

Mrs Rose Metcalfe

Beechwood House Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 February 2018 and was unannounced. Beechwood House Rest Home 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 service was previously inspected on 29 November 2016 when it was found to require improvement. This was because medicines had not been stored and dispensed in accordance with current guidance and notifications had not been submitted to the CQC. We made recommendations as a result of these findings. At this inspection we found people's medicines were managed safely and people told us, "I get my medicine on time." We found medicines were now dispensed, administered and stored appropriately in accordance with current guidelines. Medicines administration records had been fully completed and regularly audited to ensure their accuracy.

Beechwood House accommodates up to 13 older people with care and support needs. At the time of our inspection 13 people were living at the service. The service consists of a detached house set within its own gardens and there was a passenger lift to enable people with limited mobility to access rooms on the first floor.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the registered provider. The registered manager lived on site and was available to support people and staff at all times if required.

People were relaxed and at ease in the service and told us, "I am very happy here, I was surprised how nice it was" and "The staff are very kind, they are very good." Relatives comments included, "The atmosphere is very warm and friendly. All of the staff are very caring and nothing is any trouble" and "I can't praise it enough, I want to go there when I get to that age." People were comfortable requesting support which staff provided promptly and with compassion.

Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse, harm and all forms of discrimination. They told us, "I think people are safe" while professionals commented, "This is a very safe and caring service, definitely one of the best I know."

The well-established staff team were sufficiently skilled to meet people's needs and were guided and supported by the registered manager who led by example. People told us, "[The registered manager] is very nice, very, very hands on. You know you can always talk to her about anything." It was clear that the registered manager was fully committed to ensuring people's needs were met. We found both the registered

and deputy managers knew people well and had a detailed understanding of their individual care and support needs. Staff told us they were well supported and commented, "The registered manager is really good, very helpful and always there if you need her." Health and social care professionals were also constantly complimentary of the manager's approach saying, "[The] management of the service is excellent."

People told us they would report any complaints to the registered manager but said this had not been necessary. Records showed people and their relative's regularly complimented the service on the quality of care and support provided and recently completed feedback questionnaires had also been complimentary.

The service was well maintained and decorated in a homely style. People's bedrooms had been personalised with ornaments, furniture and paintings. There were systems in place to monitor the standard of the environment and two people's bedrooms were in the process of being redecorated. Fire detection equipment and utilities had been regularly tested by appropriately skilled contractors. The servicing of firefighting equipment was not up to date but this issue was immediately addressed by the registered manager when we brought it to their attention.

Care plans included risk assessments and guidance for staff on how to protect people from identified risks in relation to both the environment and the persons specific care needs. Where accidents or incidents occurred these had been investigated by the registered manager to identify any further actions that could be taken to improve people's safety.

The service was fully staffed and people told us, "There are enough staff around to meet my needs", and "They come straight away if you ring the bell." There were appropriate recruitment procedures in place for new staff and all necessary pre-employment checks had been completed.

Detailed assessments of people's needs were completed before they moved into the service. This was done to ensure the service could meet the person's needs and that they would be happy living there. The assessments process included visits to the person's home. Professionals praised the deputy manager for the support she had provided to one person who had felt anxious about moving into the service. People's initial care plans were based on information gathered during the assessment process combined with background information from commissioners and relatives.

Care plans were sufficiently detailed and staff had a thorough understanding of each person's individual needs. Staff told us, "I think there is enough information [in the care plans]" Information about people's life history and background was documented as well as details of the care and support they required. These records had been regularly reviewed and updated where any changes in care needs had been identified.

The registered manager was in the process of introducing a new care planning format designed to directly link with the service's assessment processes. We reviewed one updated care plan and found it included more detailed guidance for staff on the person's specific needs. Changes were also planned in relation to daily care records and staff told us, "We are changing the daily record system to improve detail."

