Polebank Care Home Ltd

Polebank Hall Residential Care Home

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 11 December 2017.

Polebank Hall Residential Care home is registered to provide accommodation and care for up to 29 people. The home provides a service to older people living with varying degrees of dementia or memory loss. The home is situated in the Gee Cross area of Hyde, Manchester and is set in 16 acres of parkland.

At the time of the inspection the home was at full occupancy.

Polebank Hall Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection of Polebank Hall Residential Care Home in May 2016, the home was rated as Requires Improvement overall and for the key questions Safe and Well-led. A breach of regulation 12 with regards to safe care and treatment was identified. This was because we found concerns in relation to medication and infection control practices. This inspection looked at the progress made since our last visit, to ensure the requirements of the regulations were now being met.

There was a registered manager 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 who used the service and their relatives told us they felt the service was safe, as did visiting healthcare professionals that we spoke with. There were appropriate risk assessments in place with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

Everybody we spoke with told us there were sufficient numbers of staff working at the home. There was a dependency tool used and this determined how many staff were required to care for people safely.

We found staff received sufficient training, supervision, appraisal and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their work.

Whilst several people living at the home had Deprivation of Liberty Safeguards (DoLS) in place, the registered manager told us that several other applications still needed to be made. The registered manager told us shortly after the inspection that these had now been submitted to the local authority for review. We have also made a recommendation about using formal mental capacity assessments, when determining

people's ability to make their own choices and decisions about their care and treatment.

The people we spoke with said the food served at the home was of a good quality and we saw people being supported to eat by staff at meal times. People were weighed on a regular basis and more frequently if they were identified as being at risk of losing weight.

We found the home works closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals were recorded within people's care plans.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives and healthcare professionals also said they had no concerns with the care being delivered at the home. People said they felt they were treated with dignity and we observed staff treating people with respect during the inspection.

Each person living at the home had their own care plan in place which provided an overview of their care requirements and any associated risks. People's life histories were documented which provided details about their life prior to living at the home.

There were a range of different activities available for people to participate in. The home also had a dedicated activities room which we were told was well used. During the inspection, we observed people enjoying singing Christmas songs, as a local choir group had been to the home so that people could join in.

We found complaints were responded to appropriately. A policy and procedure was in place and was displayed near the main entrance for people to refer to.

There were systems in place to monitor the quality of service being provided to ensure good governance, with a range of audits being undertaken by the registered manager.

Staff meetings took place on a regular basis, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We also observed a handover taking place where the team leader provided an update on people's care needs.

Staff spoke positively about management at the home and said the manager was supportive and approachable. Staff said the manager had made changes for the better since starting work at the home.

Policies and procedures were in place and were being reviewed regularly.

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.

Medication was being administered and stored safely.

People living at the home said they felt safe and staff understood their responsibilities with regards to protecting people from abuse.

Staff were recruited safely with appropriate checks carried out before they started work.

Is the service effective?

Good

The service was effective.

Applications for DoLS had been made to the local authority for several people; however the registered manager informed us that some applications still needed to be made. These were done shortly after the inspection.

Staff told us they received sufficient training, induction, supervision and appraisal to support them in their roles.

People said they received enough to eat and drink and made positive comments about the food provided.

Is the service caring?

Good

The service was caring.

People who lived at the home, visiting relatives and healthcare professionals made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

Is the service responsive?

Good

The service was responsive.

We observed staff being responsive in relation to people's care needs.

Complaints were responded to appropriately.

A range of activities were available for people at the home to participate in.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of service to ensure good governance.

Everybody we spoke with made positive comments about management and leadership within the home.

Staff meetings and handovers took place so that staff could discuss their work and raise any concerns.

Polebank Hall Residential 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 11 December 2017 and was unannounced. The inspection team consisted of one inspector from the Care Quality Commission.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents.

We contacted any relevant stakeholders from Tameside Council which included Commissioners, Healthwatch and the local Safeguarding Team, however we did not received a response from all the stakeholders we contacted. Healthwatch is the independent national champion for people who use health and social care services.
During the inspection we spoke with a wide range of people. This included the registered manager, three people who lived at the home, three visiting relatives, four members of staff and two visiting health care professionals.

We also viewed a range of records in order to help inform our inspection judgements. Records looked at included five care plans, four staff personnel files, eight Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt the home was a safe place to live. One person said, "It is a safe place to live and I never feel alone." Another person said, "Safe, oh yes. No problems with safety here." A third person added, "I do feel safe. They check on me during the night."

