CC Care Home Limited

Manorfield Residential Home

Inspection report

Clappers Lane
Earnley
Chichester
West Sussex
PO20 7JJ

Tel: 01243673023
Website: www.manorfieldcarehome.co.uk

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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

Manorfield Residential Home is registered to provide support and accommodation for up to 28 people. It provides a service to people which includes older people, people living with a physical disability, sensory impairment and some people living with dementia. It also provides respite care. On the day of our visit there were 27 people who used the service.

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 and relatives said they felt safe and secure and had no concerns about safety at the home. Staff understood local safeguarding procedures. They knew what action to take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely.

Staff received regular training and there were opportunities for them to study for additional qualifications. Staff were supported by the management through supervision and appraisal. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found the registered manager understood when an application should be made and how to submit one.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals.

People were supported by kind and caring staff who understood their job role. Staff took time to engage with people, providing reassurance and support. People had developed relationships with staff and told us the staff were kind, caring and that they treated them respectfully. Staff understood how to care for people in a sensitive way.

People were involved as much as possible in planning their care. Care plans provided information about people's support needs. The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the life they wanted, in accordance with

their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them. People were supported to express their religious beliefs and to maintain their cultural or religious needs

The service was well led. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. The registered manager senior staff monitored the delivery of care.

A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback encouraged.

There was a clear complaints policy and people knew how to make a complaint if necessary.

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.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who were appropriately trained.

Is the service effective?

Good

The service was effective.

Staff received training to provide effective care and support. The staff were knowledgeable about their roles and understood how to provide appropriate support to meet people's needs.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff.

People had access to a choice of meals and were supported to maintain a healthy diet. A variety of external professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

People received care from regular staff who knew them well and cared about them.

People felt involved in making decisions relating to their care

and were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the effective running of the service

Manorfield Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2016. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make. We also looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people and how people were supported in the communal areas of the home. 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 at plans of care, risk assessments, incident records and medicines records for four people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, quality feedback surveys and records relating to the management of the service such as audits and policies.

During our inspection, we met with eight people who used the service and four relatives. We spoke with the registered manager, a senior carer, the cook, one domestic staff member and three care staff. We also spoke with a community matron who had regular contact with the home. They consented to share their views in

this report.

The service was last inspected in July 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were safe at the home. Observations showed there were enough staff to provide support to people. People told us they felt safe and had no concerns. One person told us "I could not be happier". Relatives said they were happy with the care and support provided. One relative said "I am very happy with the way my relative is looked after he is safe and gets all the help he needs".

The registered manager had an up to date copy of the West Sussex safeguarding procedures to inform staff on how to report any concerns. She understood her responsibilities in this area to report any suspected abuse. There were notices and contact details regarding safeguarding procedures on the notice board. Staff told us they were aware and understood the different types of potential abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

Risks to people and the service were managed so that people were protected. In order to help keep people safe there were risk assessments in people's care plans. These identified any risks and also provided staff with information on how the risk could be minimised. For example the risk assessment for one person explained that the person was at risk of falls and the person used a stick to mobilise short distances but required a wheelchair for longer distances. The information provided to staff instructed them to ensure the person always used their stick when mobilising around the home to mitigate the risk of falls and this helped to ensure this risk was appropriately managed.

There were also environmental risks assessments in place, such as from legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building which had recently been updated and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

Recruitment records we viewed contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who confirmed this and told us their recruitment had been thorough.

The registered manager told us there were a team leader and three care staff on duty between 7am and 8pm. Between 8pm and 8am there were two members of care staff on duty who were awake throughout the night. In addition the registered manager worked flexibly alongside care staff to provide additional support as required. The provider also employed domestic, laundry and kitchen staff, a maintenance person and an activities co-ordinator who all worked flexibly to meet people's needs and ensured the care staff could focus on people's care. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us staffing levels were based on people's needs. The registered manager told us agency staff were rarely used as the permanent staff would normally complete overtime to cover any additional care hours which may be needed and for sickness and annual leave. Our observations

and comments from people, relatives and staff confirmed there were sufficient staff on duty to meet people's needs.

