Hampshire County Council

Emsworth House Care Home with Nursing

Inspection report

Emsworth House Close
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12 February 2016

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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

We carried out an unannounced inspection of this home on 11 and 12 February 2016. Emsworth House provides accommodation and nursing care for up to 79 older people some of whom live with dementia. Single room accommodation is arranged in two separate sections of the home; one area of the home provides accommodation and care and the other area providing nursing care. Lift access is available throughout the home and there are several large communal areas inside and outside the home which can be accessed by people. At the time of our inspection 77 people lived at the home.

A registered manager was in place. 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 were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs. Staffing numbers were sufficient to meet the needs of people.

Medicines were administered, stored and ordered in a safe and effective way.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

Systems in place to manage the cleanliness and infection control in the home were very good.

Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People's nutritional needs were met in line with their preferences and needs. People who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

The service had received an award for their end of life care. This empathetic and caring approach to the care of people who were close to the end of life was embedded in the service.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and

compassionate and knew people in the home very well.

Complaints had been responded to in an effective and timely manner and this work needed to be sustained.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. People, their relatives and staff spoke highly of the registered manager and were involved in the running of the home. Audits and systems were in place to ensure the safety and welfare of people.

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.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner. Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Staff supported very effective systems to ensure the safety and welfare of people in the management of infection control.

Is the service effective?

Good

The service was effective.

Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

All care records held nutritional risk assessments for people. These included information on specific diets required for health conditions and preferences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people.

People and their relatives were involved in the planning of their care

Staff showed an empathetic and caring approach to the care of people who were close to the end of life. Care plans in place to support this care were thorough and informed staff of the

person's wishes.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

There were a wide range of activities available for people every day and staff encouraged people to participate in these events.

People felt able to express any concerns and complaints were responded to in a timely way.

Is the service well-led?

Good

The service was well led.

People spoke highly of the registered manager and their team of staff. Staff felt very well supported in their roles.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

People, their relatives and staff felt able to share any concerns or views of the service and were sure these would be listened to.

Emsworth House Care Home with Nursing

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 unannounced comprehensive inspection took place on 11 and 12 February 2016. The inspection team consisted of two inspectors, a specialist advisor in nursing and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In March 2015, the registered 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 improvements they plan to make. We reviewed the PIR for this home and information which had been provided by the registered manager to update this document.

People who lived at Emsworth House were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with 11 people who lived at the home and three visiting relatives to gain their views of the home. We spoke with 13 members of staff including; the registered manager, two deputy managers, registered nurses, care staff, a member of kitchen staff, an activities coordinator, an administrator and two members of domestic staff. We spoke with an external health care professional during our visit and received feedback from five other professional people who visited the home to support people.

We looked at the care plans and associated records for 13 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, nine staff recruitment files and policies and procedures

Good

Is the service safe?

Our findings

People felt staff knew them very well and they were safe in the home. They told us there were enough staff to meet their needs and they were encouraged to discuss any concerns they may have. One person said, "I am very safe here, of course. The staff are very well trained and are always looking out for me. I have no worries." Another said, "You feel safer here than you do anywhere." Relatives and health and social care professionals who visited people in the home felt people were safe and well cared for.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the registered provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

There were sufficient staff available to keep people safe and meet their needs. Staff rotas showed there was a consistent number of nursing and care staff available each day to meet the needs of people. However, there was no tool in place to identify what people's needs were and how staffing levels were adapted to meet people's increased or decreased needs. The registered manager told us the provider was looking at suitable tools to be implemented across their services to clearly identify the dependency and staffing needs of services. Whilst agency nursing and care staff did support staffing levels at the home, these members of staff received induction to the service and were consistent in their attendance at the home to support the continuity of care for people. The registered manager told us of their difficulties in recruiting registered nurses for the home. The provider was introducing a new role of Assistant Practitioner. Staff in this role will have an enhanced skill mix and be able to work alongside registered nurses to ensure the nursing needs of people could be met in the home. This role also provided the opportunity for staff development within the home. There was an open working culture between groups of care staff who worked as a team to support each other throughout the day to ensure the needs of people were met. For example, staff who had been allocated to one area of the home during a morning shift offered support to staff in another area where people were less mobile and required assistance to get ready for an activity session.

