assistance to leave the home in the event of a fire.

There were risk assessments in care plans relating to areas such as weight loss, behaviours that may challenge, medicines, finance, and activities in the community. These were maintained and reviewed at

least monthly or sooner where required. All the care workers we spoke with told us these records were accurate and up to date. They told us, "We are made aware in the staff communications book if any changes are made to risk assessments and we routinely use this information to support people" and "Care plans include detailed information to ensure we provide any care and support in a safe way for people." This demonstrated that care workers were aware of and responding to risks associated with people's health and well-being.

The home was clean and odour free. The manager had a policy and procedure in place to manage infection control around the home and information and guidance was available to respond to and manage any specific outbreaks for example, viral gastroenteritis, diarrhoea and pandemic influenza (Flu).

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking with care workers that they were skilled in their role and understood people's needs. A relative told us, "I am very happy with the care and support that [Name] receives; the care workers are great and really know their job." A person said, "I am very well looked after and don't want for much but when I do the staff are great; very understanding."

The provider told us new employees completed the Care Certificate. Records confirmed one employee had completed the Care Certificate and a further two were in progress. The Care Certificate is a nationally recognised set of basic standards in providing care and support for care workers to adhere to in their daily role. The manager said, "All care workers are trained on an induction programme when they begin their career with us. In addition, care workers are encouraged to train to a minimum Level 2 NVQ or equivalent in Health and Social care now known as the QCF - Qualification Credit Framework. Where possible, NVQ Levels will be increased to level 3.' A care worker told us, "Training is managed by [Name] in the office, we are told when any refresher training is due and we just have to attend."

Training records were held and managed electronically. Refresher training was booked in a timely way. Training the provider considered to be mandatory for care workers to complete included safeguarding, moving and handling, mental capacity, food hygiene, dementia, equality and diversity and health and safety. The provider told us on the PIR, 'We have recently expanded training to include diagnosis specific modules to enable people to gain more understanding of various conditions and therefore be more effective when caring for individuals.' We saw other training was available to meet people's individual needs. This included training on Parkinson's Disease and epilepsy. A care worker said, "Where people have or develop areas of need, then training will be provided to ensure we have the right skills and knowledge to provide appropriate care and support."

Care workers told us they felt supported in their roles. Feedback included, "The manager is very approachable and responsive to any feedback or concerns we have" and "We have some supervisions; a bit more often than we used to and more are now scheduled in." Records confirmed care workers were supported and given opportunity to identify their future training and development needs. However we were concerned that records of supervisions were inconsistent. We discussed our concerns with the manager who told us that due to staff changes and absences the process was not robustly up to date. They showed us a schedule of planned supervisions and confirmed supervisions would be evaluated annually as part of the annual appraisal for staff.

The provider had systems and processes in place to ensure where staff had areas of responsibility for example, medication and moving and handling of people, they received checks on their competency to complete those tasks. A care worker told us, "We receive regular checks to ensure we are following correct procedure and best practice." These checks were recorded and available for us to view during the inspection. The manager told us, "We are introducing additional competency checks to ensure all care workers are effective in carrying out their role with people." This ensured care workers received regular support in line with the provider's policy.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were twelve people who had restrictions in place. The provider had submitted applications to the local authority for further assessment and approval of DoLS authorisations for these people. Six of the applications had been approved and the provider was awaiting a response for a further six.

We checked and found the service was working within the principles of the MCA. Care workers told us and records confirmed they had received training in the MCA. Care plans included assessments by the provider that recorded when they had assessed people's capacity. Care worker's said, "We encourage people to do things for themselves as much as possible." "We would always assume a person had capacity and encourage them to make their own decisions where ever possible."
We observed people moving around the home without unnecessary restrictions in place. The manager told us, "People can come and go as they please; where people require assistance to go out into the community then we ensure they are supported to do so."

The provider had copies of certificates of people's Lasting Power of Attorney (LPA), where they had one. An LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw this information was recorded in their care plan and had been agreed. Care workers were aware of, and followed this information for example, when reviewing care plans and seeking support with any decision making on behalf of people.

People's care plans contained information about their medical needs and how care workers were required to support the person to maintain a healthy lifestyle. Previous and current health issues were recorded and healthcare professional were contacted when support was needed. We saw evidence of involvement from health professionals including GP's, community nurses, chiropodists and community mental health workers.

People's dietary intake was closely monitored by care workers and healthy eating was promoted. Records we looked at provided clear information about the person's individual eating habits, where people needed to be carefully monitored and where they could be given more independence. We observed the lunch time experience for people. We observed people had a choice of food and able left to eat at their own pace. Drinks were provided throughout the meal time and support was available where people required assistance with their food.

The home had a secure garden area with flower beds and seating. We saw people enjoying the sunshine outdoors. Rooms were decorated with regard to people's preferences. The manager discussed planned refurbishment that once completed will enhance people's living areas, the environment and improve office space.

