Care Quality Commission

Sirtin Limited

Hillcrest Care Home

Inspection report

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Richmond
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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

Overall summary

This inspection took place on 10 November 2015 and was unannounced. The service was last inspected on 18 August 2014, when the service was found to be compliant with the regulations assessed.

Hillcrest Care Home is registered to provide personal care and accommodation for up to 34 people, including older people, people living with a dementia and people living with a physical disability. The service is not registered to provide nursing care. The service is located in Catterick Garrison, and is close to local shops and amenities. At the time of our inspection there were 30 people living at the service.

The service had a registered manager, who had been registered with us since August 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 using the service, and their relatives, told us they felt safe at Hillcrest Care Home. Staff knew how to report any concerns about people's welfare and had confidence in the registered manager responding appropriately to any concerns.

Staff were recruited safely and sufficient numbers of staff were available to meet people's needs. Medicines were safely stored and people received the medicines they had been prescribed.

People had individual risk assessments in place, which ensured staff were aware of the risks relevant to each person's care. The premises and equipment were maintained in safe working order. The service was homely and comfortable, although some areas looked worn and more adaptations could be made to support people living with a dementia.

Staff had the skills and knowledge they needed and felt supported by the registered manager. Staff supervision took place regularly to monitor staff performance.

The service was following the principles of the Mental Capacity Act 2005. At the time of the inspection no-one was subject to a Deprivation of Liberty Safeguards authorisation, although authorisations had been sought in the past. The assessment tools used to help staff make decisions about deprivation of liberty have been reviewed by the registered manager and provider to ensure that are implementing current best practice and protecting people's legal rights.

People told us that the food was good. People's dietary needs were assessed and monitored. Support had been requested from relevant professionals if there were concerns about people's nutritional wellbeing. A range of foods, snacks and drinks were provided, to meet people's individual needs.

Arrangements were in place so that people had access to a range of health and social care professionals. We received positive feedback from a health care professional, who told us the service worked well with them and provided a good standard of care to people.

People told us that they were well cared for and treated with dignity and respect by staff. We saw good examples of person centred care and a caring attitude by staff members during our visit.

Care staff knew people well and could describe people's individual needs. People had their needs assessed and had detailed and individual care plans in place.

People had access to some activities and regular entertainers visited, although some people told us they wanted more involvement in their local community, such as walks out with staff. Visitors were made welcome and could visit when they wanted.

A complaints procedure was in place. People told us they felt able to raise any concerns or discuss anything they wanted to with the registered manager who encouraged feedback on an individual basis. There had been no recent formal complaints and people were happy with how any small issues had been responded to in the past.

People who used the service, relatives and staff were complimentary about the registered manager and their approach. The company director visited the service regularly to monitor the service and support the registered manager. Audits and checks were completed to monitor the service and identify any improvements that were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service and their families told us they felt safe. People had individual risk assessments in place so staff knew how to manage risks.

Medicines were stored and administered safely. People receiving the medicines they had been prescribed.

Staff were recruited safely and knew how to safeguard people from avoidable harm.

Is the service effective?

Good

The service was usually effective.

Staff had been provided with training relevant to their roles and were supported and supervised by the registered manager.

The service followed the principles of the Mental Capacity Act 2005, but we have recommended that the provider reviews their processes regarding deprivation of liberty to ensure they reflect current good practice guidance.

People's nutritional welfare was monitored and a varied menu of regular meals, snacks and drinks was provided.

The service sought professional advice and support when needed, and worked well with health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and maintained people's dignity. We saw people receiving kind and individual support from staff.

Visitors were made welcome and kept involved and informed about their relatives' care.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and planned. Staff provided responsive care according to people's individual needs.

Activities and events took place, although some people wanted more opportunities to get outside and into the local community.

A complaints procedure was in place. People felt able to raise any issues and had confidence that they would be listened to.

Summary of findings

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. They were well thought of by people who used the service, relatives and staff.

A company director visited regularly to support and monitor performance.

The atmosphere was friendly and relaxed and staff enjoyed their jobs.

Systems to monitor the quality of the service were in place.

