Mr. Gordon Phillips

Ballater House

Inspection report

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Date of inspection visit:
11 August 2016

Date of publication:
02 September 2016

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

Ballater House is a large detached property located in a residential area of Chipstead. The service is registered to provide nursing care for up to 16 people who have a learning disability, autism and for people living with a behaviour that challenges. Accommodation is arranged in three units one of which is a designated female unit. Each unit has its own kitchenette, lounge and dining facilities. On the day of our inspection 14 people were living at the service.

At our previous inspection on 15 April 2015 the home was judged as requiring improvement in four domains and had an overall rating as requires improvement. The provider sent us an action plan telling us how they were going to make improvements. Since then the provider appointed an experienced registered manage who had made a significant impact to the quality of care people received and the overall management of 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 and associated Regulations about how the service is run.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

People had risk assessments in place for identified risks. These were detailed and provided good guidance for staff to follow to keep people safe.

The registered manager logged any accidents and incidents that occurred and had put measures in place to reduce reoccurrence of any further accidents or incidents.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event. They also had access to a whistleblowing policy should they need to use it.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported by the registered manager who they said had good management oversight of the home.

Staff supported people to keep healthy by providing people with a range of nutritious foods. Everyone had a food preference plan which involved choosing food from the menus and planning meals to suit their

activities which included eating out.

People's health care needs were met and people had access to external health care services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. We heard people chose what they wished to do on the day.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to meet people's needs and support their activities. People and staff interaction was good. It was evident staff knew people well and understood people's physical and emotional needs. One to one support was in place for people when they were assessed as requiring this. Staff were caring to people and respected their privacy and dignity.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager and staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. Corporate quality audits were also undertaken to drive improvement. Any areas identified as needing improvement were actioned by staff.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do if they suspect abuse was taking place and there was information available for should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged with daily skills to promote independence.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to follow individual activity plans appropriate to their needs and abilities.

Staff responded well to people's physical and emotional needs. People and their relatives were knowledgeable about their care plans and took part in any reviews.

A complaints procedure was available for people and they were supported to air their views during key worker meetings and supported to making a complaint if necessary.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Staff and people were encouraged in the running of the home. This included team meetings and feedback questionnaires to gain people's views.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

Ballater House

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 was an unannounced inspection that took place on the 11 August 2016. The inspection was carried out by three inspectors all who had knowledge and experience of adults with learning difficulties.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas of the home.

We spoke with most people during the inspection. However some of the people living at Ballater House were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to three relatives and three healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager the clinical lead nurse, and seven members of staff. We looked at a range of records about people's care and how the home was managed. For example, we looked at five care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files and staff training.

We last inspected Ballater House on 15 April 2015 when we rated the service as requires improvement.

Good

Is the service safe?

Our findings

People felt safe living at Ballater House. One person said "Yes I am safe here." Another person gave us the thumbs up sign when we asked them if they felt safe. One relative said "I think my family member is safe here." Another said "I have no doubt they are safe here and I have every confidence in the home."

At our last inspection in April 2015 we found staff had not acted appropriately to safeguard people from harm. The provider sent us an action plan telling us how they were going to make improvements. At this inspection we found people were appropriately safeguarded because staff had been provided with the relevant training to keep people safe and knew what action they should take if they suspected abuse.

People were kept safe from the risk of abuse. Staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to the registered manager or a senior member of staff. There was a poster available 'keeping you safe from abuse' giving people step by step guidance on what they should do if they felt unhappy or unsafe. This was in a format that people could understand. Information included who they should contact, relevant telephone numbers and address details. All staff had undertaken safeguarding adults training in the past year and records seen confirmed this. Staff told us they were aware there was a whistleblowing policy and they would use this to report any general concerns they had about the home. The registered manager made safeguarding referrals appropriately.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. The administration of medicines followed the home's medicine policy, guidance from the Royal Pharmaceutical Society, and the Nursing and Midwifery Council's (NMC) code of professional conduct.
Staff did not sign medicine administration recording (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example, those for managing epilepsy. This meant people were protected by the medicine practices in place. Staff were knowledgeable about this and all the medicines they were giving. Information concerning people's allergies, if they had them, was clearly shown on the MAR charts. In addition, each person taking 'as needed' medicines, such as pain killers, had a 'PRN' protocol held with their MAR chart. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. PRN medicines were kept securely in a designated medicine room.

