Essential Healthcare Solutions Limited

The Shrubbery Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 7 November 2017 and was unannounced. The Shrubbery is a care home that provides accommodation and personal care. The Shrubbery is registered to accommodate 26 people in one adapted building. At the time of our inspection 21 people were using the service. The Shrubbery accommodates people in one building and support is provided on three floors. There are two communal lounges, a dining area, a conservatory and a large garden that people can access.

The service had 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.

When we completed our previous inspection on 31 January 2017 we found concerns relating to how risks to people were managed. The information staff required to transfer people safely was not always available and when people had behaviours that may challenge staff did not always know how to support them in a consistent way. We also found further improvements were needed to ensure people were protected from potential harm or abuse. When needed mental capacity assessments had been completed however decisions had not always been made in people's best interests. The provider had not always notified us about significant events that had occurred in the home. The quality audits that had been introduced had not always been completed and therefore we could not be sure they were effective. The provider was rated as requires improvement overall. At this inspection we found improvements had been made however further improvements were needed. This is the second consecutive time the service has been rated Requires Improvement.

We could not be assured there were always enough staff to offer support to people. Our views were also shared by other professionals we spoke with. There were long periods when people in communal areas were unsupported and interactions from staff were task focused.

The provider had not always considered people's cultural needs and the pre assessment the provider completed did not always cover people's diverse needs. Where people were living with dementia we could not be sure how they had been supported to make choices, as information was often in written form.

Risks to people were managed in a safe way and staff had the information available. Staff knew how to recognise and report potential abuse and the provider had safeguarding procedures in place, when needed we saw these had been followed. Staff knew people well and people were happy with the care they received. Medicines were managed to ensure people were protected from the risks associated to them.

Infection control procedures were in place and implemented by staff and the provider when needed. Staff received an induction and training that helped them offer support to people. When people lacked capacity to make decisions for themselves we saw capacity assessments were in place and decisions made in

people's best interests. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they enjoyed the food and were offered a choice. People and relatives said they were involved with reviewing their care and when needed people had access to health professionals. People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day and remain independent. Some people were offered the opportunity to participate in activities and pastimes they enjoyed.

Staff felt listened to and were able to raise concerns. The provider used feedback from people and relatives to bring about changes. Quality monitoring checks were completed to make improvements to the service. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. The provider was displaying their previous rating in line with our requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
There were not always enough staff to offer support when needed. People were supported in a safe way and staff had the information available to manage individual risks to people. Staff understood when people maybe at harm and how to raise concerns. When concerns had been identified the provider had reviewed information so that lessons could be learnt. Medicines were managed to ensure people were safe from the risks associated to them. There were infection control procedures in place that the provided had followed, when needed.

Is the service effective?

Good

The service was effective.
People's capacity was assessed and when needed decisions made in people's best interests. People enjoyed the food and were offered choices. People's health and wellbeing was monitored and they had access to health professionals when needed. Staff received an induction and training which helped them to support people. The service worked in partnership with other professionals to support people's health needs. The home had been decorated and people had an opportunity to be part of the decision making.

Is the service caring?

Good

The service was caring
People made choices about their day and were encouraged to be independent. Family and friends felt welcomed and were free to visit throughout the day. People and relatives were happy with the staff and the care they received. People's privacy was respected and dignity upheld when they received care.

Is the service responsive?

Requires Improvement

The service was not always responsive.
We could not be sure the needs of people living with dementia or with cultural needs had fully been considered. Staff knew about people's needs and preferences and provided care in a way they wanted it. People and families were involved with planning and reviewing their care. People knew how to complain and there

was a system in place to ensure they were responded to.

Is the service well-led?

Good

The service was well led.
There were systems in place to monitor and improve the quality of the service. People and relatives opinions were sought to bring about changes. Staff felt well supported and listened to by the registered manager.

The Shrubbery Rest 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.

The Shrubbery is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Shrubbery is registered to accommodate 26 people in one adapted building. At the time of our inspection 21 people were using the service. The Shrubbery accommodates people in one building and support is provided on three floors. There are two communal lounges, a dining area, a conservatory and a large garden that people can access.