Hillcrest 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 10 November 2015 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience of caring for a person who used care services and lived with a dementia.

Before the inspection we reviewed all of the information we held about the service. We looked for any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within a required timescale. We asked the local authority (LA) contracting team and the health protection agency for feedback about the service. We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided. The registered provider had not been formally asked to complete a provider information return (PIR) before our inspection. A PIR provides information about the service, what they do well and any improvements they are planning to make.

During the inspection we spoke with nine people who used the service and seven relatives. We spent time observing how people spent their time and the interactions between people and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around communal areas within the service, and we saw a selection of people's bedrooms, with their consent.

The registered manager was on leave on the day of our inspection. However, the company director was present and we also spoke with the deputy manager, three care workers and a member of kitchen staff. After the inspection we contacted the registered manager to request some additional information about the service.

During the inspection we reviewed a range of records. We looked at three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered manager and provider.

During the inspection we spoke with a visiting healthcare professional, who regularly visits and works with the service.

Good

Is the service safe?

Our findings

All of the people we spoke with who used the service told us that they felt safe at Hillcrest Care Home. For example, a relative told us, "I have no concerns. It's very safe."

We spoke with the company director about staff recruitment processes and checked the recruitment records for three recently employed staff members. The service used an independent recruitment service to help them recruit suitable staff. The recruiter conducted initial checks and interviews, producing a final short list for the registered manager to recruit from. Recruitment records included completed application forms, medical questionnaires, interview records, references, copies of identification and evidence of a Disclosure and Barring Service (DBS) check. The DBS carry out criminal record and barred list checks on individuals who intend to work with children and vulnerable adults, helping employers make safer recruiting decisions. We found that staff were recruited safely and people were protected from unsuitable staff.

During our visit and observations we saw that there were enough staff on duty to meet people's needs and keep people safe. For example, staff were present in communal areas and available when needed to assist people. People who used the service told us that staff responded when needed and answered the call bell in good time. We looked at staff rotas and spoke with the company director about staffing levels during our visit. We also discussed staffing levels with the registered manager after the inspection visit. They told us that the dependency levels of people living at the service were kept under "constant review," and that staffing levels took into account the numbers of care workers needed to carry out people's care needs.

At the time of our visit 30 people lived at the service. Between 8am and 2:30pm two senior care workers and 4 care workers were on duty. Between 2:30pm and 9pm one senior care worker and three care workers were on duty, with additional support between 3:30pm and 8pm from a dining room assistant. In addition to these basic staffing levels there was also support during the day from either the registered manager or their deputy and ancillary staff [including laundry, domestic and kitchen staff]. Overnight, between 9pm and 8am, there was one senior care worker and one care worker on duty. Overnight there was also on call support from the registered manager or deputy manager who both lived close to the service. Staff were able to describe how staffing levels were increased if the needs of people using the service required it. For example, on call staff accompanying people to hospital if needed during the night or an extra staff member being put on shift if someone's behaviour had changed or additional support was needed when someone was receiving 'end of life' care.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. We spoke with the deputy manager and the senior care worker who was administering medicines on the day of our inspection. Both confirmed that staff who administered medicines had received training. The care workers we spoke with were able to answer queries about people's individual medication needs, such as where medicines needed to be administered at specific times outside of normal medicine rounds. They could also give examples of how problems with medicines had been followed up with a person's doctor to ensure their wellbeing. For example, one person had just had a review with a doctor and their medicines were now being provided in liquid form.

We observed medicine's being administered and saw that this was done pleasantly and safely. Medicines were stored safely, including arrangements for the storage of drugs that are liable for misuse [sometimes called controlled drugs]. Each person's medication administration record (MAR) included a photograph and relevant personal information. When we checked the stock of medicines available against administration records, the stock and records tallied correctly. The records we viewed were up to date and showed that medicines had been administered in accordance with people's prescriptions. An external audit by the service's pharmacist was scheduled in the diary for the near future and the previous audit had not raised any serious concerns.