People were able to choose how to spend their time and to access the community when they wished. During our inspection one person chose to spend the day away from the service so staff had prepared them a packed lunch. People and their relative's told us there was enough to do at Beechwood House. Their comments included, "We do quizzes and things. Puzzles, bingo at times and I can play bowls on the

television" and "There is plenty for people to do." Informal activities were normally arranged by staff in the afternoon and there were regular visits by external entertainers.

Information was stored securely and there were systems in place to monitor the service's performance, gather feedback from people and their relatives and identify where improvements could be made.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People told us, "They ask me what I want and what I don't want" and we saw staff consistently respected people's decisions and choices. The service's policy was that people were free to leave the service if they wished and the registered manager recognised this meant the service was unable to meet the needs of individuals who lacked capacity.

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 has improved to Good. People were safe and staff understood their role in protecting people from all forms of abuse, discrimination and avoidable harm.

There were enough staff available to meet people's assessed care needs. Appropriate pre-employment checks had been completed.

Risk management procedures were robust and where accidents occurred these were investigated to identify where improvements could be made.

Medicines were managed safely and in accordance with current published guidance.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service has improved to Good. The registered manager provided staff with appropriate leadership and support. The established staff team were well motivated and focused on ensuring people's needs were met.

Quality assurance systems were appropriate and the service was open and worked collaboratively with other professionals to ensure people's health and care needs were met.

Necessary statutory notifications had been submitted by the registered manager.

Beechwood House 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.

This inspection took place on 16 February 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with seven people who used the service, three relatives who were visiting, four members of staff, the registered manager, deputy manager and four health professionals who regularly visited the service. In addition, we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People were relaxed and comfortable living at Beachwood House Rest Home and staff told us, "I think people are safe" and "People are safe, we do what they want." Health and social care professionals consistently told us the service provided safe care. Their comments included, "This is a very safe and caring service, definitely one of the best I know."

The registered manager and staff understood their responsibilities in relation to protecting people from abuse and all forms of discrimination. Records showed staff had completed safeguarding training and when asked staff were able to explain how they would raise safeguarding concerns. In addition there were policies and procedures in place to ensure people and staff were protected from all forms of discrimination.

Risks in relation to people's care, support needs and the environment had been identified and assessed. People's care plans provided staff with guidance on how to protect people from each identified risk. Where specific areas of increased risk were identified this information was highlighted for staff. For example, one person's care plan stated, "[Person's name] is reminded on all transfers that [their] right foot /leg can only feather touch which means very slight touch and not to put any more weight down on [the] right leg as this will make the fracture worse."

Where accidents and incident occurred these were well documented by staff and subsequently investigated by the registered manager. Where any trends or areas of improvement were identified changes were made to the service's procedures to further improve people's safety.

The service's records were reasonably well organised and the registered manager was able to locate information required during the inspection. All records were stored appropriately when not in use and digital information was held on password protected computers.

The lifting equipment and utilities had been appropriately checked and/or serviced by qualified technicians to ensure the safety of the premises. Where people required support from equipment to mobilise we saw staff provided this support safely and in accordance with current best practice.

Fire drills had been completed regularly. Staff had a detailed understanding of emergency procedures and the support people would need in the event of an emergency evacuation. The service's fire detection and alarm systems had been regularly serviced and checked by appropriately skilled external contractors. However, the servicing of fire extinguishers had been missed. We raised this issue with the registered manager who made immediate arrangements for these checks to be completed. In the week following our inspection the registered manager provided certification that demonstrated all fire extinguishers had now been serviced.

People regularly accessed the community without support from staff. Information cards had been developed with the service's address and telephone number. People were encouraged to carry these cards with them while in the community for use in the event of an emergency or if they became disorientated or

lost.

There were enough staff available to support the people living at the service. People told us, "There are enough staff around to meet my needs", "I have a buzzer so if ever I want them I can use that", "They come straight away if you ring the bell" and "There is always someone there if you need them." On the day of our inspection there were; two care staff, a cook, deputy manager and registered manager on duty. At night people were supported by one waking staff member with support, if required, from the registered manager, who lived above the service.