All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective. Most people's medicines were kept in locked cabinets in people's room which only staff could access. Where people were identified as being at risk by this practice their medicine was stored in a medicines room that was secure. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. This ensured medicine was only used for the person it was intended for and was in date. Medicines requiring refrigeration were stored in a locked fridge which was not used for any other purpose. The temperature of the fridge was monitored daily

to ensure medicines were stored correctly.

We noted regular and detailed medicines management audits had been undertaken by the provider and an external agency. These included frequent stock checks of two MAR charts chosen at random. We noted issues identified as a result of these were acted upon. This ensures that medicines were managed safely at the service.

At our last inspection in April 2015 risks to people were not being managed well. The provider sent us an action plan telling us how they were going to make improvements. At this inspection we found improvements had been made in this area.

People were kept safe because the risk of harm had been assessed and action was taken to minimise the risk. Risk assessments had been carried out to identify hazards to people, for example in relation to behaviour that challenged, for people living with epilepsy, people who could self-harm community participation and kitchen skills. Comprehensive guidance had been put in place for staff to follow to reduce these risks. For example ensuring ABC charts (a method of recording the type and frequency of aggression), were completed in order that behaviour was managed safely, procedures for staff to follow when managing an epileptic seizure or in the event of choking. Staff supported people to live their life in a safe way without compromising their independence. For example supporting their choice of community activity and helping them with kitchen skills.

People could expect staff to support them in a way that would reduce any accidents they may have. The registered manager kept a log of accidents and incidents. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example, one person had been referred to the physiotherapist for a mobility assessment to minimise the risk of falls following deterioration of their mobility needs.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning. Each individual had their own personal evacuation plan (PEEP) which detailed the support they would need from staff to be able to evacuate the building in an emergency. The registered manage told us people could go home to family or use other placements if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise. There had also been a recent visit from the fire safety officer which was satisfactory.

There were sufficient numbers of staff employed at the service to support people with their needs and activities both within the home and in the community. The registered manager told us there were usually 11 care staff and one or two qualified nurses on duty during the day and four staff working during the night. Staff duty rotas we looked at for the previous four weeks confirmed these were the usual numbers of staff on duty. There was scope for the staffing numbers to be flexible depending on what activities or events were planned on any one day. Staff supported people throughout the inspection to attend appointments, plan trips out, go shopping and undertake general chores within the home. Sufficient staff were available to meet people's needs and people did not have to wait for attention. People who were assessed as requiring one to one support had this in place.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a

Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

At our last inspection in April 2015 staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005 and how it was applied to people's care. The provider sent us an action plan telling us how they were going to make improvements. We found that improvements had been made in relation to this and staff had now received training in MCA awareness.

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. Mental capacity assessments had been carried out for people such as support when accessing the community and using public transport or for people who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place. Staff had undertaken training in mental capacity and were aware of people's rights to make decisions about their lives. We saw good care practices throughout the day when staff promoted choice regarding personal care, going out, food choice and activity participation.

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 are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the legal framework regarding the MCA and 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. In each case the provider had acted appropriately, having requested a Deprivation of Liberty Safeguards (DoLS) assessment and authorisation following a mental capacity assessment. For example seven authorisations were in place for people who were not being able to go out alone. One person was reviewed every three months and there was one application in progress. People were able to move freely around the home and the garden and no restrictions were in place.

People received care from staff who were capable and able to carry out their job in an effective way. Staff received induction training when they commenced employment and worked under the mentorship of a senior member of staff until they were assessed as competent of undertaking the tasks alone. Staff were up to date with all their mandatory training. This included safeguarding adults, fire safety, first aid, positive behaviour management, epilepsy awareness, risk awareness, and autism awareness. One staff member said, "I enjoyed my training and feel I know what I am doing." Another staff member spoke positively about Positive Management Behaviour Plus training called (PMVA) they had undertaken. They said it was training used in the management of people with behaviour that challenged. They told us the trainer related the training to individual people they cared for and "It made it feel real."

Staff were able to meet with their line manager on a one to one basis, both through supervision and

appraisal. We saw that all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support. Clinical supervision was ongoing.

At our last inspection in April 2015 people's nutritional needs were not always well managed. The provider sent us an action plan telling us how they were going to make improvements. They had addressed the issues since then and the service had now improved.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said "The food is good here and we have a good cook." One person told us they could choose what they wanted to eat and said "I always get what I ask for. The food is lovely." Staff told us food was discussed at residents meetings and they agree a menu together.

