City of Bradford Metropolitan District Council

Holme View

Inspection report

Gillingham Green
Holmewood
Bradford
West Yorkshire
BD4 9DT

Tel: 01274681682
Website: www.bradford.gov.uk

Date of inspection visit:
14 July 2016
15 July 2016

Date of publication:
13 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

This inspection took place on 14 and 15 July 2016 and was unannounced. At our last inspection on 16 September 2014, the registered provider was compliant with all the regulations we looked at.

Holme View is a care home that is located in Holmewood, approximately three miles from Bradford city centre. The service provides accommodation and personal care to a maximum of 35 older people, including people living with dementia. The service is split across two floors with the ground floor providing accommodation for up to 23 people on a permanent basis and the first floor offering 'flexi-beds' for people requiring an assessment of their needs, before returning home or seeking permanent residential care.

The registered provider is required to have a registered manager in post and on the day of the inspection, there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately in the service.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the home deemed essential, such as safeguarding, moving and handling and infection control, and home specific training such as dementia awareness. However, we found that staff had not completed Mental Capacity Act 2005 (MCA) training and the dementia awareness training in some cases had been completed several years ago. We made a recommendation about this in the report.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the MCA guidelines had been followed. Staff at the home did not use restraint but the registered manager understood the process to follow to ensure that any restraint was lawful.

We found assessments of risk had been completed for each person and plans had been put in place to minimise risk. The home was clean, tidy and free from odour and effective cleaning schedules were in place.

People's nutritional needs were met. Most people told us they enjoyed the food and that they had enough to eat and drink. We saw people were offered a choice of food and drink and were provided with refreshments throughout the day.

People told us they were well cared for and we saw people were supported to maintain good health and had access to services from healthcare professionals. We found that staff were knowledgeable about the

people they cared for and saw they interacted positively with people living in the home. People were able to make choices and decisions regarding their care.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were appropriately actioned.

We found the registered provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support.

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 displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

Is the service effective?

Good

The service was effective.

Staff had received an induction and training in most of the key topics that enabled them to effectively carry out their role. However, staff had not received Mental Capacity Act 2005 (MCA) training.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the MCA guidelines were followed.

People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day. People told us they enjoyed the food and that they had enough to eat and drink.

People who used the service received, where required, additional treatment from healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and care staff throughout the inspection.

People were treated with respect and staff were knowledgeable

about people's support needs. People's independence was promoted.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led.

The service had effective systems in place to monitor and improve the quality of the service.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Holme View

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 registered 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 14 and 15 July 2016 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adult's team to enquire about any recent involvement they had with the home.

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR within the agreed timescale.

During the inspection we spoke with six members of staff, the registered manager, the deputy manager, three people who used the service, one healthcare professional and six people's relatives. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people, medication records for seven people, handover records, supervision and training records for three members of staff and quality assurance audits and action plans.

Good

Is the service safe?

Our findings

The home had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that safeguarding concerns were recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training to ensure they knew how to keep people safe and could recognise signs of potential abuse. During discussions with staff it was apparent they knew the different types of abuse that may occur and what action to take if they suspected it had taken place. One member of staff told us, "I've never seen anything of concern; however, if I did I would report it to the manager." Checks of the services training records showed us that staff had completed training in relation to safeguarding vulnerable adults.

We noted that the accident and incident document had recently been updated to encourage the person completing the report to focus specifically at the cause of the accident to ensure that lessons were learnt. This information was then collated at the end of each month and any recurring patterns in falls or incidents were reviewed. The registered manager explained that through the increased monitoring of people's falls they had identified that one person had suffered a number of falls during periods of time when their glasses were either broken or missing. The person now had shatterproof glasses and this meant that the number of falls they had experienced had decreased. This showed that lessons were learnt from accidents and incidents within the service.

We saw the service had systems in place to ensure that risks to people and the environment were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included risk assessments for falls, eating and drinking, continence, moving and handling, pressure care, challenging behaviour and medication. Risk assessments were reviewed on a regular basis and amended accordingly. We saw that when new risk assessments for people using the service were implemented, these were collated on a clipboard for staff to sign to indicate they had read them before they were placed in the persons care file. We saw Personal Emergency Evacuation Plans (PEEPs) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who require assistance to safely leave the building during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas safety, passenger lift, fire extinguishers, emergency lighting and all lifting equipment including hoists. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm were completed to ensure that it was in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of

unsafe or unsuitable premises.