Peoples' medicines were managed and administered safely. We observed the lunchtime medicines being given. Staff carried out checks to make sure the right person received the correct medicines at the right time. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. We looked at MAR sheets and these showed that people had received their medicines as prescribed and there were no gaps or errors identified. We saw that medicines were supplied in a monitored dose system and were stored in a locked medicines trolley which was kept secure when not in use. There was a policy and procedure for the receipt, administration and disposal of medicines. The registered manager told us only staff who had completed training were authorised to administer medicines. Staff told us they had received training in medicines handling which included observation of practice to ensure their competence.

Good

Is the service effective?

Our findings

People told us they got on well with staff and the care they received met their individual needs. People said they were well cared for and they could see the GP whenever they needed to. One person said "I have everything I need, the doctor comes to see me if I am not feeling well". Another person said "I am well looked after and have no complaints". Relatives said people were supported by staff who knew what they were doing. One relative told us, "My relative has been here for three years and they are happy and content". Another said, "The staff are all very good, I have no concerns about the care and support provided". People told us the food was good and there was always enough to eat.

The registered manager told us training was provided to staff through regular courses arranged by the provider. The registered manager told us staff had completed all training considered mandatory to their role. Staff confirmed this and said that they were provided with a range of training opportunities. Training was also provided through the local authority courses, distance learning and face to face training. The registered manager showed us a training plan which detailed the training staff had completed and also contained details of when refresher training was required. We saw training included the following subjects: Moving and handling, safeguarding, fire, health and safety, first aid, infection control, MCA and DoLS, dementia awareness, end of life care, person centred planning and medicines. The registered manager told us that monthly training updates were carried out on a variety of subjects. Staff were given a DVD to watch and then completed a questionnaire to check their knowledge. This meant that staff skills were kept up to date.

The registered manager said all new staff members were expected to complete an induction when they started work. The induction programme included essential training and shadowing experienced care staff. Shadowing was dependant on staff knowledge and skills but was for a minimum of three days so they could get to know the people they would be supporting and working with. The registered manager told us any new staff would be enrolled on the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that new recruits who had not previously worked in care would be expected to complete the Care Certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 22 care staff and 15 had completed qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us that she and team leaders regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. Staff spoke positively about the training they received. They said training was good and that there were plenty of opportunities for training.

Staff received regular supervision every four to six weeks and records were up to date. The registered manager told us that each staff member received regular supervision and staff also had an annual appraisal.

Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or any of the senior staff. Staff said they were able to discuss any issues with the management team and felt that communication was good and that everyone worked together as a team.

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. We asked staff about issues of consent and their understanding of the MCA. Staff understood the basic principle that people should be assumed to have capacity unless it had been assessed otherwise. Staff had a good understanding of the implications of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. People's care plans included capacity assessments.

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 service 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 registered manager and staff understood their role and the procedures to follow under this legislation. The registered manager said that at present there was no one living at the home who was subject to DoLS. However some applications had been made but they had not yet been assessed by the local authority DoLS team.

The registered manager told us that although some people were living with dementia, people were able to make day to day choices and decisions for themselves. People's capacity to consent had been assumed until assessed otherwise, which was in line with the MCA principles. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support. People told us that they were able to make their own decisions. One person said "They (staff) always ask me and explain what they are doing, they talk to me and give me time". This meant that people were able to exercise as much choice as possible in their day to day lives.

People told us the food was good and they were supported to have sufficient to eat and drink. A relative told us, "The food was good and there's always plenty to eat and drink". We spoke to the cook who told us breakfast was normally cereals and toast and people could choose what to eat. Lunch was the main meal of the day and supper was a snack type meal such as cheese on toast, soup, or sandwiches. There was a rolling menu which was made up following discussions with people at residents meetings to ensure it met people's preferences and choice. The cook said they only prepared one choice for lunch but if this was not to anyone's liking and alternative would be provided such as jacket potato, omelettes or salad. Staff went round after breakfast and told people what was on for lunch. At this time people had the opportunity to request an alternative. The cook said there was always a range of food in the fridge so that staff could make a snack or sandwich for people at any time if they wanted this. Care records showed that people had been assessed using a Malnutrition Universal Screening Tool (MUST) a tool specifically designed to assess the risk of malnutrition. The registered manager said that specific diets were catered for and if necessary a dietician or Speech and Language Therapist (SALT) would be consulted to ensure people's nutritional and food texture needs were met. The cook had a list of those people who required a specific diet such as soft, pureed or diabetic and those who required food supplements to boost nutritional intake. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and

balanced diet.