This inspection visit took place on the 7 November 2017 and was unannounced. The inspection visit was carried out by 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good. When we completed our previous inspection on 31 January 2017 we found concerns relating to how risks to people were managed. The information staff required to transfer people safely was not always available and when people had behaviours that may challenge staff did not always know how to support them in a consistent way. We also found further improvements were needed to ensure people were protected from potential harm or abuse. When needed mental capacity assessments had been completed however decisions had not always been made in people's best interests. The provider had not always notified us about significant events that had occurred in the home. The quality audits that had been introduced had not always been completed and therefore we could not be sure they were effective.

The inspection was informed by feedback from members of the public and health professionals. They pointed out some concerns about the care people received within the home and the quality of the equipment that was in use. Concerns were also raised about the staffing levels within the home and the

environment. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with six people who used the service and three relatives. We also spoke with three members of care staff, the activity coordinator and the cook. Two of the providers were also available during our inspection along with the registered manager. After the inspection we spoke with a health professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for eight people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection, the provider was in breach of Regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were rated as requires improvement in this domain. We told the provider to make improvements to ensure that risks to people were managed in a safe way, to ensure staff had the information available to transfer people safely and when people had behaviours that may challenge; they were supported in a consistent way by staff. We also told the provider to take action to ensure people were protected from potential harm or abuse. At this inspection, we found the provider had made the necessary improvements however there were further areas of improvements needed in relation to staffing.

We received mixed views about the staffing levels and could not be assured there were always enough staff available. One person said, "Staffing levels are alright. The carers are excellent. They are overburdened with work, that's obvious". Whereas another person told us, "When I've used the buzzer, they come straight away". Relatives commented, "I think there are enough. Sometimes you have to wait". And, "Our experience is that staffing levels are okay". We saw that when people requested support from staff on occasion they did have to wait short periods for support. For example, we saw one person requested support; staff were offering support to another person and informed the person they would be with them shortly. We saw this person had been waiting 15 minutes until a member of staff from the afternoon shift arrived early and offered this person support. We saw communal areas were left unsupervised for long periods. We observed one communal area for 50 minutes, during this time no staff entered the room and six of the eight people remained asleep for the duration. When staff did enter the room it was to transfer one person using the hoist and there were no other interactions with people. This meant support people received was often task focused. We observed during a different period when the communal area was unsupervised a person spilt there drink on their clothing, this remained wet, as staff had not been present and it remained unnoticed. After two hours we saw the person was still in the same clothing, we informed the staff about this. We reviewed the quality monitoring report that had been completed in September 2017 by the local authority they had commented, 'there didn't appear to be enough staff presence in the lounge and dining areas'. This meant we could not be sure there was always enough staff available to respond to people.

We spoke with the registered manager and provider about staffing levels within the home. They showed us a dependency tool they had implemented, however it was unclear how people's individual dependency levels had been assessed. For example, people's individual needs were assessed, but there was no information that showed how many staff were needed. This meant we could not be assured how effective this tool was in assessing staffing levels within the home.

At our last inspection we found improvements were needed to the way behaviours that may challenge were managed so staff offered a consistent approach. At this inspection we saw that when people demonstrated these behaviours care plans had been introduced. Information recorded identified possible triggers people may have and what action to take when incidents occurred. We spoke with staff who confirmed they knew how to support these people. One staff member said, "We have a different approach now for this person and all the staff do the same. This has really helped we hardly get any episodes now". This meant when people

had behaviours that may challenge staff had the information available to offer support and offered a consistent approach.

People were safe. One person said, "I haven't had one fall since I came here. I came here because of falls. It's probably because I've got no worries here. I was always worried about stuff before". A relative told us, "They are in the safest place they could be in". Staff we spoke with knew about people's individual risk and how to support people in a way to keep them safe. One person was at risk of falls we saw that equipment was used in the person's room to alert staff when they were mobilising and they also used a walking aid. Staff told us, "We have to be alert when [person] mobilises. We offer one to one assistant so we are there to support. When they are in bed we make sure that the mat sensor is switched on so we can be alerted if needed". We saw there was a risk assessment in place and when falls had occurred this had been reviewed. Due to one person's increase in falls we saw the registered manager had referred them to the falls team for further guidance.

When other risks had been identified for people we saw risk assessments and care plans were in place, for example when people were at risk of developing sore skin or at risk of choking. When people needed equipment to keep them safe we saw the provider had maintained and tested this to ensure it was safe to use. This showed us that people were supported in a way to keep them safe.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs and a coloured code was placed on people's bedroom doors as a reminder for staff if an emergency occurred. Staff we spoke with were aware of the plans and the support individuals would need.