Although the service had not recently recruited new members of staff there were suitable recruitment procedures in place. All necessary recruitment checks including, Disclosure and Barring Service (DBS) checks and reviews of references from previous employers had been completed. These checks are necessary to ensure prospective staff were suitable for employment in the care sector.

During our previous inspection in November 2016 we found people's medicines had not been administered or stored in accordance with current published good practice guidance.

At this inspection we found these issues had been addressed and resolved. New procedures had been introduced as a result of our previous inspection and staff now dispensed medicine to one person at a time. People told us, "Medication comes regularly and on time" and "I get my medicine on time." Medicines administration records had been fully completed and showed people's medicines had been given as prescribed. Medicines that required stricter controls were stored and documented appropriately.

In addition, since our last inspection a medicines fridge had been purchased and installed. Staff told us this was a useful resource and temperature records showed all medicines had been stored appropriately. Medicines audits were regularly completed by the deputy manager and where any issues were identified these had been discussed with the staff involved.

The service was clean. There were cleaning schedules in place and staff had access to appropriate personal protective equipment to limit the spread of infection. Staff told us, "We all have antibacterial hand gel and it is dotted around as well" and we observed staff using appropriate hand hygiene techniques. Laundry facilities were appropriate to the service needs and cleaning materials were stored safely when not in use.

Is the service effective?

Our findings

Assessments of people's needs were completed before they moved into the service. This was done both to ensure that the service could meet their needs and that the person would not cause unnecessary disruption to the people already living at Beachwood House. A health and social care professional praised the service for the support they had recently provided to one person who was particularly anxious about moving into a care setting. The deputy manager had spent time with the person explaining the service's routines, and photographs had been used to give the person an understanding of what the service looked like. The person had subsequently decided to move in and their relatives had been complimentary of the care and support provided.

The well-established staff team were sufficiently skilled and experienced to meet people's care needs. Staff and the registered manager regularly completed training updates in topics the service considered mandatory. This included training in safeguarding procedures, infection control, dementia, first aid, moving and handling and the Mental Capacity Act. Staff told us, "It is very good training" and "We do [work book] training, there is a knowledge paper and then questions." Health and social care professionals told us the staff team were skilled and had a good understanding of how to meet people's individual care needs.

Although the service had not recently appointed any new staff the registered manager was aware of the care certificate which is designed to provide staff new to the care sector with an understanding of current good practice. In addition there were systems in place to provide any new staff appointed with an induction to the service's policies and procedures.

Staff told us they were well supported by the registered manager who worked alongside them most days. Staff said they would have no hesitation either raising concerns with the manager or requesting additional guidance and support if necessary. All staff received regular formal supervision and annual performance appraisals from either the registered manager or the deputy manager. Records of these meetings showed they had provided regular and more formal opportunities for staff to discuss planned changes within the service, development and training needs and any observed changes in people's support needs.

People were supported to access external healthcare services as necessary and to attend regular check-ups. The service worked collaboratively with health professionals to ensure people's needs were met. Any advice or suggestions by professionals were adopted by the service and included in people's care plans. Records showed people had been recently supported to access a variety of health and social care professionals including, GPs, opticians, social workers, dentists and specialist nurses. Health and social care professionals told us, "Beechwood House are very open to ideas and suggestions. However, I'd go further than that. I often receive phone calls from the [registered manager] who will communicate with me a difficulty they or a resident is having. [The registered manager] then tells me what she's done about it. A significant proportion of the time, they have sorted whatever it is and I then don't need to do anything."

The service's policy was not to use any forms of physical restraint. People's care plan included guidance on how to help people manage stressful situations and provide support if they became anxious. For example

one person's care plan stated, "[Person's name] needs a lot of reassurance at night as negative thoughts tend to develop around getting into bed..."