We asked the registered manager how they ensured there were enough staff on duty to safely meet the needs of the people using the service. They explained that since the service had commissioned 'flexi-beds', staffing levels had to be more flexible dependant on the needs of the people being supported. Visitors and relatives told us, "There is always staff about" and, "If somebody gets upset then staff are quick to respond." Another said, "There's always a member of staff to talk to, it's a nice and relaxed home." One person using the service said, "There are lots of staff who work here, there is always somebody about when you need them."

Staff we spoke with told us, ""There's definitely enough staff" and, "If it's a busy weekend shift then the seniors will help out." Another said, "We are busy at times but I feel there are enough staff." However one member of staff indicated they felt they were sometimes stretched on a weekend, as they had one member of staff less on duty. We discussed this with the manager and they told us that the senior on duty was able to access additional agency staff if necessary. They said, "On a Monday morning we sit down and review the needs of the people and look at what has happened over the weekend. We can then adjust staff levels accordingly." We found there was sufficient numbers of staff to safely care for people living in the home.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and the registered manager explained that this included role-play to observe how the candidate responded to different scenarios and how they worked to resolve problems. Staff were provided with job descriptions and terms and conditions and this ensured they were aware of what was expected of them.

In discussions, the registered manager confirmed they had experienced continued issues around obtaining timely prescriptions for some people from the local GP practice due to the high turnover of people using the 'flexi-beds'. This had meant staff regularly spent a significant amount of time completing additional checks of people's prescriptions, ensuring the medicines had been provided and chasing up outstanding orders. Meetings regarding this had taken place. However issues in relation to this continued.

The registered manager explained that they were working hard to ensure that medication errors were reduced and had put a variety of audits in place to ensure that any errors were identified at the earliest possible opportunity. For example, audits had identified that staff were not recording when they had applied topical medicines such as creams. We saw that a team meeting was initially held to address this and this was then followed by individual staff members been spoken with regarding the importance of ensuring that the administration of all medication was accurately recorded. In one case, more formal action was required. These steps had seen a recent improvement in the recording of all medications at the service.

We observed medication being administered at different times throughout the day and saw that this was carried out in a discreet, unobtrusive and respectful manner. We looked at how medicines were managed within the home and checked a selection of medication administration records (MARs). We saw that medicines were obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. We saw that medicines were stored safely in a secure cabinet, or in a locked room. However we noted that the temperature of one of the rooms was regularly above the recommended temperature of 25°C and on the day of this inspection the temperature of the room was recorded at 28°C. We also noted that the medication fridge was recording a temperature of 10°C.

The registered manager confirmed that action would be taken to ensure that medication was stored at the correct temperature.

We found the service to be clean, tidy and free from odour. Regular deep cleaning was undertaken by the services domestic staff and we saw that there was detailed information available for staff on hand washing and what to do in the event of an outbreak or suspected outbreak of an infectious disease within the home. We found that chairs appeared clean and comfortable and that carpets and flooring were generally in good condition.

Good

Is the service effective?

Our findings

Staff told us they received a thorough induction, which required them to spend a week on each 'wing' of the service shadowing more experienced staff and familiarising themselves with their new roles and responsibilities. This gave them the opportunity to see how each area of the service operated and enabled them to get to know the people who used the service and their new colleagues. We viewed induction records and saw that regular meetings took place to discuss how people were adjusting to their new role and whether any additional training needs had been identified. We saw as each stage of induction was completed this was signed off by the registered manager or supervisor. Newly recruited staff were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives and covers 15 topics including safeguarding, duty of care, privacy and dignity and infection control.

Regular refresher training took place for training the registered provider deemed essential. This included safeguarding, moving and handling, infection control and first aid. We saw that training in dementia awareness and conflict resolution had also taken place. However, we saw that some staff had not completed refresher training in dementia awareness for several years. As an element of the service was a specialist assessment unit for people with dementia, up to date training in this topic would be beneficial. We also noted that staff had not completed training in the Mental Capacity Act 2005 (MCA) or health and safety.

We recommend that the registered provider seeks advice and guidance about the topics they consider to be essential training and its frequency.