Good

Is the service caring?

Our findings

People who used the service told us, "I receive very good care from lovely care workers" and "Most of the care workers are very kind and gentle; one can be a bit loud but they are all lovely." Our observations confirmed care workers were attentive to people's individual needs.

During our walk around the home on the morning of our inspection we observed how staff knocked on people's doors and waited for them to answer and agree before entering their rooms. Care workers routinely engaged people in conversation asking them how they were, if they needed anything and what their plans were for the day.

There was a clear relationship and it was evident people knew the care workers and the care workers knew people who lived there. Care workers described their role as "not work". One care worker said, "I am lucky that my job involves working with people as no two days are the same." They continued, "It's like a big family, we support each other, we go out on trips, we eat together and we do a lot of fun things throughout the day."

People looked very well cared for, which is achieved through good standards of care. Care workers were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. A care worker said, "I always offer people choices and encourage them to make their own decisions; this includes choice of clothes, activities and food choices." Another care worker told us, "People who live here have varying degrees of independence; some can manage their own personal care and only require suggestions or prompts as they can be forgetful and for others we sometimes have to spend more time encouraging them."

Care workers discussed how they ensured they only provided care and support to people in the same way as they would expect to be treated. They told us, "When I assist people I always think about how I would want to be treated; I always give people privacy by closing doors, providing a towel and I always discuss and agree everything with the person even when they don't always appear to fully understand." They continued, "I have worked here for a number of years, I can say hand on heart that I would be very happy to live here with the staff who support me; we ensure people have the best life they can and everybody seems happy; we have a good time."

Care plans included information to record the person's key worker. The key worker was the main point of contact for the person and had responsibility for ensuring care records were reflective of their needs. A care worker said, "I am a key worker for [Name], it is not a huge responsibility but means the person has a named individual who is their main point of contact and who can direct and assist other staff who may be less familiar with the person."

People we spoke with confirmed they were supported to live as they choose to. They told us they could get up and go to bed when they wanted and were supported to spend their time where and how they wanted to. The village had a number of facilities including a shop, a church and a pub. People were supported to

attend church if they choose to and we saw care workers assisting people to go to the local shop. A care worker said, "It is really important to encourage people to remain as independent as possible; we help them to live their daily lives but we don't encourage them to be reliant on us to do everything for them." It was clear the culture of the service was not risk averse. Care plans included assessments of risks and ensured people could be supported to enjoy their lives without undue restrictions in place.

Care workers told us how they ensured people's confidentiality was maintained. A care worker said, "I wouldn't repeat anything anybody said to me or discuss conversations I have with people with others unless the person raised concerns or was unhappy with something."

Where people had been consulted on their wishes and preferences for end of life care and support, and where they had agreed, this information was available and recorded in their care plans. The manager told us, "We provide staff with training on supporting people with end of life care and support and we work closely with other agencies such as the Macmillan nurses to ensure people are comfortable. We have supported people through end of life and we try and record plans in line with people's preferences."

Where people in the home did not have close relatives or independent support the provider had engaged an advocate to support them with day to day decisions. The advocate helped to make sure people's rights were protected and ensured they received the services and support needed to live life to the full. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances and health.

Good

Is the service responsive?

Our findings

Care workers worked well as a team to ensure people were supported according to their individual needs and preferences. Care workers who we spoke with said they had a good staff team who worked to provide a consistently person centred service. One staff member said, "We are good at working together as a team, it is a small home and we all know what is going on at any time so it's easy for us all to help each other out to respond to people's needs."

We looked at care plans for four people who used the service. Care plans were written in the voice of the person and recorded their opinions and contribution to the care and support that had been discussed with them. For example, one care plan was in place to ensure a person maintained healthy skin. The record documented, "I am told my skin is not so good but I don't think it is a problem." Plans for people's care and support were centred on the person and provided information that meant care workers could provide holistic care and support tailored to their individual needs. Records included a life story that provided information on people's background, achievements, proud moments and included any religious or faith beliefs and how they were supported.

Care plans included information on people's morning routines and the type and amount of support the person required. This provided guidance on the provision and assistance for personal care, getting dressed, mobilising and using the bathroom. People had been consulted regarding the type and amount of information they would like to be displayed on their bedroom doors. This included the option for them to have their name and a picture of just themselves or with their family and close relatives.

Care workers confirmed the information was useful for them to follow. A care worker said, "Care plans are updated when people's needs change. We also review the information routinely and we involve people as much or as little as they would like to be." Care workers showed an excellent knowledge of people's support needs and could describe in detail how people liked their care and support needs met. They were aware of people's individual routines and the importance of these to people.

People's communication needs had been assessed, so that care workers knew how to communicate with people effectively and respond to their needs. Care workers were able to describe how they interpreted people's nonverbal communication. These included descriptions of what people's gestures, facial expressions and body language meant.