Three registered nurses were on duty at any one time to meet the daily nursing needs of 48 people on three units in the home; this included providing nursing care in a small eight bedded unit which supported people on discharge from hospital. Nursing staff on these units administered medicines and provided wound treatment as well as any nursing support people required.

The registered manager, deputy manager or an assistant unit manager was available every day to support the management of people's care at the home. Administrators were available on weekdays to support the coordination of appointments, support reception duties and provide general administrative duties for staff and people in the home. They were seen to have an active role in the running of the home and to be an integral part of the staff team.

There were safe and efficient methods of recruiting staff in place. Recruitment records included proof of

identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs. For people who were at risk of falls, risk assessments had been completed and informed care plans on their mobility and to avoid the risks of falling around the home. Risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. For example, for people who lived with diabetes, neurological conditions and skin conditions clear risks assessments and plans of care gave staff information on how these risks should be managed. For three people in one unit of the home we identified risk assessments in their care records had not been fully completed or updated. Staff were aware of the associated risks for these peoples' care and actions had been taken to reduce the risk, however records had not been updated and amended accordingly. We spoke with the registered nurse on the unit and these were amended immediately.

Registered nurses administered all medicines in the nursing units of the home. Care staff who had received appropriate training and competency assessments administered medicines in the care home. Medicines were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records. However, some topical medicine charts, which should have been completed by care staff, were not always completed in a timely way. The registered manager told us they were looking to find a more effective way of ensuring these records were completed by all staff.

Personal evacuation plans were up to date and kept in people's care plans. We saw that these contained clear information on how people could be evacuated from the building in the event of an emergency.

There were effective infection control measures in place in the home to ensure the safety and welfare of people. An annual statement prepared for the provider clearly identified any outbreaks of infection in the home and how these had been managed. Standards of cleanliness in the home were high and staff took a pride in ensuring the home remained clean, fresh and well maintained.

Good

Is the service effective?

Our findings

People felt staff knew how to meet their needs effectively and offered them choice whilst respecting their wishes. One person said, "All the staff are great, they know what they are doing." Another told us, "When I am not quite sure what I want they are always there to help me make my decision." People enjoyed the variety of foods served for them. One person said, "The portions are not too big, this helps because I haven't had a very good appetite and I can always have more if I want it." A relative told us, "They always get a choice of food; there is always something he likes."

People were cared for by staff that were supported to gain the appropriate skills and knowledge to deliver care based on best practice. A program of supervision sessions, training, and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported by this to provide safe and effective care for people.

The provider supported staff to obtain recognised qualifications such as Care Diplomas. 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 provider had a comprehensive training programme for all staff which was closely monitored and updated by the provider to ensure all staff had the required training to meet the needs of people.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. They told us they had opportunities to develop in their roles and this supported a good working environment where staff felt supported and able to learn new skills.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, one person become disorientated as to where they were going as they walked through the home. A member of staff spoke calmly and gently with them to orientate them to time and place and then offered them several different options as to what they may have been going to do. The person was visibly pleased the member of staff had taken the time to help them; they made a choice and carried on their way. Another person was supported to move from their room to the dining area using a mobility aid. They moved slowly and deliberately with encouragement and support from a member of staff. Once seated in the dining area they requested to move to another area of the room. Staff patiently encouraged them as they moved to their chosen area. This person told us, "I can be a bit fussy, but they are always very patient and let me decide what I 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Care records held information on the processes which had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Several people who lived at the home were subject to a DoLS; we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People received a wide variety of homemade meals, of which there were two choices at each mealtime; other options were available for people should they not like these choices. Fresh fruit and vegetables were available each day. The kitchen staff had a very good understanding and knowledge of people's dietary preferences and needs. A list of these was maintained in the kitchen and updated by staff should there be any changes in people's requirements. Kitchen staff took great care to ensure food was well presented including meals which were pureed for people who were identified as being at risk of choking. These meals had been pureed and then placed into moulds to resemble the original shape of the food, such as carrots or biscuits. Care plans identified people's preferences, specific dietary needs, likes and dislikes. The dining areas of the home were busy and interactive areas where staff were available to support people with their meals, whilst others supported people who remained in bed to have their meals. People were assisted to manage their meals in a quiet, dignified and respectful way. The kitchen area was a clean and well managed area.