At our last inspection we found staff did not always have information available to transfer people in a safe way. At this inspection we found when needed people had risk assessments and guidance in place stating how people should be transferred. A new person has recently moved into the Shrubbery and we saw guidance was in place for this person for staff to follow. We spoke with staff who told us since the last inspection the registered manager had verbally offered support and guidance to them in relation to moving and handling. They told us the registered manager had completed a moving and handling competency assessment and had observed them in practice. One staff member said, "It was very though he observed me for a good hour and a half. I found it helpful; it was more personal then when you have the training as its real". All three staff we spoke with had received a competency check in this area.

We spoke with staff about the recruitment process. One member of staff who had recently started working within the home confirmed they had to wait for their DBS check before starting. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at four recruitment files and saw pre-employment checks were completed before staff could start working within the home. This demonstrated the provider ensured the staff working in the home were suitable to do so.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "It's about reporting any issues when you are concerned about any abuse or people's safety". Another staff member said, "It's protecting vulnerable people". They went onto say, "I would report my concerns to the manager or the provider, I am sure they would take action. If I was concerned I would go to the CQC". We saw there were safeguarding procedures in place. We saw that when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the provider's procedures.

When safeguarding incidents had occurred within the home we saw the registered manager had produced a written report on the incident, detailing what had occurred and any action that could be taken to prevent this from reoccurring. It was also detailed how this information would be shared with staff. We saw one report had been shared with staff at a recent staff meeting. Staff confirmed this to us and told us, "I think this is good, if we are aware what has happened it can make us think a bit more before doing it ourselves". We saw and the registered manager confirmed they were also completing a further report from a recent safeguarding that we had been made aware of within the home. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

People received their medicines as required. One person said, "The staff are good with my tablets, they are always on time". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them.

There were systems in place to ensure infection control procedures were followed within the home. For example, staff told us and we saw protective person equipment including aprons and gloves were used within the home. One staff member commented, "This is one of the improvements that the new manager has made, before we used to be always running out of things, now it's always available". We saw the provider had a policy in place and when needed this had been followed. For example, since the last inspection there had been a health outbreak within the home, the provider told us the action they had taken and how they had contacted, Public Health England for guidance and advice as required in this instance. We also saw the provider had been rated a four star by the food standards agency and the cook confirmed to us they had received the relevant training needed to work within the kitchen environment. The food standards agency is responsible for protecting public health in relation to food.

Good

Is the service effective?

Our findings

At our last inspection we found improvements were needed as people were being unlawfully restricted within the home. At this inspection we found the provider had made the necessary improvements.

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 or 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 to see if the principles of the MCA were followed. We saw when needed capacity assessments were in place. We saw capacity assessments were individual to the areas being covered and there was clear evidence as to how the decision had been made. For example, people's capacity had been assessed in relation to living with the home, medicines and management of behaviours. When people lacked capacity to make decisions for themselves we saw some best interests decisions were in place. We spoke with the registered manager who confirmed to us that they were revisiting all best interest decisions for people to ensure correct procedures had been followed. When relatives or friends held power of attorney for people a copy of this was on the person file to demonstrate what this involved.

When people were being restricted unlawfully the registered manager had completed DoLS applications in line with requirements. There was no one currently living at The Shrubbery who had an authorisation in place. We spoke with staff who demonstrated an understanding of capacity and Dols. Although staff told us they had not received training in this areas they told us the registered manager had completed a booklet for them to help them understand. One staff member said, "Capacity is about how well someone understands something and if they are able to understand decisions about their own welfare". Another staff member said, "I know no one has a DoLS here, but it's how we can keep them safe if they don't really understand what they are doing. Like if they wanted to go out by themselves and they didn't understand the risks of that. We would safeguard them against it". One of the staff members commented, "We haven't had training yet but I think this is coming up soon. The registered manager helped us understand this better than training would. They made us a little booklet with all the information in it. ". This demonstrated the principles of the MCA were followed.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation For example; when people had specific medical diagnosis such as lymphedema we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including the NHS choices for the staff team.