People's healthcare needs were met. People were registered with a local GP surgery and a GP visited the home weekly. Staff made a note of anyone who would like to see the GP and this was arranged as part of the GP weekly visit. If anyone needed to see the GP outside of this visit then appointments were made as required. The registered manager arranged regular health checks with and optician service who visited annually and some people had signed up to a dental service who carried out regular oral hygiene checks for those people who signed up on a monthly basis. Other people visited their own optician and dentist in the local community. The registered manager said appointments with other health care professionals were arranged through GP referrals and these included the dementia care team, occupational therapist, dietician and speech and language therapists, palliative care team, tissue viability nurse and the falls team. Record of all healthcare appointments were kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. We spoke with a community matron who told us the staff were pro-active in asking for advice and support and followed the advice given. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "The staff are all very good, they are kind and caring and treat everyone with dignity and respect".

Staff took time to explain to people what they were doing and communicated with them in a way that people could understand. We observed that staff bent down to the same level as people who were sitting so they could maintain eye contact when talking with people. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. One member of staff said "Personal care is always carried out in private. I always make sure the bedroom door is closed and close the curtains when providing any personal care, people like to walk in the garden and you can see straight into people's rooms if they have the curtains open".

People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions, we saw staff chatting and engaging with people and taking time to listen. For example we saw staff sitting and chatting with people and discussing news items. Throughout our visit staff showed people kindness, patience and respect. There was a good rapport between staff and people. We observed there was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately. For example one person asked a member of staff if they could visit the hairdresser who was in attendance. The staff member informed the person 'Yes, you are on the list, if you just wait a minute I will find out what time you are due to see her'. The staff member went away and returned shortly afterwards and told the person that the hairdresser would come and get her in a few minutes.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and staff communication book which were confidential documents and staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

There was information on the notice board in the main corridor about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us she would support people to access an appropriate service if people wanted this support.

Good

Is the service responsive?

Our findings

People were well looked after. People told us they liked living at Manorfield Residential Home. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said "The staff are very good, they keep a good eye on (named person) they always let me know how they are".

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

People knew they had a plan of care and consent to care forms had been completed and signed. The registered manager told us that people and their relatives were involved in planning their care. People told us that they were quite happy with the care they received. We were told staff always involved them in decisions relating to their daily care and how they wished to spend their time.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. People had care plans for the following: Activities of daily living, communication, skin care, mobility, continence, personal care needs, eating and drinking, and personal safety. Care plans identified the support people needed, but they did not always explained how this support should be given. For example the care plan for one person said 'Needs full support with washing and dressing'. However the care plan did not explain to staff what actual support was required. We spoke to staff who knew what support the person needed and told us what they would do and this met the person needs. This showed staff had good knowledge of the care needs of the people they looked after and the lack of information in care plans did not have a detrimental impact on people. We discussed care plans with the registered manager who understood the need for more information and said that she was currently looking to update all care plans to make them more person centred. As part of the care plan improvements that registered manager had introduced a 'knowing Me' booklet. This included information about the person's social history with information regarding what school they attended, whether they were married, their children/grandchildren, past history of employment and social interests. This gave valuable information for staff to know and understand people.

Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to reflect this. For example the care plan for one person on the 1 February 2016 stated the person could be verbally aggressive to staff. Staff were instructed to use a 'softly, softly' approach and when the person became verbally aggressive staff should leave the person to calm down. We saw that on the 1 June 2016 the care plan had been amended. Staff had worked with the person and verbal aggression had been reduced, therefore staff were instructed to engage with the person and explain what they were doing, offer a drink or

snack. This meant that the care plan reflected the person needs at a particular time. Staff told us that the care plans reflected the current support people needed.

We discussed care plan reviews with the registered manager. Currently the review notes indicated if a change to the care plan had been made but did not evidence who had been involved in the review or provide an evaluation of how the care plan was working for the person concerned. We explained to the registered manager that more information and evaluation when care plans were reviewed would benefit people and staff. The registered manager said that she would instruct staff to expand the review notes to reflect how the care plans were working for the person concerned and also evidence who had been involved in the review process.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover which was carried out before commencing their shift. The handover was conducted by senior care staff member and each person was discussed individually. The handover gave an update on each person together with any additional information staff needed to be aware of. Staff told us that the handover was really valuable in getting to know peoples current care needs. The handover and updated care plans ensured staff provided care that reflected people's current needs.