The visiting relatives we spoke with said they felt people were safe living at Polebank Hall. One relative said, "I feel the home is safe because of the staff." Another relative said, "The home seems safe to me and there are always staff available." Another relative added, "The home is spotlessly clean and never smells."

We looked at how medication was handled. At our last inspection we found the home was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not maintaining accurate records of when topical creams had been applied. We found that cream charts had now been introduced and were being completed regularly by staff after topical medicines had been applied.

Medication was stored in a secure treatment room with only team leaders and the registered manager having access to ensure medicines were kept safe. We observed people being given their medication during the inspection. We saw staff wore red tabards to indicate a medication round was in progress and that they should not be disturbed. Staff sought consent from people prior to giving them their medication and offered them a glass of water to make it easier for them to swallow.

During the inspection we looked at the Medication Administration Records (MAR) of eight people who lived at the home. We checked six blister packs and found there was no medication left from previous days, showing that they had been administered. This helped us determine that people were receiving their medicines as prescribed. We found one MAR where the member of staff had not signed to say a person had used their inhaler on two days in November 2017. We raised this with the registered manager who said they would speak to the staff involved about why this had occurred. All of the MAR, with the exception of one person's, contained a photograph to ensure staff could identify people clearly and reduce the risks of medicines being given to the wrong person. The registered manager told us the missing photograph would be added following the inspection.

Controlled drugs were in use and these were stored in a separate secure cabinet within the treatment room. Staff provided two signatures when controlled drugs were administered so that they could be accounted for. A medicines fridge was used to store any medication that needed to be kept at a certain temperature. Temperature checks were recorded for both the medicines fridge and treatment room, however we noted these were last completed three days (on the previous Friday) prior to our inspection. The registered manager told us they would address this issue with staff responsible for administering medication. We noted that other records regarding people's medication had been well maintained throughout the year.

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to each person. Risk

assessments in place covered areas such as waterlow (for people's skin), falls/mobility, falling from chairs, choking, weight loss, dehydration and the risk of harm towards themselves and others. Where any risks were identified, we noted there was guidance available for staff around how risks needed to be managed. We also looked at how accidents and incidents were dealt with These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. The home used an accident register and followed up accidents with a close observation record to ensure that people were monitored for set periods of time following an incident.

Staff recruitment was safe. We looked at four staff recruitment files and noted they contained documents and checks such as photographic identification (ID), application forms, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. The training schedule showed staff had received training relating to safeguarding and staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns. One member of staff said, "I would document everything and speak to my manager. Signs of abuse could be bruising and being frightened of a certain member of staff." Another member of staff said, "Body language could be an indicator of abuse and I would go straight to the manager. I am aware of the whistleblowing procedure as well if things needed to be escalated."

We checked to see there were sufficient numbers of staff working at the home to care for people safely. We reviewed a sample of the home's staffing rotas. The staffing ratio on shift consisted of a senior carer and two care assistants at night and a team leader and four care assistants during the day. In addition, there were also staff who worked in the kitchen, laundry and domestic staff who undertook cleaning duties. An activity coordinator also worked at the home each Wednesday. People spent the majority of their day in the main lounge, we observed there was a staff presence in this room at all times. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and being supported to eat and drink.

Everybody we spoke with, including staff and visiting relatives, said they felt current staffing levels were sufficient. A member of staff said, "There are enough staff. Several people need pressure relief during the night and we manage to do that comfortably. There are enough staff to get things done." Another member of staff said, "There are always three on at night and it's brilliant. Enough to meet people's care needs." A third member of staff said, "During the day we have four care staff and a team leader. I would say that is more than enough."

We looked at the building and maintenance checks that were completed. These included checks of electrical installation, fire alarms, legionella, gas safety, hoists/slings and fire extinguishers. The lift had been serviced in September 2017 and a new part was required. This had not yet been ordered, however the registered manager confirmed with us they had arranged for this to be fitted during the week following our inspection.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks the morning of our inspection and noted that the home smelt fresh with no odours present. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate Personal Protective Equipment (PPE) during meal times to reduce the risk of

any infections being spread. The home was last inspected by the local infection control earlier in the year and achieved a positive score of 93%. The home also had a five star rated food hygiene score. Several bathrooms were lacking in hand hygiene guidance for staff, however the manager contacted the infection control team immediately so that these documents could be printed and displayed. We raised this as an issue so that people had appropriate guidance about how to wash their hands properly and prevent the spread of infections.

Good

Is the service effective?