Staff have received an induction and training to help them support people. One person said, "I find the staff are brilliant. I couldn't fault them in any way". Staff told us they received training and an induction to give

them the skills needed to provide care and support to people. One member of staff who had recently started working within the home said, "I have had an induction. It was helpful I have worked in care before, however it helped me get to know the people who lived here". The registered manager told us, and we saw they had introduced a new induction within the home. The provider told us they had sourced more specialists training within the home that was more specific to the individuals that lived at the Shrubbery. They told us they had signed up to this training and it was going to be undertaken by staff shortly, we saw this had been a recommendation from the local authorities quality assurance visit. This demonstrated staff were supported to receive training relevant to meeting people's needs.

People were offered choices at mealtimes and enjoyed the food provided. One person said, "I could have a cooked breakfast if I wanted. The food is very good. I'm sure they would do you something else if you didn't want the food but I'm a good eater". Another person told us, "I have plenty to drink. You've only got to ask". During lunchtime we observed the atmosphere was relaxed and people were supported in a timely respectful manner. People were supported to eat at their own pace and when people needed support from staff it was offered to them. When people had individual preferences we saw these were catered for. For example, one person was a vegetarian and we saw food was provided to support this. We saw that throughout the day people were offered a selection of hot and cold drinks.

People had access to healthcare professionals when needed and their health was monitored within the home. One person said, "I can tell them if I feel unwell and the doctor will see me". We saw documented in people's notes and the provider confirmed that the GP visited the home each week. Records we looked at included an assessment of people's health risks. We saw when these risks had been identified people's health was monitored. For example, food and fluid intake. People were also weighed and any concerns were recorded and reported so action could be taken. For example, when a person had been identified as losing weight advice had been sought form a medical professional and additional supplement had been prescribed for this person. When needed we saw referrals had been made to health professionals. For example, we saw referrals to district nurses to support with pressure, physiotherapists to support with mobility and speech and language therapists to support with any eating and drinking concerns.

We saw some areas of the home had recently been refurbished, these included people's bedrooms. These areas had been decorated in bright colours. People's personal belongings were in their room, including photographs of people who were important to them. The provider told us that other areas were being refurbished including the communal areas. The registered manager told us how they would show people who lived at the home examples of different colours to help them choose the new décor. People told us they had access to the garden. One person said, "We go out there in the summer it's a bit cold for me now". We saw photographs displayed around the home of people in the garden and the summer fete that had been held in the garden by the providers during the summer.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the staff. One person said, "I find the staff are brilliant. I couldn't fault them in any way" A relative told us, "They're always very patient, calm and approachable". We saw positive interactions from staff at mealtimes. For example, when people needed support to eat their meals or guidance this was provided for them in a caring way.

People told us they made choices about their day. One person said, "They come and do 'wakey wakey' at about eight. If I say I don't want to get up, that's okay". Another person told us in the summer they liked to be outside and staff would support them to do this. We saw staff offering people verbal choice about what they would like to do and where they would like to sit. The records we looked at confirmed how people were able to make choices.

People told us their privacy and dignity was promoted. One person said, "They always knock on the door. Oh definitely, they respect me". Staff gave examples of how they treated people with respect and promoted their privacy and dignity. One staff member said, "We knock doors and use the screen when we are in communal areas". We saw staff asked people if they would like to use the bathroom discreetly, when needed. When people were supported to use specialist equipment we saw people's clothes were adjusted so their dignity remained and in communal areas the screen was used to offer people privacy.

One person told us they liked to be as independent as they could and the staff were respectful of this. They said, "I can do most things for myself really, the staff are there to offer me the reassurances I need. They give me confidence". We saw people's decisions were respected and their independence encouraged we saw people moved freely around the home.

Relatives told us they were free to visit when they wished. One relative said, "I can visit when I chose, I just drop in." We saw relatives and friends visited throughout the day.

Requires Improvement

Is the service responsive?

Our findings

People's cultural or diverse needs were not always fully assessed. When people had different cultural backgrounds the provider had not always considered this as part of their pre assessment and there was not always information recorded in relation to culture in the care files we looked at. Staff and the registered manager confirmed that none of the people received care or support in relation to their culture. This meant that people's human rights were not met under the provider's equality policy. During the inspection the provider updated there pre assessment to include this information.