Staff told us they received regular supervision and attended staff meetings. We viewed meeting records and saw that a number of different topics were discussed and any actions were allocated to specific people for follow up. One member of staff told us, "We are well supported, if we have any concerns we can raise these. The manager wants to know any ways that we can improve so this gives us chance to tell them."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, DoLS authorisations were in place when appropriate and the service was waiting for assessment and approval for further applications they had submitted.

We saw that people's capacity to make decisions for themselves was assessed and the types of decisions they were capable of making were recorded in their care plan. Although staff had not completed training on MCA and DoLS, during our discussions we found they were able to explain how they gained people's consent to receive the care provided.

People who had been admitted to the service on a 'flexi-bed' basis had a 4-6 week assessment to determine what level of support they would require if they were to return to their own home. The assessment also identified when a person's needs had reached a level where they would require permanent residential care to keep them safe. A report was produced at the end of this period and, where a person lacked capacity to make a decision for themselves, best interest meetings were held to decide whether a person was able to return home or whether permanent residential care was required. Best interest meetings are held when people do not have capacity to make important decisions. Health and social care professionals and other people who are involved in the person's care meet to make a decision on the person's behalf. This showed that the service was working within the MCA guidelines.

We saw that people's nutritional needs were assessed and plans were put in place to ensure they were met. People were weighed on a regular basis and we saw that in general people using the service recorded monthly weight gains. Some people in the home had food and fluid charts in place to record their daily intake. We found that the fluid charts accurately recorded the type and quantity of fluids consumed by the person. However, we saw that although the food charts recorded the types of food people were eating, they did not always accurately record the amount. We discussed this with registered manager who told us they constantly remind staff during supervision, team meetings and staff handover to ensure that all records were accurately completed and they would address this again following the inspection.

We saw people were supported to eat and drink sufficient amounts to meet their needs. People were offered snacks and drinks mid-morning and afternoon. Observation of the lunchtime meal showed that the food was well presented. We saw that people were offered a choice of food and a hot or cold drink and sauces / condiments were offered and given. People chatted to each other and staff so there was a relaxed and enjoyable atmosphere in the dining rooms. Staff moved around the service offering support to people as needed. We overheard staff asking if people wanted help with cutting up their food and people were asked if they would like more to eat and this was given where requested. The food looked appetising and most people said the food was very good and that they really enjoyed mealtimes. One person said, "The food is very good, you get a good choice." A person's relative told us, "The staff always try and make sure [Name of person] eats different things." One relative we spoke with told us, "The food always looks good and [Name of person] has put weight on, she's had to have new trousers."

Peoples health needs were supported and were kept under review. We saw evidence that individuals had access to their GP's, district nurses, chiropodist, opticians and dentist. Where necessary, people had also been referred to the relevant healthcare professional. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). The service had an allocated community matron who visited up to three times a week in an attempt to avoid unnecessary hospital admissions. They were able to support the service in managing long-term conditions and would address any concerns in relation to pressure areas.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the service and told us the staff were kind, caring and knowledgeable about people's needs. Comments included, "It's a lovely place and the staff are lovely too", "The staff are very nice, they do their level best to give you some real quality care", "This home is 12 out of 10. The carers are superb, they are very vigilant.", "The staff really are so kind, nothing is too much trouble for them" and "When I'm here, I listen to them talking and always hear positive conversations and polite manners." Although one person said, "They [Staff] are not my cup of tea" they were unable to provide a reason why.

It was evident that staff had developed good relationships with people who used the service and were knowledgeable about their needs. Throughout this inspection, we overheard staff sharing a laugh and joke with people who enjoyed this type of approach. Staff were seen to manage different scenarios and approach each individual in a manner that was responsive to their specific needs. For example, we observed when one person became distressed, staff knew how best to respond to the person and were quick to distract and offer reassurance to help alleviate their distress. This showed that staff understood how to respond to people's individual needs in a caring and effective way.

People's independence was promoted. One member of staff told us, "We encourage people to do as much for themselves as they can" and "Part of our role is re-skilling people after they have been in hospital or following a period of illness." They added, "People who come into the assessment unit have varying levels of need, so we have to find out what they are able to do themselves before we intervene; we don't just jump in." They also said, "We assess to see if they can make themselves tea and toast and complete personal care and domestic tasks such as doing the laundry and washing themselves. Care plans are then adjusted accordingly so staff are aware what support they need."