Lunch was observed on two units. Two people were supported by staff to make soup and sandwiches which was part of their development plan to promote independence. They then sat together and enjoyed their lunch. Other people had food prepared for them in the main kitchen. People had access to hot and cold drinks and snacks throughout the day. They were able to prepare these in kitchenettes that were provided on each unit. One person said "I love tea and make this myself." People told us they liked to eat out. One person said "When I go out for the day I always eat lunch out."

People had a nutritional care plan called a 'food preference plan' and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently.

People were supported to have a healthy diet and there was a good supply of fresh fruit and vegetable provided daily. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, dentist or physiotherapist. People were able to see their GP when they needed to. One person told us they were looked after well by their doctor and another person gave us a thumbs up sign when we asked if they were happy with their doctor. People had support from the community psychiatric nurses and a psychiatrist who visited the service every three months to review people's mental health issues and medicines. We spoke with three health care professionals who told us they had no concerns regarding the care and support people received and said the service was good at carrying out specific instructions and treatments.
When people's health needs had changed appropriate referrals were made to specialists for support. For example referrals had been made to a consultant neurologist, the community epilepsy nurse and a dermatologist.

Good

Is the service caring?

Our findings

At our last inspection in April 2015 staff did not always interact with people and were not always caring. The provider sent us an action plan telling us how they were going to make improvements and we found improvements had been made.

People told us staff treated them well and were "Caring and kind." One person said "I am well looked after, and I like the staff." One person gave us a thumbs up sign when we asked them about their care. We spoke with three health care professionals who all said the care people received was good. One professional said "The staff do a good job with people that challenge and I think people receive good care."

Relatives were very complimentary about the home and the staff. One relative said "I am very happy with the care received." Another relative said "This has been the longest and the best place my relative has been. They know how to meet their high support needs."

People received good care and there was excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people where possible felt empowered to express their needs and receive appropriate care. We saw staff sitting with people on a one to one basis discussing their care plan. This staff member told us they were that persons key worker and spoke about care with that person every day which was important to them. One person had requested that staff who were supporting them should read their care plan in order that they would know how to support them during episodes of behaviour that challenged.

People were well cared for, with clean clothes, tidy hair and were appropriately dressed. During the morning people were busy going out at different times and staff ensured they had supported them to change their clothing if necessary in order to promote their dignity and gave positive comments as appropriate. For example "You are looking very nice." People responded positively.

People were cared for by staff who knew them well. Staff were able to tell us about the people they supported. This included information about their likes, dislikes, care needs and family history. Throughout the day we found care to be appropriate and people were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. One person told us staff helped them choose clothes that 'matched'. People told us they were always consulted before any decisions were made about them. Unit meetings took place each morning with people and staff to plan care and the level of support people would require meeting each need and activity.

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. Other people's rooms were less personalised as their emotional needs prevented them from tolerating personal items. The registered manager was working with people and staff in an

attempt to support these people to live in a more personal environment. Staff provided support for people when applicable to clean their room and change their bedding promoting independence. They were also supported with their personal laundry.

People's spiritual needs were met. Staff supported people who chose to attend church on Sunday mornings. This was followed with Sunday lunch in a place of their choice.

People's dignity and privacy were respected. Staff ensured people's permission was given before going into their rooms. We also saw staff knock on people's doors before they entered. We heard staff addressed people appropriately and called them by their preferred name. Staff spoke in a private place when they were discussing confidential information concerning a person so others could not overhear. There were six mobile phones for staff to use when supporting people in the community. This ensured staff would not use their personal phones while on duty to promote confidentiality. The registered manager told us they performance managed staff and kept reminding staff about privacy dignity and confidentially.

When people's communication was nonverbal staff were able to understand what people wanted by their body language, sign language (Makaton signs) or facial expressions. One member of staff told us they were able to tell if someone was unwell by their expressions and could also tell if they were unhappy by the sounds they made. They said "I like working on this unit as I get to know people and I can help them which is rewarding."

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Comprehensive needs assessments were in place with supporting documentation from other health care professionals to ensure the service had the resources required to meet specific needs. Following a needs assessment people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also.