The home was supporting people who were living with dementia; they had not fully considered any dementia support. For example, at mealtimes people were asked what they would like to eat before the mealtime. The menu was also written on a chalk board. There were no pictures or prompts used to support people to make their choices and there was no reminder of what they had ordered when the meal arrived. Therefore we could not be sure people understood the choices they had made. We asked staff if photographs of pictures were used to support people to make choices. One staff member said, "If they are, I don't know anything about it".

An activity worker had recently been appointed within the home; however they were unable to tell us how activities for people were selected. We saw some activities were taking place for example a board game in one of the communal areas, however, this was not shared with everyone so only the people present were offered the opportunity to participate. For long periods throughout the inspection we saw people were asleep and little interaction was demonstrated. We saw that newspapers were available for people; however people who were unable to were not always supported to read or access these. Other people told us they had the opportunity to go out. One person said, "Every week, I go out to the shops. A carer goes with me".

Staff knew people well. One person told us, "It's like home, when you see the same people day in day out they get to know you". One staff member said, "We are a really good team, we communicate well with each other to make sure we are up to date". Staff told us they would find out information about people from their care plans and risk assessments as well as other staff. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People and relatives were involved with planning and reviewing their care. One person said, "They ask me how I like things done". A relative confirmed they were kept up to do date with any changes to their relatives care. We saw that records were reviewed on a monthly basis and review meetings were held with people, their families, the staff and other professionals.

People told us they knew how to complain. One person said, "I've no concerns. If I was unhappy, I'd tell someone about it but I've never had the occasion to do that". A relative told us, "I've no concerns but if I did, I'd go straight to the manager". No one we spoke with had made a complaint so could not comment of how this had been dealt with by the provider. The provider had a complaints policy in place. We saw when complaints were made they had responded to them in line with their policy. This demonstrated there were systems in place to deal with concerns or complaints.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Good

Is the service well-led?

Our findings

At our last inspection we could not be assured the provider understood the responsibilities of their registration with us. The provider had failed to notify us of two reportable incidents that had occurred at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the necessary improvements had been made.

There was a new manager in post who had recently registered with us. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home in line with our requirements. The provider does not currently have their own website to display their rating.

People and relatives spoke positively about the changes the new manager had made since starting in the post. One person said, "I think he is more hands on, you have to keep your eyes peeled in this game and that's what he does, he is a lovely chap too". A relative told us, "He has made some positive changes". Staff told us about the changes he had made since coming into post. One staff member said, "Everything seems more up to date now. The paperwork is better easier to find and read. It's more real as well not just about a piece of paper; he has a way of interacting with us to help us understand". The registered manager spoke to us about how they interacted with staff to enable them to do their roles. They said, "I try to work with staff to understand how and why they do certain things. I then try to teach them better or different ways to do this". The registered manager told us how they had been working with professionals who came in the home to develop good relationships so that effective care and treatment could be delivered. A health professional confirmed to us that communication had improved since the new manager was in post. The registered manager had also introduced a range of audits and action plans to ensure that when areas of improvement were needed there were systems in place to learn and improve. The registered manager continually shared this information with staff to ensure that the service was continually learning and improving.

All the staff we spoke with felt the registered manager was approachable and would be happy to raise any concerns. One staff member said, "No problem, they would definitely listen, they would take action and that is the big difference now". Staff told us they had the opportunity to raise concerns and all the staff we spoke with told us they had the opportunity to attend staff meetings and individual supervisions with the registered manager.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be supported by the manager with this, it's about raising concerns if I see something which is not right like bad care". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

People and relatives had the opportunity to complete surveys relating to the service. The registered manager told us and we saw these had only recently been completed; they were awaiting further

completion of surveys before compiling and reviewing this information. The registered manager told us they would use this information to make any changes or improvements to the service where needed. The surveys we looked at did not identify any concerns and provided positive feedback on the provision of the service and staff. We saw resident and relative meetings had taken place within the home and people had the opportunity to attend these meeting to raise their views. The provider and manager also completed unannounced spot checks at the home. During these staff practices were observed and verbal feedback was gained from people who used the service. The registered manager had used these checks to provide feedback to the staff and make the identified improvements.

Quality checks were completed by the manager and provider. These included monitoring of incidents and accidents, care plan reviews and medicines. We saw that information from these audits was then analysed so trends and themes across the home could be considered and reviewed. We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed. It had identified that an as required protocol for a medicine for a person was missing. We saw an action plan had been put in place and when we checked we saw this had been completed.