We saw that people had a choice about how their care was provided. Staff told us they tried to provide people with choices whenever they could. For example, one person who used the service usually sat by themselves for breakfast at a dining table in the room where staff prepared breakfast. However, staff told us that in the last few days they had chosen to sit with other people using the service in one of the small dining areas and had eaten just as well. This showed that people had choice about where and with whom they chose to spend their time. We also saw that people were able to choose what time they got up in the morning, what time they went to bed and what clothes they wore. A choice of meal was also provided. One relative told us, "They have some flexibility, if it's mealtime and [Name of person] is sleeping, they leave him and bring his meal when he has woken up."

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified situation. They also ensured that they did not provide any care considered personal in the communal areas of the home and administered medication in a discreet manner. A member of staff said, "I make sure I care for people the way I would want to be cared for" and "I always make sure people are covered as much as possible during personal care and if families are

visiting we offer a quiet area if this is what they want." Our observations during this inspection supported this.

The registered manager told us they had developed links with local voluntary and professional advocacy services. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. We were also told that the service utilised volunteers to provide additional one-to-one time for people using the service.

People's friends and relatives were free to visit the service as often as they liked and visits took place both during the day and in the evening. People told us they were always welcomed and were able to stay as long as they wanted. Some people took their relatives out either to do some shopping or to call at a local café. One relative told us, "We are always popping in and out. We bring the grandchildren in, they all love it."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. One person who spoke little English was able to attend a nearby day centre where they were able to speak with people in their first language. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

We looked at the care records of people who used the service and found these were in a transitional stage as a new format was in the process of being introduced. We saw that each person had undergone a preadmission assessment to help the registered manager determine whether the home was able to meet the needs of the person before admitting them. We found care plans described in detail a person's needs and how the home planned to meet these needs whilst also promoting their independence. They included information relating to people's family history, their likes and dislikes and any hobbies they had. This indicated that either the person or their representative was consulted during the development of the care plan.

We saw that care plans were reviewed by the home on a regular basis to ensure that the information remained reflective of the person's current level of need. We also saw evidence that reviews took place with family and a social care professional present, when possible. One person's relative told us, "The staff go through the care plan with us yearly and update it; we have to sign it to say we are happy" and "I remember they updated it all when [Name of person] fell out of bed, they increased how often they checked on him during the night."

The service employed an activity coordinator for 25 hours per week and we saw that people who used the service were supported and encouraged to take part in a variety of activities. We saw that the activity coordinator was able to support the staff team by providing one to one time for some of the people using the service. We saw that one person who could display anxious behaviour benefitted from a walk to the shops and on the day of the inspection we saw them being supported in this activity. This then enabled them to return to the service in a more relaxed state of mind. We saw that this intervention was fully recorded in the persons care plan.

We saw that activity planners were in place in each person's room and this ensured that people knew what was on offer each day. We saw an activity log was completed on a daily basis. This recorded the type of activity, who was involved, who declined the activity and comments on whether people had enjoyed the activity or the reason why they had chosen not to be involved. This enabled the staff to monitor and adjust the activities provided to try to offer something for everybody; although they acknowledged that some people were happy to watch television, read a book or listen to music.

A visiting relative told us, "They do have trips out from time to time, they have been to garden centres, shopping centres and they went out to get some chips recently. I would like it if they could get out more often though." Another relative whose family member was on the assessment unit told us, "The were in hospital and hated it" and "They are much happier here, [Name of person] thinks they work here so they are keeping themselves busy." One person using the service told us, "I like some of the activities and get involved if I fancy it."

Throughout the home, we saw that there were a number of notice boards that displayed information regarding the home and advertised any upcoming events.

There was a complaints procedure in place and a copy was displayed on the door of the manager's office. This ensured that if people wanted to complain and the manager was unavailable they were aware of the procedure to follow. We looked at the complaints file and found the last recorded complaint had been received in May 2015. The registered manager explained that they tried to resolve any issues where possible, and that the local authority's independent complaints department could also manage any complaints they were unable to satisfactorily resolve themselves.