The manager told us how they worked with other health professionals to ensure people received holistic care and support. We saw assessments had been completed that ensured the service was suitable for people before they transferred to the home. The manager said, "We complete initial assessments and these are maintained in people's care files; they form a basis for our care planning and for reference if people need to transfer to other services at all." This was confirmed in the care records we looked at.

People were supported to follow their interests and hobbies and were involved in the community and a wide range of activities. People discussed a recent trip to a local animal park where they had been able to

interact with live animals. It was clear they had enjoyed the day out and were looking forward to similar planned events. We saw photographs of a recent themed Italian week. People told us they had been involved in baking pizzas and decorating the home in an Italian theme. One person said, "It was a great week; there is always something to do." The manager told us how one person who lived at the home had been supported to regain their mobility after being told they would not walk again. The manager discussed how the support had resulted in the person walking down the aisle at their son's wedding. Photographs celebrated the event and care workers confirmed their emotions as several had been in attendance. One care worker told us, "It was an emotional time to see [Name] walking at their son's wedding, it was so rewarding for us and for the person to regain some degree of independence."

Relatives were included in activities and where they were unable to attend the provider had set up a multimedia page on the internet where relatives could log in and observe pictures of people enjoying the home and their lives. The manager told us, "Some of the competitions can get quite competitive between relatives but it is all good fun and demonstrates what can be achieved for people."

A care worker told us, "People who live here know how to raise their concerns we would have to encourage and support people to raise a complaint." People and their relatives confirmed to us they knew how to raise a concern or make a complaint and that they would speak with the manager. Relatives we spoke with told us, "We don't really need to complain but if we did we would speak with the manager." Another told us, "I discuss any concerns with the manager and they are always responsive and provide me with feedback but I haven't needed to make a complaint." The home had a complaints policy that provided information and guidance on how the provider managed complaints. Records confirmed any complaints were responded to with actions and outcomes documented. A care worker told us, "We can tell if people are not happy, they tell us verbally or their body language and mood will change so we talk to them to find out what's wrong. We deal with daily concerns as they happen. There is a process for formal complaints but we don't really get any."

Good

Is the service well-led?

Our findings

We were supported during our inspection by a manager who was registered with the Care Quality Commission. The manager understood their responsibility to ensure the CQC was informed of events that happened at the service which affected the people who received a service.

Everybody we spoke with spoke highly of the manager. Comments from care workers included, "The manager is very approachable and responsive to anything I need to discuss." "I feel very supported, I have raised some concerns at times in the past and I have found the manager to be very reliable and pro-active." It was clear the manager was involved in the daily running of the home. Our observations confirmed they knew and understood people and their individual needs. Throughout the inspection we observed people entering the manager's office for routine chats and discussions about their day. Around the home the manager interacted with people and nothing was too much trouble. People told us, "We have a good manager." "No problems with anybody here." Relatives confirmed they knew who the manager was and told us they were approachable and responsive to any concerns.

There was a clear staffing structure and everybody understood their roles and responsibilities and when to escalate any concerns. The manager was supported by a team of care workers that included senior care workers with additional responsibilities. A handyman was also employed for three days of the week.

Care workers told us they were kept up to date with any changes regarding the home, the provider and people who lived there. A care worker said, "We have regular staff meetings where we are all brought up to date with anything happening that we need to know about." Another care worker said, "Staff meetings are good and informative; we are able to contribute anything we need to share and we are encouraged to be innovative and share ideas."

We saw a recent staff meeting had been held in July 2017. Minutes included discussion regarding the planned renovation and building works. The provider had held a consultation meeting to ensure people, families and their relatives were kept up to date and to reduce any impact on any disruption to people's lives and their well-being by the changes.

The provider had completed and sent out a questionnaire to twenty five relatives of people at the home. The survey was used to help identify areas that were good and areas that required improvement. An evaluation of the response confirmed eight people had filled in the questionnaire with 100% feeling welcomed when visiting the room, 100% agreeing that staff were helpful and provided assistance. One person had responded that their relative did not have a key worker. The manager had acknowledged the feedback and had responded to the relative with further confirmation and contact details.

The manager completed a range of quality assurance checks on systems and processes to help maintain and improve the service. Internal audits were completed for medicines management, with any actions implemented where required. The local pharmacy had completed an independent audit with advice to ensure the provider was following best practice. They had also provided further advice and guidance where

this was required. Care plans were audited monthly or when people's needs changed.

Changes were recorded in a communication book that ensured those who needed to be, were made aware. Care workers were observed to assess their competency at performing specific care activities, and these checks were recorded. Where any concerns were noted additional training and guidance was provided. Other checks included audits on any complaints and visits form the local authority.

Accident and incident records were maintained and demonstrated immediate appropriate actions were taken following these. Records were signed and reviewed on completion.