We looked at the arrangements that were in place for managing allegations or suspicions of abuse and concerns. Care workers told us that they had been trained on how to identify and respond to abuse. Care workers we spoke with were able to describe the different types of abuse and how they would report any concerns. They also said that they would feel comfortable and confident raising any concerns with the registered manager or other agencies [whistle

Good

Is the service safe?

blowing]. There had not been any recent safeguarding investigations or alerts regarding the service, but staff demonstrated that they had the knowledge and willingness to ensure that concerns were reported appropriately.

Care records included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessments were in place for areas such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. We saw that equipment had been used to help manage identified risks. For example, the use of alarms and sensors so that staff knew when one person was up and needing assistance. A safely mat was used for a person who was at risk of falling out of bed. This had been assessed as less restrictive and less risky than the use of bedrails for this particular individual.

Records were available to show that premises and equipment were regularly checked and maintained in safe working order. This included the regular servicing and inspection of fire equipment, manual handling equipment, gas and electrical installations. A monthly audit was completed by the registered manager and included arrangements for health and safety. A detailed fire strategy had been put in place, detailing the premises, risks and evacuation procedures. Staff training included regular fire safety updates. The company director was aware of safety advice regarding the use of restrictors on upper floor windows, and was able to explain how these had been reviewed to ensure people's safety. We observed that the service was maintained in a safe and pleasant condition, with a comfortable and homely feel. However, during our visit we observed one or two areas that would benefit from attention. For example, a frayed join in the lounge carpet, some scuffed paintwork and wallpaper by the lift, and damage to the floor edging around the dining room hatch. One relative told us, "The décor needs doing, it's a bit tatty." The company director provided assurance that on-going maintenance was carried out as needed.

Good

Is the service effective?

Our findings

All of the people and relatives we spoke with were satisfied with the care and support provided to them. People told us they were happy and well looked after. For example, one person who used the service told us, "It's very good. Tops. A nice life." A relative told us "It's excellent – it's a lovely place." Another relative said "The staff are very helpful and friendly."

All of the staff we spoke with told us they had completed the training they needed to do their jobs and had access to a variety of training, including regular updates. Staff records we looked at confirmed this. Training records for new staff showed that the Care Certificate was being implemented. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care.

Observations during our visit showed that staff had a good understanding of people's needs and appropriate skills. For example, we saw staff using safe manual handling techniques to assist people with their mobility. We also saw staff responding in pleasant and appropriate ways when people needed reassurance or staff support because of a dementia. Overall we found that staff had the skills and knowledge required to support people who used the service.

Staff told us that they felt supported by the registered manager and could seek support when needed. People told us that the manager was approachable and provided staff with support, while also having clear expectations. For example, one staff member described the manager's approach by saying, "It's a good balance of making sure staff do their jobs and support." We looked at the supervision and support records for three new members of staff and three longer standing staff members. These records showed that staff received formal supervision on a regular basis. For example, the longer standing staff members had each received four formal supervision sessions during 2015. Induction records showed that staff had completed induction training and probationary reviews, to ensure they were able to carry out their role.

We saw staff consult people and seek their consent. For example, we saw staff offer people choices and explanations throughout the day. We saw that staff explained what they were doing, asked if people wanted to take their medicines and that people spent their time in different places, depending on personal preferences.

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).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Training on the MCA had been provided to staff, although the registered manager acknowledged that this was an area they wanted to develop further. The company director was able to describe the main principles of the act and how the staff tried to organise people's care in the least restrictive way possible so that people were not deprived of their liberty.

At the time of our visit no-one was subject to a DoLS authorisation. However, an authorisation had been sought in the past when it was appropriate to do so, showing that the registered manager was aware of the requirements and process. The care records we looked at included information about decision making, capacity, consideration of DoLS and if authorisation might be needed. However, the assessment tools we saw in use had not been updated to reflect a high court judgement and related changes to DoLS guidance in 2014. This was discussed with the company director and registered manager, who have provided us with information and assurances about the updates and actions they have taken to ensure that the home's approach is up to date.