Records showed people had regular access to external health and social care professionals as they were required. The registered manager told us they worked well with community services staff to meet the needs of people. Documentation was shared with visiting professionals and they followed their guidance and recommendations. This included social workers, specialist nurses, GP's, community nurses and therapists, speech and language therapists and community psychiatric nurses. We saw records had been completed by visiting health and social care professionals and were used to inform care planning for people. Feedback we received from external health and social care providers was very positive. They told us the home strived to work closely with all services and ensure they met the needs of people for whom they were caring. Professionals told us the home was responsive to suggestions and always requested support when this was required.

The environment of the home was suitably adapted to support people who lived with dementia. Clear colourful signage, including pictorial signage was available throughout the home to assist people in orientating themselves within the home. Areas of the home were available for people to sit quietly and reminisce and also other areas which were livelier with television or music were available. All areas of the home provided wide and accessible areas for wheelchairs. Equipment was available throughout the home to help people with reduced mobility such as stand aids and hoists; toilet and bathroom areas were well equipped with mobility aids.

Good

Is the service caring?

Our findings

People were valued and respected as individuals and said they were happy and content in the home. One person said, "This is the best home in the country….. this is my home." Another said, "The staff are lovely and really know what they are doing." People responded to staff warmly and enjoyed their company. Staff interacted with people in a calm, encouraging and positive manner. Visiting health and social care professionals said the home was a very caring and nurturing place for people.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, one person who was attending an appointment at a hospital told us they did not like to attend alone. They said they had told staff this and a member of staff had been assigned to escort them on this visit. Another person told us they had been feeling unwell but were unsure what was wrong. They said, "The nurse spoke to me very kindly and helped me back into bed. I feel much happier here [in bed] now, I am not sure what was wrong but the staff are always so kind they will listen to me and help me."

Staff spoke calmly and slowly with the people, encouraging them to express themselves. They encouraged them to interact with each other in communal areas and converse with others. During our visit one member of staff was carrying out domestic duties and singing loudly as they went. People in their rooms and communal areas sang along with them. Another member of staff said, "Lovely bit of singing there [staff member], you've got them singing in their rooms."

Throughout the day staff spent time with people chatting and laughing whilst supporting people with their needs. At mealtimes, staff were seen to engage positively and cheerfully with people in the communal area of the home. They offered support with managing meals, cutting up food and offering drinks to people. Staff encouraged people to remain independent. People in the communal area of the home were positively engaged in conversation with all staff and the atmosphere was friendly.
People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, staff ensured doors were closed when supporting people with their personal care.

People's cultural and religious requirements were recorded and respected. A church service was held during an afternoon of our visit for those who wished to attend. Staff were clear about the provider's equality and diversity policy and the need to treat and respect people as individuals.

Staff had worked with people and their representatives to ensure their care reflected their preferences, choices and needs. People had been involved in the planning and review of their care. People were able to express their views and be actively involved in making decisions about their care. They told us they could speak with any member of staff at any time and they felt their concerns would be listened to. People told us they had regular 'Resident meetings' with the registered manager. Minutes of these meetings showed people were able to express any matter at these meetings and actions were followed up from these meetings. For example, one person expressed a wish to visit a local city and another required a different

chair. We saw these actions were completed.