We found that the service's kitchens were well stocked with fresh fruit and vegetables and that all meals were freshly prepared by the services cooks. Staff told us, "Everything is always homemade. This afternoon I will make the cake for this evening." People were highly complementary of the meals provided and told us, "The food is nice, the fish pie was lovely", "You choose what you want for tea" and "The food is really good and there is so much of it". People were offered wine with the evening meals and other alcoholic drinks were served in the evenings.

Staff knew people's meal preferences and information about how people liked their drinks to be served was recorded within people's care plans. For example, "[Person's name] like a strong cup of tea /coffee with no sugar." People told us they were involved in drawing up the service's weekly shopping list and that they could request specific items be included. There was a take away night each weekend and people chose each week which restaurant to order food from.

The service was decorated in a homely style and had been appropriately maintained. People rooms had been personalised with the inclusion of a variety of furniture, ornaments and pictures. At the time of our inspection two bedrooms on the ground floor were in the process of being modernised and redecorated. The registered manager had worked with the contractors to minimise the disruption caused during these improvement works.

Staff sought people's consent before providing support and respected their decisions where support was declined. There were systems in place to formally record people's consent to their planned care including checks during the night which people were able to decline if they wished. People told us they were able to choose how to spend their time within the service. People's comments included, "Nobody pushes you to do anything" and "They ask me what I want and what I don't want."

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. Management and staff had a satisfactory understanding of the MCA. Everyone who used the service had capacity to make decisions independently and staff consistently respected people's choices. Where people were known to have short term memory loss staff were provided with guidance on how to present information to enable people to make meaningful choices.

People who lack capacity 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). The registered manager was aware of this legislation. The service's policy was that people were free to leave if they wished and the registered manager recognised that this meant the service was unable to offer support to people who lacked capacity.

Is the service caring?

Our findings

People were relaxed, comfortable and at home in the service. They told us, "The staff are very kind, they are very good" and "All the staff are very nice." While relatives said, "The staff are wonderful" and "The atmosphere is very warm and friendly. All of the staff are very caring and nothing is any trouble." Health and social care professionals told us, "People are very well cared for" and "The staff are very responsive."

The registered manager and staff knew people well and were able to provide detailed descriptions of people's individual care and support needs. Throughout our inspection we saw staff and the registered manager providing support with kindness and compassion. People were comfortable requesting support and staff responded promptly to these request. Staff told us, "My main focus is making sure everyone is OK. Looking after the residents is my main priority" and "People are very well looked after." While people said, "They come very quickly when you want them."

During the inspection one person reported that they were in pain. Staff immediately acted to help the person. They talked with the person to establish what was wrong and then reviewed medication records to establish if any additional pain relief could be provided. These records showed the person had received all of their prescribed pain relief so staff contacted the person's GP and additional pain relief was arranged. A professional summarised the service's caring approach saying, "What is really impressive is their detailed knowledge and understanding of their residents and how to support them. It is my opinion that much of this is down to the right approach; a caring, compassionate and very person centred one!"

The registered manager told us, "I am proud I have taught my staff to provide person centred care" and we observed during our inspection that staff provided individualised care and support. Professionals provided us with examples of the registered manager and staff teams' detailed and extensive understanding of people's individual care needs. Their comments included, "It's just that Beechwood House 'get' [the person]..... In short, their care has been excellent and I wish I'd placed [the person] there earlier" and "They treat residents as individuals and do not use a 'blanket' approach to everyone." The staff team were well motivated and told us, "It's rewarding when you make people happy", "It is like a family here" and "People are quite extraordinary." One staff member said, "The best bit is caring for people, Everyday is different. I enjoy spending time with people."

Visitors were welcomed to the service and there were no visiting time restrictions. People's relatives told us, "They make you feel so welcome whenever you visits" and "They make everyone feel welcome." People were supported to maintain the relationships that were important to them and on the day of our inspection visitors were invited to share in the evening meal. Staff recognised the importance of supporting and respecting people's relatives. A family carer told us the service had offered to hold a spare key on their behalf for use if their own copy went missing.