We looked at how people were supported to maintain their nutritional wellbeing. People told us that they had a choice of meals, drinks and snacks throughout the day. People

Good

Is the service effective?

said they liked the food, with comments including: "The food is very good". A visitor also told us that they sometimes had their meals at the home with their relative and that the food was good. The care records we looked at included nutritional assessments to identify anyone who was at risk due to poor nutrition or weight loss. There was evidence of regular weight monitoring and involvement of the doctor, dietitian and speech and language therapy team where there were concerns about someone's nutritional wellbeing.

At lunchtime we saw that people were offered soup and a choice of main course and pudding. Vegetables and potatoes were served in shared dishes on each table, so that people could help themselves or staff could assist if need be. Salt, pepper and vinegar were also on the tables. People were assisted to eat and had adaptive equipment to help them where appropriate. For example, one person used a coloured plate. Staff explained that this person had poor eye sight and the colour helped the person to see and eat better. We saw that drinks were served mid-morning, with snacks including smoothies, yoghurts and fresh fruit. We spoke with a member of kitchen staff who described people's different dietary needs and how these were met. For example, how they provided high calorie snacks for people who were at nutritional risk and added bran to other people's foods to help maintain bowel health. They confirmed that they focused on providing fresh home cooked food and had ample food supplies to do this. In September 2015 the home had received a visit from an environmental health officer and was awarded a 5 star rating (the best available) for food hygiene.

The staff liaised with relevant health and social care professionals when needed. During our visit we saw them contacting the local health centre to ask for a visit for one person and a health check for another. Visits by doctors, nurses and other professionals were recorded in people's care records. People who used the service told us that they had access to doctors and other health and social care professionals when they needed them. For example, one visitor told us that their relative had seen a dentist and that the doctor was called promptly when needed. Another relative told us how the district nurse visited regularly to oversee urinary catheter care. A health care professional was visiting people who used the service and spoke with us. They felt the service involved them in people's care in an "Appropriate and timely" way. They had no concerns about the care people received and commented that people appeared cared for, clean and well dressed. They told us staff knew people well and were not afraid to question them [the healthcare professional] if they thought it was in people's best interests to do so. This helped to ensure people's wellbeing was maintained.

At the time of our visit many people were living with some level of dementia, albeit in most cases the early stages. During our visit we looked around the premises and noted that the environment would benefit from being more 'dementia friendly'. For example, there were some names on bedroom doors and a few photos, but most bedroom doors just had numbers to identify them. The layout of the building could be difficult to negotiate and we did not see adaptations to help people find their way around more easily, as encouraged by the NICE Guidelines "Dementia: Supporting people with dementia and their carers in health and social care". At the time of our visit the impact of this on people using the service appeared low, with most people spending time in the main communal areas or being able to access their room independently, but this is an area the provider could consider for development.

Good

Is the service caring?

Our findings

People we spoke with were happy with their care and told us that staff treated them well. Comments made to us included: "The staff are always pleasant." "The carers can't do enough. They are brilliant." A relative told us, "They care – they really do care. I can't fault the staff."

We observed the care and support people received during our visit. We saw that staff had good relationships with people and knew them well. For example, staff knew that one person didn't like busy or crowded spaces and supported them to eat their lunch during the quieter second sitting in the dining room. We saw that staff were kind and respectful towards people. For example, one person was confused and uncertain as to whether to get their hair done and asked staff to tell them what to do. The staff spoke kindly with the person, explaining that it wasn't what staff wanted that mattered and supported the person to make their own decision to have their hair done. We saw some very good interactions between the care workers and people who used the service while they were administering medicines. For example, staff pleasantly explained what they were doing and asked permission in a friendly and chatty manner. Throughout our visit there was a friendly and homely atmosphere evident.

Staff usually ensured people's dignity and privacy was respected. We observed staff knocking on doors before entering and the staff we spoke with were able to describe to us how they helped to maintain people's privacy and dignity. We did observe a couple of times where staff assisted people with care tasks in the main communal areas and we questioned if it would have been more appropriate to carry out these tasks in private. For example, carrying out care to a wound dressing in the main lounge. We discussed this with the company director at the time, who confirmed that this would not be normal practice. We established that the person had needed urgent attention but had not wanted to move, so staff had done what they thought best in the circumstances.