Our findings

Newly recruited undertook a formal induction programme and were required to undertake a range of basic mandatory training and to read and sign certain policies prior to starting their employment. Areas covered during the induction included what to do in the event of an emergency, moving and handling, safeguarding, infection control, fire safety, safe record keeping and providing assistance at meal times. Staff also told us they were introduced to other residents and were given the opportunity to 'shadow' existing and experienced members of staff to gain an understanding of the role. One member of staff said, "I completed the induction when I first started. It helped me to understand what I needed to do." Another member of staff said, "It covered moving and handling and all the mandatory training. It was really good."

We looked at the training staff were provided with to support them in their roles. The current training schedule showed staff had received training in areas such as moving and handling, fire safety, safeguarding, infection control, first aid, food safety, health and safety, dementia awareness, mental capacity, deprivation of liberty safeguards and pressure care. Staff were also given the opportunity to undertake National Vocational Qualifications (NVQ's), with most staff undertaking the level two course as a minimum.

We asked staff about the training provided. One member of staff said, "We do loads of training online and there is enough available." Another member of staff said, "I've been provided with enough training and have done various courses since starting." Another member of staff added, "I have been given good opportunities to develop in my role and was able to do my NVQ two and three."

Staff received the necessary supervision and appraisal to support them in their role and we saw records of this documented within staff files. Topics of discussion during supervision sessions included if staff were enjoying the job, if they were receiving all the support required, training and development and what their understanding was in certain areas such as safeguarding and dignity. Regular supervision meant staff were supported to discuss any concerns regarding staff or residents, their own development needs and encouraged to make suggestions for continual improvement. One member of staff said, "I've been at the home for seven months now and have had two supervisions already." Another member of staff said, "I have supervision with the manager and we can talk about training and concerns."

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 the inspection, four people were currently subject to DoLS, whilst a further five had been submitted to the local authority and were awaiting the outcome.

The registered manager said they had identified the need to submit DoLS applications for a number of other people living at the home, although due to time constraints, had not yet done this. The manager contacted us shortly after the inspection and said all of these applications would be submitted by the end of that week and we received confirmation this had been done.

We asked the registered manager how they assessed people's capacity and were told this was done through judgement rather than formal mental capacity assessments. Mental capacity assessments help assess whether people can understand the decision being made, retain the information, use the information in the decision making process and then communicate that decision. This meant there could be a risk of not fully recognising people's abilities to make their own choices and decisions.

We recommend that the home uses formal mental capacity assessments to determine people's capacity to make choices and decisions about their care and treatment.

During the inspection we observed staff seeking consent from people living at the home prior to providing any assistance with tasks such as assisting people to mobilise, administering medication and helping people to eat and drink. People also had written consent forms in their care plans regarding use of photographs, looking after people's money, receiving personal care, being escorted to appointments, receiving assistance with their medication and allowing healthcare professionals to look at their care plan. This meant people were able to provide agreement to receiving care and treatment in advance of it being delivered.

We looked at how people's nutrition and hydration needs were being met. We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review with some people required to be weighed on either a weekly or monthly basis. Malnutrition Universal Screening Tool (MUST) assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status, with referrals made to other health professionals such as dieticians where people were deemed to be at risk. We observed two people who we case tracked being provided meals of the correct consistency, such as softer options to make it easier for them to swallow their food. Staff were aware of which people had any swallowing difficulties and this information was also recorded in their care plan for reference. Choking risk assessments were in place and provided details if people were deemed to be at risk and what staff needed to do to keep people safe.

Two people who lived at the home had previously been referred to the dietician service due to concerns with their nutritional intake. The dietician service had then sent an action plan for staff to follow. The action plan stated staff should offer these people high calorie snacks in between meals such as toast or scones with butter, full fat yogurt and slices of cake. One of these people was also required to receive a high calorie milkshake each day in order to boost their calorie intake. However, when we checked these people's food and fluid records, these were not always being documented by staff and only biscuits were being offered. We did note however that these people's body weight was stable and there had been no impact on their health as a result. We raised this with the registered manager who told us they were going to introduce additional records to capture if this had been refused, as opposed to not being recorded accurately.

We observed people being supported to eat and drink during the inspection, with drinks being served throughout the day to help keep people hydrated. We asked people living at the home and visiting relatives about the food. One person said, "The food is alright, particularly breakfast and dinner." Another person said, "The food is nice. I like egg on toast and I always get that."

Records were maintained with regards to people's health and if they had been referred to other

professionals for advice. We spoke with two health professionals during the inspection who told us the home were good at following their advice and they spoke positively about the care being delivered.

During our tour of the home we saw that some attention had been paid to make the home conducive to people who may be living with dementia. Photographs of the person had been put on the front of their individual bedroom door to assist them to locate their own bedroom within the home. Other rooms, such as the toilet and bathroom, were identified using pictures and symbols too.