The home had received an award for the standard of their end of life care for people. It was very evident throughout the home that people were encouraged to talk about the end of their life and their wishes. Information leaflets and notice board displays around the home encouraged people to celebrate their life and to talk about their wishes at the end of their life. A remembrance board was visible in the entrance of the nursing home celebrating the lives of people who had lived at the home. Care records contained clear information about people's end of life wishes. There was a multidisciplinary approach to supporting people at the end of their life which included the involvement of people and their relatives, community nurses and GP's to ensure people received the care they wished for in the setting they chose. Staff spoke passionately about the privilege of providing care for people at the end of their life. Health care professionals spoke highly of the care provided at the home especially to those at the end of their life. They told us staff at the home recognised the need for discussions with people about the end of life when they were admitted to the home and facilitated these conversations with empathy.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. People felt able to raise any concerns they may have about the service with staff, the registered manager or the registered provider. People told us staff were very approachable and responded to any requests or concerns in a prompt and efficient manner. Health and social care professionals told us staff responded to people's needs and requested support from them when this was required.

A preadmission assessment was completed for all people who moved into the home. This included people's preferences, their personal history and any specific nursing or care needs they may have. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives. From this information care plans were written with the person and their relatives to identify their needs. Care plans clearly identified how staff could support people.

In both the nursing and care areas of the home staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans were in place and gave clear information for staff to meet the needs of people with specific health conditions such as diabetes, epilepsy, skin conditions and end of life care.

A registered nurse was always available to meet the clinical needs of people in the nursing area of the home and they ensured staff were provided with the information they required to care for people with nursing needs. For example, some people had wounds which required regular dressing and monitoring. Care plans were in place for these wounds although some entries to these records were not complete and when we discussed this with the registered nurse they were amended appropriately. Staff throughout the home were aware of the need to promote the skin integrity of people through the use of good moving and handling techniques, the use of appropriate pressure relieving equipment and the regular movement of people. For another person, a registered nurse spoke of the need for staff to monitor them closely as their nutritional intake was poor and they had required feeding through a tube. They had worked with the community dietician to support this person and their nutritional intake was closely monitored and managed by staff. Care plans in place reflected these needs and the support they required. People said they were very happy to speak with staff if anything in their care needed to be changed.

Staff responded to people's calls for assistance promptly and efficiently. A call bell system in place provided people with several different means of calling for staff dependent on whether they were in their room with a pull cord, or in another area of the home with a wrist watch alarm. People told us they felt staff responded to their needs quickly. Staff carried devices which alerted them promptly to people's request for help and we saw they responded promptly to people.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People could receive visitors at any time and were encouraged to celebrate special events, such as

their birthdays, with family or friends in the home with a special meal prepared for them. One person told us how their family visited very regularly to take them out and they called them on the phone which staff brought for them. Visitors spoke of the warm welcome they received at the home and how they were encouraged to be involved in activities at the home with their relatives.

An activities coordinator worked in the home every day of the week. They provided a wide variety of activities and opportunities for people which reflected people's requests and preferences. A weekly plan of activities was prepared by staff at the weekend and displayed throughout the home for people and their relatives to join in as they chose. Activities took place in three different areas of the home at different times of the day and were open to all. Clear display boards around the home identified activities which were on each day. Activities were often themed around special events. The week of our visit had activities related to Valentine's Day, Pancake Day and Ash Wednesday including a beautifully presented raffle and art activities for these themes. The activities coordinator told us they supported people to participate in a range of activities including games, quizzes, arts and crafts and external entertainment. There were opportunities for people to go on outings with allocated members of staff to accompany them. The registered manager took people out in a hired minibus once a month and was looking to increase the availability of this for people. These included trips to local places of interest. The activities coordinator also supported people in their rooms with one to one activities such as reading and sensory activities. People and relatives spoke highly of the range of activities available to them at the home. One person said, "All in all this place is good. There's lots of activities. We had a singer yesterday, he was very good. A shop trolley comes around every Tuesday." Another said, "There's lots going on and I join in." We observed staff supporting people during a quiz. Staff encouraged people to take their time, enjoy the activity and interact with each other. Around the home there were displays of art and crafts people had completed and staff were keen to tell us of the activities people participated in to decorate and brighten the home. There were two wooden buildings in the ground of the home which offered activity areas for people during the summer months. These had been made into a bar and a tea room to offer alternative areas for people to meet and interact with others.