We looked at the arrangements in place to support people in maintaining relationships. Visitors told us that they were always made to feel welcome and there were no restrictions on visiting. One relative told us, "The staff are always welcoming." We observed visitors coming and going throughout the day. One visitor took their relative out. Relatives told us that the registered manager and staff kept them involved and informed about their relatives care. For example, a relative told us that the registered manager let them know if a doctor was needed, but also let them know if their relative was doing well, which the family appreciated. Another relative told us that when they called the service they were also able to talk with their relative on the phone. They told us, "The staff don't mind you ringing."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. We saw that people's individual routines and preferences were respected. For example, people spent their time where they wanted, could eat in their rooms, the dining room or the lounge and had a choice of meal time sittings. We saw people being offered choices regarding their meals and drinks. Staff we spoke with knew people well and were able to describe people's preferences and how they involved people in decisions about their day to day lives. For example, showing people a choice of clothes so they could pick what they wanted to wear.

The staff made arrangements for people to stay in the home and receive 'end of life' care if this was what they wanted. This meant that people did not have to go to hospital or other unfamiliar surroundings and could choose to die in the place of their choice. We looked at the arrangements that had been put in place for one person who was receiving 'end of life' care at the time of our visit. Their records showed that appropriate healthcare professionals had been involved and that arrangements for 'end of life' medicines had been put in place. This meant appropriate medicines would be available promptly if and when the person needed them. A care plan had been put in place for the person's end of life care arrangements and records of the care provided were being maintained. Staff told us that they had received training to help them provide 'end of life' care.

Good

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. People who used the service told us that they received individual help and support. Relatives also told us that people received the individual support they needed. For example, one person who used the service described their care as, "It's what you want."

The staff we spoke with knew people well and could answer any questions or queries we had about people's individual care needs. For example, questions we asked about people's medicines, why care was being provided in a certain way or why certain equipment was being used. Staff were able to give us examples of person centred care they had delivered. For example, how they had just had someone's medicines reviewed by their doctor, because they were having difficulty swallowing tablets. Or how they had identified that one person ate better in a quieter, less crowded environment. We saw staff providing individualised care. For example, going to get one person's pressure relieving cushion so they could sit comfortably and safely in the lounge, and checking another person had their hearing aid in and switched on. The health professional we spoke with also told us that, in their experience, staff knew people well and were responsive to their needs.

We looked at the care plans and assessment records for three people in detail. These all contained assessments and risk assessments covering areas of care, such as nutrition, skin integrity, manual handling and falls. The risk assessments had been reviewed to ensure that risks to people's wellbeing were monitored. The care plans provided individual details about people's needs. For example, one person had recently had involvement from the community mental health team and there was detailed information about the approach staff should use when caring for this person. Evaluation and review records were available and showed that staff regularly reviewed people's care needs and recorded changes where these had occurred. In the records we saw examples of staff identifying changes and taking appropriate action in response. For example, when one person lost weight the dietician had been involved and changes made to the person's diet, resulting in them regaining weight over the last four months.

We looked at the arrangements in place to help people take part in activities, maintain their interests and encourage participation in the local community. We saw that some people sat or snoozed in the lounge for most of the day and there was a small TV on in one part of the lounge. However, there was a lively atmosphere in the home with people chatting and visitors coming and going throughout the day. We saw that there were magazines and games available in the lounge area and that staff took the time to sit and chat with people or encourage them to look at books or other items of interest. One person told us, "We could do with a bit more entertainment." But they also acknowledged that entertainers did visit, with one person saying, "They [the entertainers] are always very good." The hairdresser was in the home during our visit and a lot of people made use of this service. One person told us that they enjoyed reading and had a book from the mobile library, which visited regularly. The home had an outside garden area, but we received feedback from people and relatives that accessing this was difficult because of its location and the home's layout. We also received feedback from two people who would like to see more opportunities for people to go outside and access the local community. For example, the chance to take regular walks with staff in good weather. This was fed back to the company director during our inspection so that action could be taken to help people achieve this.