Staff and the registered manager had a detailed understanding of equality and diversity issues. People told us, "No one thinks they are better than anyone else, we are all equal" and we saw staff promoted individuality and supported people to live as they wished. Where people had difficulties communicating or

understanding English, tablet computers and other appropriate techniques were used to enable people to communicate effectively. People were supported to dress in accordance with their individual tastes and to personalise their bedrooms. The importance of cultural practices to individuals was recognised and staff had supported people to attend religious services.

People's privacy was respected and staff knocked on doors, and awaited a response before entering people's rooms. There were no restrictions in the service and people were able to move around and access the community when they wished. The service did not have fixed routines and we saw people were able to get up and go to bed at time of their choosing. One person had chosen not to use aids provided by care commissioners as they felt these items restricted their independence. The service had supported the person to identify an appropriate alternative product and arranged for it to be delivered to them.

People were encouraged to remain as independent as possible and staff encouraged people to do things for themselves. At meal times appropriate plate guards and adapted cutlery were supplied to enable people to eat independently.

Is the service responsive?

Our findings

Managers met with people and completed detailed assessments of their individual needs before they moved in. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. Information gathered during the assessment process was also used to support people to personalise their rooms.

Care plans provided detailed guidance on the level of support required by each person with specific tasks.. They provided staff with guidance and direction on how to meet people's physical and emotional support needs. Where people needed specific support with individual tasks this was highlighted for care staff. For example, one person's care plan stated, "[Person's name] needs assistance to wash her back and lower body but is able to wash her top half herself."

People's care plans included information about their preferences, normal routines life history and interests. This information was included to help staff understand how people's life experiences could impact on their current care needs. Staff told us, "I think they are quite person centred" and "I think there is enough information in them."

People's care plans had been update to reflect any observed changes in care needs. People were involved in the care plan review process and told us, "They do talk to me about my care plan and they do review it."

At the time of our inspection the service was using a digital care planning system. The registered manager was not satisfied with how this system was operating and was in the process of developing a new paper based care planning system. This system was designed to link directly with the service's assessments processes to ensure that initial care plan more accurately reflected people's individual preferences. We reviewed care plans that had been developed in the new format and found that it contained more detailed guidance for staff. In addition, the registered manager was in discussion with a local IT developer to design a new specific digital record keeping system based on the new paper based care planning system.

Each day staff completed records of the care and support provided. These records were brief and lacked specific details. We discussed these records with the registered manager who had also identified this issue and had plans in place to address this with staff. Staff were aware of these planned changes and told us, "We are changing the daily record system to improve detail."

People were supported to engage with a variety of activities both within the service and were able to access the community when they wished. People told us there was enough to do at Beechwood House. Their comments included, "I enjoy it here", "We do quizzes and things. Puzzles, bingo at times and I can play bowls on the television" and "They [staff] often sit and chat with me." Relatives said, "There is plenty for people to do." Staff normally arranged informal activities in the afternoon and there were regular visits by external entertainers and animal handlers. One person told us, "A pianist comes on Thursdays, snakes come once or twice each month." Staff told us, "People decline activities in the morning but are more lively in the afternoon" and "We do games and quizzes in the afternoon." On the day of our inspection one person had

chosen to spend the day away from the service, Staff had prepared a packed lunch for this individual and ensured that the person's mobility aid was fully charged prior to their departure.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses and provided staff with guidance on how people preferred to be supported with these.

New technologies were used appropriately to support people's needs and interests. Tablet computers were used to enable people to video conference with their relatives and for quizzes and reminiscing activities. In addition, the digital television system was used for games and "on demand" services.

Staff and the registered manager respected people's choices and decisions. During our inspection we saw people routinely made decisions about how to spend their time, what to eat or drink and when to get up and go to bed each day. People told us, "They don't wake you up in the morning." On the day of our inspection we saw breakfast was provided throughout the morning according to people's requests.