People had individual care plans in place that were person cantered, well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans. People told us they had been involved in their care plan and these had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process. One person said "I am always asked how I want to be cared for." Another person said "My care plan is in the office and you can read it if you like. You can see I have signed this." Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and other health care professionals were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

The staff were responsive to people's challenging needs and behaviour. For example a number of people presented with behaviour that challenged and we saw they were prone to verbal and physical aggression. We saw several examples throughout the day when staff intervened to successfully de-escalate situations preventing people from harm. This was done in a calm and professional manner and staff were clearly well trained and competent in this area. Staff were able to maintain people's dignity during these episode and offered reassurance to people following an episode.

The registered manager had a good understanding of people's individual emotional needs and was responsive in providing support. It was identified that a forthcoming planned event was likely to disagree with someone who did not like social gatherings. The registered manager arranged for that person to go out on a day trip with a staff member to meet that specific need. Another person was predicted to be unsettled after the event and again the registered manager responded by providing an additional night staff for individual support.

The service was responsive to a person who presented with mobility needs. They had been referred to be seen by a physiotherapist who had devised an exercise programme for that person to follow. Staff followed advice and guidance given by the physiotherapist to help them to remain mobile.

People were supported to participate in activities which had meaning to them and were individualised. One

person liked to go for days out to London or the coast and staff supported them do this once or twice a week. Another person liked to go shopping for clothes and the cinema which was also facilitated. Other activities included swimming, drama, cycling, walks locally and in parks, pub outings, meals out, cookery, gym activities, doing maths and trips in the mini bus. People had Oyster cards and were encouraged to use public transport whenever possible. Family links were maintained and some people were able to go home and spend some time with relatives. The home had a rabbit and staff supported people to take responsibility for looking after him.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the staff." Another person said "Staff do listen to me and if they didn't I would tell my care manager." A relative said they would feel confident making a complaint as they knew this would be managed well.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand, for example pictorial format. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission.
We looked at formal complaints made in the past year. We noted they had been resolved in a timely and satisfactory manner. The registered manager had written to the relevant parties with an action plan, where necessary to prevent further issues arising. Staff were aware of the complaints procedure.

Good

Is the service well-led?

Our findings

At our last inspection in April 2015 records were not always maintained or available at the service. The provider sent us an action plan telling us how they were going to make improvements. There was a considerable improvement noted in the management of records.

Since our last inspection there was a new registered manager in post with extensive experience of managing services for people who were living with behaviour that challenged and associated conditions. They had the support of a qualified clinical lead nurse, qualified nurses and senior staff. People were very positive about the home and the way the home was managed. One person said "I like living here since the new manager started and I am happy." Staff were confident in their roles and felt they were getting the support they required from the registered manager. One member of staff said "The manager makes sure they work alongside us at some point during a shift to ensure we are doing things right." They support me with challenging situations and I learn from that." Another member of staff said "The manager is very supportive and I can talk with her. They will listen to any concerns and do something about it" They said they reported a person was "Not their usual self" and the manager took steps to rectify that by calling a unit meeting the same day and acting on feedback from staff.

Staff meetings took place for both qualified staff and support staff. The last meeting took place on 12 July 2016 and minutes were kept for information. We saw an action to hold key worker meetings had taken place.

The director of nursing and the nurse assessor for the organisation undertook monitoring audits three times a year to measure service provision and drive improvement at the service. The last audit was undertaken on 8 July 2016. This covered all care provided, infection control and suitability of the premises. Action planning as a result of the audit was divided into 'immediate' and 'non-immediate' categories. We noted there were three areas requiring immediate attention. These were all related to issues surrounding medicines management. These had been immediately addressed. Issues identified as non-immediate included key worker meeting with people not fully recorded and we saw the registered manager was addressing these issues.

The registered manager undertook monthly peer audits to promote best practice and aid continuous improvement. These were audits undertaken by a registered manager from another service while the registered manager from Ballater House went to their service for auditing purposes These included audits of medicine and medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A summary of these audits were sent to the provider for information.

The registered manager also undertook health and safety audits and infection audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

The administrator undertook monthly audits of people's finances and petty cash. They showed us how they

monitored receipts against people's personal monies and maintained individual balance sheets for information.

Relatives were encouraged to give their feedback about the home. The registered manager told us the recent survey undertaken was called 'friends and family test'. Surveys had been sent to relatives for their feedback and the evidence was compiled and evaluated at head office. The comments received were positive. These included "Care from staff has been exceptional" "I have not a bad word to say about the home." "The staff are always kind and welcoming." "Management and staff do their upmost to keep my family member happy keep them occupied and on an even keel." "I have been pleased with the support provided for my relative and they are happy here."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.