The complaints policy was displayed where it could be seen by people. The registered manager worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

People told us the staff responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals said staff were responsive to people's needs.

Good

Is the service well-led?

Our findings

People spoke very highly of the registered manager and their team of staff. One person told us, "The [manager] is one of the best I have ever had. A lovely woman." Staff felt they were well supported and encouraged by the registered manager and all managers in the service. Health and social care professionals felt the registered manager was very dedicated to the service and moving it forward to improve the lives of everyone who worked and lived there.

A staffing structure in place at the home provided a strong support network for staff. The registered manager, deputy managers and assistant unit managers provided a stable senior management team in the home. The registered manager was very visible in the service and they told us they were well supported by the provider. Staff told us they felt able to speak with their line manager or senior managers about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision and team meetings were used effectively to encourage the sharing of information such as learning from incidents and new training and development opportunities. Staff were reminded of their accountability in these meetings and were also encouraged to bring new ideas and ways of working to the meeting. Staff felt the registered manager promoted an open and honest culture for working which was fair and supportive to all staff.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide excellent person centred care for each person with the resources available to them. The registered manager and all staff were very proud of their achievements in the management and support of end of life care for people. Staff spoke highly of the way in which the registered manager promoted an ethos of high standards of person centred care in all that they did.

People and their relatives met with the manager to discuss ideas and new developments within the service. Minutes from these meetings showed people were encouraged to be involved in activities and developments around the home such as excursions and fund raising events. People were encouraged to feedback to the provider on the quality of the service they received through an annual questionnaire. The results of the most recent questionnaire were being collated. The registered manager told us they would use any comments from these questionnaires to inform any future meetings with people and to further develop the service provision for people.

The registered manager held a range of meetings throughout the month with care, nursing and , management staff to share information about the service, any concerns which had been raised and to share the results of audits and investigations carried out within the service. Actions from these meetings were completed and recorded. For example, following a meeting in December 2015 senior staff were requested to ensure all care records were audited and contained all the required information to support people's needs, including reviews of their medicines administration records and an audit of their call bell response times. The registered manager told us this work was an on-going process in their action plan and was updated monthly. We saw this work was completed. During a meeting with staff in January 2016 the registered manager had requested senior staff be present during each lunchtime to monitor the food service for

people. We saw that this happened.

Incidents and accidents were recorded and monitored electronically by the provider. The registered manager reviewed all incidents and accidents and ensured appropriate actions were taken to investigate these and share any learning outcomes from these. For example, for people who had fallen, care records had been updated to reflect this and identified any learning or new actions which were required to ensure the safety and welfare of people.

Audits were in place to review and monitor the effectiveness of care plans and records. Care records were reviewed monthly or more frequently as required. Some daily records for people including fluid monitoring charts and topical medicine charts were not always completed thoroughly and this was an area the deputy managers were looking to develop and improve.

The provider completed monthly regulatory governance audits at the home. In January 2016 an audit on falls documentation within the service had been completed and showed a good standard of documentation had been maintained. Audits to ensure the safety and welfare of people were completed and monitored centrally by the provider. These included audits on; incidents and accidents, infection control, medicines and the environment. During an audit of medicines in December 2015 the provider had identified protocols were not in place for the use of as required medicines. This action was completed and we found all such protocols to be in place. New carpets had been identified as a requirement during an audit of the environment and this work was planned to take place imminently.