The service had a complaints policy and there were systems in place to ensure any complaints received were investigated. People knew how to raise complaints but told us they currently had no concerns. People's comments included, "If I had a problem I would go to the registered manager" and "No complaints." The service regularly received compliments and thankyou cards from people and their relatives. Recent compliments included, "You are all fantastic. Very knowledgeable. My mum is well cared for. Thank you all" and "Words can never express my thanks to you all for the love and care you have given me since I came here to recuperate from my fall."

There were systems in place to enable information about people's preferences in relation to end of life care to be recorded. The service worked with community health professionals to support people to remain in the service at the end of their lives and the registered manager told us, "I do not advocate people going to hospital." Where people had chosen not to be resuscitated this information was appropriately recorded and readily available for emergency responders.

Is the service well-led?

Our findings

People, their relative's and professionals were consistently complimentary of the support provided at Beechwood House. Comments by people and their relative's included, "I am very happy here, I was surprised how nice it was", "My Mum is very happy in the home" and "I can't praise it enough, I want to go there when I get to that age." Health and social care professionals told us, "It's lovely, somewhere I would want one of my relatives to go to" and "The care home really is one of the best we work with."

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was well led by the registered manager who was the provider. The registered manager lived on site and was available to support staff at any time if required. The registered manager was supported by a deputy manager who normally worked alongside care staff but was allocated time each week to focus on their management responsibilities.

There was an informal and homely atmosphere in the service. The well-established and motivated staff team were clearly focused on ensuring people's needs were met. The committed registered manager led by example and regularly worked alongside care staff. Staff told us, "There are no problems at all here", "It's just like home", "It is the nicest place I have ever worked in" and "It has been the same staff for a long time. It is like one big extended family." The registered manager said, "All my staff have been here a long time, most have been here over ten years" and "I want the best for the people who live here." Professionals told us, "[Staff] always appear to know their residents well, treat them well and follow the excellent lead of [registered manger]."

People, their relatives and the staff team were consistently complimentary of the registered manager. People's comments included, "[The registered manager] is very nice, very, very hands on. You know you can always talk to her about anything" and "[The registered manager] is very good, always approachable." Staff were well motivated and supported by the registered manager who they described as open and approachable. Their comments included, "Most of the time the registered manager is here and she is always on the end of the phone if you need her", "The registered manager is fantastic, I know I can talk to her about anything" and "The registered manager is really good, very helpful and always there if you need her." Professionals were also complimentary of the registered manager and told us, "The management of the service is excellent", and "[Registered manager] is very approachable, very knowledgeable about people's needs and responds to any suggestions made."

The registered manager routinely reviewed relevant literature and guidance to ensure they were up to date with current care practices. In addition, the registered manager recognised the value of continuing education and had recently achieved a number of further education qualifications in topics relevant to the service's operation.

At our previous inspection we found the service had not made necessary statutory notifications to the CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. Prior to this inspection we reviewed the information we held on the service and found necessary and appropriate notifications had been made. During the inspection we found systems had been introduced to ensure all necessary notifications were submitted.

There were procedures in place to monitor the quality of the care provided. A variety of audits had been routinely completed by the registered and deputy managers. Audits regularly completed included; medicine administration, staff files, care plans, daily care records, pressure relieving equipment, water temperatures, bed rail and wheelchair checks. Where any issues were identified prompt and appropriate action was taken to improve the service's performance. People and their relatives feedback of the service's performance was also valued and acted upon. For example, we saw a number of additional chairs had been recently been purchased in response to people's requests for additional seating in the lounge and dining areas. A residents and relatives survey was underway at the time of our inspection and initial responses had been complimentary.

The service worked in partnership with other organisations to make sure people's needs were met. Care records showed the service had made referrals to, and sought advice from, health and social care professionals appropriately to ensure people needs were met.

Care records were kept securely and confidentially when not in use. All necessary routine maintenance checks had been completed by appropriately qualified contractors.