Manorfield Residential Home employed an activities co-ordinator who organised activities for people and we saw there were a range of activities provided. The activities programme for the week included exercise to music, visiting entertainers, bingo, games, TV and radio, trips out in the homes mini bus, and a visit by a Pets As Therapy (PAT) dog. On the morning of our visit we saw people taking part in a memory game and in the afternoon settling down to watch a film. Staff told us they regularly supported people to celebrate special occasions. The registered manager told us about a recent jazz afternoon in the grounds and this was well attended by families and raised over £250 for the local church and for the resident's fund. Seasonal events were also organised such as summer, Christmas and Easter events with local groups. People were supported to express their religious beliefs and to maintain their cultural or religious needs. On the day of our visit a local vicar was in attendance to provide a communion service for those that wished to attend.

The service routinely listened and learned from people's experiences, concerns and complaints. People and relatives told us they were confident any concerns would be dealt with appropriately. The provider's complaints policy was displayed in the home. People told us they had not made any complaints. A relative told us, "I would know how to complain if I needed to" Another relative told us, "I know there are complaint forms but I am sure the registered manager would resolve problems early." Complaints and complements were logged and dealt with appropriately. Records showed that complaints were dealt with in line with the provider's policy and procedures.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they understood people's needs. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

Good

Is the service well-led?

Our findings

People said communication with the staff and manager was good. Comments from people included: "I am very happy with how the home is run, communication with everyone is good and there is always someone around to talk to if I have any problems," "The registered manager and staff are approachable, they are always walking round and checking that everything is alright" and "Everything seems to work well".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager and senior care staff were approachable and had good communication skills and that they worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said that she and senior staff regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved. The registered manager told us she started work at 0730 each morning so she could meet up with the night staff and provide them with supervision and support. She explained that this was very important as the night staff could feel isolated.

The manager was knowledgeable about the people in the service and she walked around the home each day and spent time with them. This enabled her to check how people were supported and to monitor staff and their delivery of care. The registered manager said she spoke with people and staff to discuss any issues they may have. People told us that the manager was nice and easy to get on with and was around if they wanted to speak to her. Staff also confirmed that the registered manager spent time offering support and said that she was approachable and they were able to talk with her if they had any issues.

In order to ensure her own personal knowledge and skills were up to date the registered manager told us she had attended learning events and kept up to date with current practice. She did this through reading journals, care publications and the CQC website. She regularly met with other managers at a local authority forum, where managers from other care homes in the area got together to discuss issues and share best practice. This helped to support care provision, identify new training opportunities and to promote best practice. The registered manager said that any learning was passed to staff so they in turn could benefit. This showed the registered manager was committed to improving the service that people received by ensuring her own personal knowledge and skills were up to date through continuing professional development.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed. However there was no information about any outcomes from previous meetings. There was also no information about decisions that had been made and no action points to take forward. However staff said that changes discussed at staff meetings were implemented. The registered manager told us that in future minutes would provide information from the previous meetings to evidence that appropriate action had been taken for any point raised.

The provider had a policy and procedure for quality assurance. The registered manager carried out a range of audits to monitor the quality of service provision. Checks and audits that took place included; health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents, audits of activities and audits of concerns, complaints or incidents. The registered manager said that a recent audit had identified a high incident of falls. As a result of the audit the registered manager had contacted the falls prevention team who recommended that increased hydration would benefit people. The registered manager introduced coloured beakers to aid people's visual appreciation and thus increase people's fluid intake. The registered manager said that this had resulted in a decrease in the number of falls and in the instances of urinary tract infections. This showed the provider and registered manager used the quality assurance procedures to improve the service provided to people.

Questionnaires were sent to people and their representatives to ask them their views on how the provider was meeting people's needs. The provider had also registered the home with an on line company where anyone could comment on the quality of the service provided at the home. People could complete an on line form and write their own review of the service provided. The company verified all responses were genuine before allowing them to be displayed on the website. To date 18 reviews had been submitted with an average score of 9.8 out of 10.

Records were kept securely. All care records for people were held in individual files which were stored in the care office. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.