Relatives and visitors also told us they were happy with the way issues were managed. Comments included, "We've not needed to complain as such, the clothes sometimes get muddled up, but they sort it out", "I've raised niggles in the past and they have always been sorted out", "The staff, seniors and manager are all great. If there are any issues you can talk to any of them" and "Any issues are dealt with quickly and this stops things from escalating."

There were other opportunities for people living in the home and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings, relative meetings and quality assurance surveys.

Regular meetings took place for each 'wing' in the service and these were attended by varying numbers of people who used the service on each occasion, showing that people could choose whether they attended or not. We saw that a variety of topics were discussed including care staff, meals, cleanliness (of environment), activities and the laundry. The discussion was recorded and this included any agreed actions and who the specific task had been allocated to. The feedback from the meetings was mostly positive, although the inclusion of 'any other business' would evidence that people were invited to discuss topics outside of the set agenda.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a manager who was registered with the Care Quality Commission. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff told us they felt well supported by the registered manager. One member of staff said, "I previously suffered a few setbacks but [Name of manager] has been really supportive, whilst also challenging and pushing me to achieve" and "It's been refreshing to have a manager that recognises staff's skills and pushes them on." Other comments included, "[Manager] is so easy to talk to", "The manager is very supportive, I can't knock them. If we have any concern then we can raise them" and "They are very approachable."

People we spoke with told us the manager set high standards for the service. One person's relative told us, "The manager sets highs standards and they expect the staff to work to them." We saw that the registered manager took action to address areas of poor practice and discussions with staff confirmed this. One member of staff told us, "The manager if friendly on a day to day basis. However, if there are any practice issues to be discussed then these are addressed. It's always done professionally and they don't hold grudges." This showed that the registered manager promoted continual improvement.

Relatives we spoke with told us that they were kept up to date with any issues relating to their family member. We saw communication with people's families was accurately recorded in the person's care file and relatives told us they felt confident contacting the home stating, "The communication with the home is very good. I never need to ask as the staff always make sure I am up to date with what's going on." Another said, "If there are any issues they get in touch with you straight away" and "The Manager has an open door policy, you can speak with them at any time." The registered manager told us, "Communication is very important, especially now with the high turnover of service users using the 'flexi-beds'. We had a meeting regarding how we communicated with community health professionals and since then things have got better."

Regular 'carer' meetings were held for people's relatives and this provided an opportunity for people to raise any concerns they may have regarding the service. One person's relative told us, "There are regular relatives meeting. We will make suggestions and [Manager] will see if we can do it, if not they will always explain why." Another said, "Relatives meetings take place every three months, we do lots of fundraising. We've had tombolas and raffles to raise money for activities at the home." A third person commented, "We were asked our opinion about the mealtimes. They now have the main meal on an evening, instead of at lunchtime. It seems to work much better." This showed that the opinions of relatives were listened to and acted on.

There was a quality monitoring system in place that consisted of weekly, monthly and annual audit tasks, meetings and questionnaires. These were analysed and action plans were produced to address any areas identified as requiring improvement.

Stakeholder surveys were completed and this included feedback from people using the service and / or their representative. We found that positive feedback was received in relation to the comfort of the service, privacy, care, activities and staffing. Comments included, 'The staff are kind and dedicated' and 'The care staff and management are excellent and they do a good job.' However, we saw that approximately 30% of people had indicated they did not feel they were suitably involved with decision making at the service. We saw that the registered manager had taken appropriate steps to address this.

We saw audits were carried out to ensure that the systems in place at the service were being followed and that people were receiving appropriate care and support. Audits included infection control, nutrition, accidents and incidents, pressure care, hospital visits, equipment maintenance, care plans, recruitment and medicines. We saw that when audits identified any areas for improvement, actions were taken to rectify the problem and, where necessary, systems were altered to prevent any reoccurrence of the shortfalls.

Some of the relatives we spoke with had developed close relationships with the registered manager and staff at the service. They had set up a carers committee and they hoped that this would enable them to provide support to other people's relatives who were going through the process of finding suitable accommodation for their loved one for the first time. The committee was also actively involved in fundraising to provide additional activities for the people using the service. We were also told the service had developed links with local schools and volunteers. They had secured funding to improve the garden area and an allotment had been developed with any produce been used in the kitchen.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of the regulations and we saw that they were appropriately maintained, up to date and securely held. This meant that people's personal and private information remained confidential.