Good

Is the service caring?

Our findings

We asked people living at Polebank Hall for their views and opinions of the care they received. One person said, "The staff are nice and I would say they are caring with me. They help me to have a bath and they are nice girls, all of them." Another person said, "They have treated me well and I am receiving good care I would say. The staff are smashing from my point of view and are nice with me." A third person added, "It's very nice here and the staff are good with me. I really like living here and have never had any problems."

As part of the inspection we spoke with visiting relatives and asked them if they felt their family members were receiving good care. One relative said, "I rate the care here as excellent. The staff are good and are nice caring people. We are generally very satisfied and have no concerns." Another relative said, "We find the care here to be fine. This is the best of the bunch and we have tried a few different ones. They have good and caring staff." A third relative also told us, "The care here is very good. I watch how the staff are with people when I am here, but I can imagine they are like that all of the time even when I am not."

We also asked the visiting health professionals that we spoke with about the care people received. We were told, "The staff are very good here and nobody has a pressure sore. That, to me, is because of the good care. We can always tell if people are being left incontinent for long periods, but that never happens here. The registered manager genuinely cares for the residents and shows compassion and care." Another professional told us, "It is very good here and people genuinely seem happy."

We saw people appeared clean and well-presented. In one person's care plan, it made reference to the fact they liked to wear colour coordinated clothes and we observed this person to be wearing a pink jumper and matching pink slippers. Another person was dressed smartly in a buttoned shirt and jumper and staff commented throughout the day how well dressed they were that day. A visiting relative said, "When I visit the home, people always seem clean and well-presented and it looks like people are receiving good care."

During the inspection we saw people being treated with dignity and respect by staff. At one point, a person became unwell and was on the floor in the dining area. Staff showed concern for their welfare and stayed with the person at all times. The registered manager and the staff immediately got a privacy board and closed the dining room doors so that the person was given privacy whilst the ambulance arrived. A member of staff then went to hospital with the person so that they were not on their own. We also observed people being taken away from communal areas to receive personal care in the privacy of either their own bedroom or in the bathroom. Several staff were dignity champions and certificates of these awards were displayed around the home. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right and that people should be treated this way.

We observed people were offered choice throughout the day. This included being asked if they would like to sit either in the main lounge area or return to their bedroom, what they would like to watch on the television and what they would like to eat at meal times. We saw staff promoting people's independence during the inspection with tasks such as eating and drinking and supporting people to mobilise around the home with the use of equipment such as zimmer frames. People's personal hygiene care plans provided an overview of

how staff needed to increase people's independence with tasks such as washing their own hands and face and that staff should encourage people to do this as much as possible. This gave people the opportunity to be involved in the care they received instead of having things done for them by staff.

There were systems in place to ensure good communication between staff and people who lived at the home. Each person's care plan provided an overview of whether people could express their views and if they required any particular aids such as glasses or hearing aids. Staff also took the time to speak with people both prior and during any care interventions that took place. For instance, one person's care plan said staff should offer them re-assurance when being transferred using the hoist and we observed staff doing this during the inspection which appeared to keep the person calm.

There was an end of life care policy and procedure in place, with individual palliative care instructions available for each person as required. These instructions were specific to each person and included detailed information around diet and fluid, mobility, personal care, skin integrity and personal preferences, such as room lighting and if the person would like the television on. Each staff member involved in caring for the person was required to sign that they had read and understood the personal instructions. A visiting health professional said to us, "The staff here are very on the ball with end of life care."

People's equality, diversity and human rights needs were taken into account as part of people's care planning. One person living at the home was of Muslim faith, however staff had clearly respected the person's wish not to have a halal diet and this had been discussed with their family. The person also liked to spend time during the day praying in their bedroom and we saw this decision was respected by staff throughout our inspection.

Good

Is the service responsive?

Our findings

People had care plans in place covering areas such communication, personal care, mobility, eating/drinking, medication and capacity/memory. Each care plan provided an overview of people's care needs and any interventions required from staff. Each person also had a 'one page profile' which gave staff a snapshot of certain aspects of the person's care needs. People's life history information was also captured and provided details about where people were born, marriage, family, favourite holiday places, employment and areas of interest. This meant staff had access to person centred information about people who lived at the home.