Staff told us that although there was no activity coordinator, there was a music and motivation session with singing and floor games every two weeks and singers/ entertainers visited every three or four weeks. A relative also visited to provide music and songs, and a pat dog and handler visited on Tuesdays. We saw this visit take place during our inspection, with people really enjoying the interaction with the animal. People told us that the registered manager also brought her dog in sometimes, which they enjoyed. We were told that there was always a Christmas party and when people have birthdays they get a birthday cake.

We looked at the arrangements in place to manage complaints and concerns. People who used the service and their relatives told us that they would feel able to discuss

Good

Is the service responsive?

any issues or concerns with the registered manager or her deputy and felt that they would listen and respond appropriately. No one we spoke with had any concerns and everyone felt that any small issues they raised had been responded to appropriately. The service kept a record of formal complaints and the actions taken to resolve them, but the company director informed us there had not been any recent formal complaints. There were many 'thank you' cards that had been kept as evidence of the positive thanks received by the service.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager who had been registered with us since August 2011. A registered manager is a person who has registered with CQC to manage the service.

We received feedback from people who used the service and visitors that the registered manager was approachable and that people felt able to go to them to discuss issues or concerns. People knew who the manager was and relatives thought that the manager knew the residents well. One person who lived at the service said, "We've got a nice manager." Another person told us, "The boss is ok as well." One relative told us, "[Name of manger] is a very good manageress."

Staff told us that the service was well managed and provided people with good care. Staff felt supported and happy in their jobs. One staff member said, "It's like home, it really is. I love it, I wouldn't go [to work] anywhere else." Another told us, "I couldn't ask for more from [the registered manager]." Another person described the manager as, "A leader."

People who used the service and their relatives told us that there was a nice atmosphere, and that the manager and staff tried hard to make people welcome, comfortable and ensured people were well cared for. One relative told us that they would recommend the service to others and we observed another relative bring a friend [who was looking for a care home for a relative] to look around. This showed that these relatives had confidence in the service and the care provided.

The registered manager had received support and supervision from the company director. The company director told us that they visited often and tried to arrive at the home unannounced, so that staff did not know they were coming. They told us, "I'm not trying to catch them out, just check they are doing the job they are employed to do."

We looked at what arrangements were in place to gather feedback from people who used the service and their relatives. People we spoke with told us that they could remember having 'resident/relatives' meetings in the past, but that these no longer took place. However, everyone we spoke with told us that they could approach the staff or manager at any time, if they needed to ask a question or raise an issue. We spoke with the company director and asked the registered manager about this after our visit. They confirmed that formal meetings had taken place in the past, but had not worked well. They now preferred to promote an 'open door' approach, where anyone could approach them at any time, on an individual basis.

Some relative's told us that they remembered completing a recent survey. The company director confirmed that surveys were used to gather feedback and three surveys had been returned during late 2015. We saw these during our visit. They provided positive feedback about the service. The company director also showed us the many 'thank you' cards that had been received and were kept in the office as a sign of appreciation for the staff.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service. The registered manager completed a monthly management audit of the service. Records showed that the audit was completed regularly and covered a range of practices within the home, including health and safety. We saw that areas for improvement had been identified and recorded, along with the actions taken and outcomes. A weekly management report was completed by the registered manager and forwarded to the company director, so that they could monitor key information about the service and identify any trends or actions needed.

Accidents and incidents were recorded. These were reviewed and audited by the registered manager, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed. The company director was aware of notification requirements [events that the service is legally required to notify us of] and we had received statutory notifications from the registered manager.

Audits and checks had also been completed by external organisations. For example, a medicines audit had been completed in May 2015 by the service's pharmacy provider, with a further audit scheduled for shortly after our visit. A visit from the council's contracting department had taken place in February 2015, with areas for improvement having been actioned by the registered manager.

Good

Is the service well-led?

We looked at the standard of records kept by the service. Overall records were up to date, accurate and fit for purpose. There were a number of old records being kept alongside current records and they were not always well organised. This meant that finding up to date and relevant information was not always as quick and easy as it could be. The company director acknowledged this during our visit and had already started to archive information during our visit.