There was a daily activities programme in place at Polebank Hall and during our inspection a local choir visited the home to sing Christmas carols with people which both staff and people living at the home enjoyed. A poster was displayed near the main entrance informing people of the activities taking place during December 2017 and those that had taken place in previous months. This included Christmas carols, ginger bread decorating, Christmas movies, choir singing and indoor gardening. Trips out of the home also took place which included visits to arts/crafts fairs and to a local sea life centre.

An activities room had been devised by the registered manager and had been decorated with memorabilia people could relate to, such as old first aid kits, dominoes, playing cards and jig saws. There was a wall of fame with pictures of famous actors such as James Dean, Elvis Presley and Laurel and Hardy. Images of local places of interest from the 1950's were displayed such as cinemas, markets, holiday places and football stadiums. This would help people to remember things from their past.

A Christmas tree had been put up in the main lounge and in other areas of the home, with various Christmas cards also on display. The registered manager told us staff had spent approximately three days decorating the home to ensure it was well presented. A poster had been placed near to the front door informing them of the upcoming Christmas party where there would be live music, a food buffet and a raffle for people to take part.

There was information displayed in the reception area informing people how they could complain about the service and we saw that there was a complaints policy in place. This explained who people could speak with if they were unhappy with the service they received. We reviewed the service's complaints file and saw there were very few complaints made at Polebank Hall. Where complaints had been made, a formal response had been provided. Relatives told us they had not had cause for complaint, but would feel happy to do so, as the home manager was responsive and approachable.

A comments and suggestions box was also used so that people could leave additional feedback about the home. The home had also received numerous compliments where people had expressed their satisfaction about the level of care being provided. These had also been made by various visiting health professionals such as the local safeguarding team and general practitioners. A number of 'Thank you' cards were on display, where care staff had been credited for their work.

Satisfaction surveys had been sent to people living at the home so they could provide feedback about the service they received. People were asked for their opinions about things such as activities/trips out, entertainment, food/drink, living at Polebank Hall, staff, their bedroom and if there was anything else staff could do for them. A 'taster day' had also been done with certain foods, with the two most popular food choices being added to the regular menu.

Good

Is the service well-led?

Our findings

There was a registered manager 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.

The staff we spoke with said they currently enjoyed working at the home and felt there was a positive culture amongst staff. One member of staff said, "The job is going really well and I love it here. The staff are all good, the manager is brilliant and the residents are all lovely." Another member of staff said, "I love working here. There is a good culture and staff work well together. We have a good team." Another member of staff said, "It is great working here. We all get along and I am very happy overall."

During the inspection, we spoke with the registered manager about the homes previous inspection history and if they were aware of what some of our previous concerns had been. They informed us that these concerns had been acted upon immediately and we found this to be the case during the inspection.

The staff we spoke with said that management and leadership at the home was of a high standard. One member of staff said, "It's great. I feel supported and the manager is very approachable. Any concerns and the manager is straight on top of it." Another member of staff said, "It's brilliant. If ever I need to talk to the manager she is always there and will make time for us. She is really good." Another member of staff added, "Brilliant and can't fault the manager. She is always going above and beyond her duties as a manager." A visiting professional added, "The registered manager is on the ball, no doubt whatsoever."

The registered manager had worked at Polebank Hall for a number of years and previously as a care assistant and senior carer. We saw the registered manager was visible within the home and actively involved in provision of care and support to people living at Polebank Hall. Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff and people who used the service. Staff also told us the manager often helped out 'on the floor' during busier periods to attend to people's care needs.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. A monthly quality audit was done by the registered manager and covered areas such as first aid, medication, cleaning, documentation, wheelchairs, bedrooms, falls, care plans, daily records, complaints, staff training, supervision, maintenance and infection control. The audits detailed any areas for improvement and any action that needed to be taken.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the manager's office when not in use. This meant that people's personal information was kept safe.

We observed a staff handover taking place during the inspection which provided staff with the opportunity

to discuss peoples care needs for that day and if there were any concerns. We also looked at the minutes from the most recent staff meeting which had taken place since our last inspection. Topics of discussion during staff meetings included staff changes, policies and procedures, aims and expectations, moving and handling, activities, personal care, wheelchairs, paper work and medication. Staff meetings provided staff with the opportunity to discuss their work and raise concerns with management. One member of staff said, "We feel listened to in team meetings and get the chance to put our point across."

The home had policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication. The polices were updated each year which meant that guidance remained relevant and accurate.

The home sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

We reviewed the business continuity plan for the home; this sets out what plans are in place if something significant occurs to affect the running of the care home, for example, a building fire, and an outbreak of influenza or financial insolvency of the provider. This meant that systems were in place to protect the health and safety of residents in the event of an emergency situation.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board on the ground floor and also in the manager's office. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.