# Abbeyfield Heswall Society Limited

# Allandale

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

This was an unannounced inspection carried out on 14 January 2015. Allandale provides privately funded personal care and accommodation for up to eight people. Nursing care is not provided.

Allandale is a detached two storey house set in its own grounds in the area of Heswall, Wirral. The home is within walking distance of local shops and public transport. A small car park and large garden with seating are available within the grounds. The home has recently been refurbished throughout to a high standard.

Accommodation is provided on the ground and first floor. A stair lift enables access to the bedrooms located on the first floor. There are seven single bedrooms and a self contained flat, all of which have en-suite bathroom facilities. Specialised bathing facilities are also available on each floor. On the ground floor, there is a communal lounge and dining room/conservatory for people to use.

During the inspection we spoke with four people who lived at the home, one of their relatives and two care staff. We also spoke with the registered manager and the home

# Summary of findings

manager who worked at the home. The home manager supervised the day to day running of the service and reported directly to the registered manager who managed the service.

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.'

This is our first inspection of the home since it registered with the Care Quality Commission in October 2013.

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People who lived at the home were supported to maintain their independence and were able to choose how they lived their day to day lives for example what time they chose to get up / go to bed, what they wanted to eat/drink and what they wanted to do during the day. A range of activities were provided to occupy and interest people and staff took the time to just sit and chat to people in addition to meeting their support needs. This promoted their well-being. Interactions between people and staff were positive and the home had a warm, homely atmosphere. We observed that staff treated people kindly, with respect and supported them at their own pace.

People had access to sufficient quantities of nutritious food and drink. People said they were pleased with the choices and standard of the food on offer. We observed a medication round and saw that it was administered safely. We checked medication administration records and saw that they were completely accurately and properly signed for. One staff member's knowledge about when a person's medication administration chart should be signed for, required refreshing

We saw that staff had been recruited safely and that there were sufficient staff on duty to meet people's health and welfare needs. The majority of staff had received the training they needed, to do their jobs safely and the staff we spoke with confirmed they received regular supervision and appraisal.

People told us they felt safe at the home and they had no worries or concerns. Staff we spoke with were knowledgeable about types of potential abuse and what to do if they suspected abuse had occurred. No safeguarding referrals have been made by the service since its registration in October 2013.

We reviewed three care records. Two of the care plans provided sufficient information on people's needs and guidance to staff on how to meet them. One of the care plans however contained only a provisional care plan which did not cover all of the person's needs and risks. This meant staff lacked clear information on all of the person's health and welfare requirements.

Some people who lived at the home had short term memory loss. The home manager told us that no-one lacked the capacity to make decisions or required the protection of a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) came into force on 1 April 2009 and ensures people are looked after in a way that does not inappropriately restrict their freedom.

The home in accordance with the Mental Capacity Act 2005 (MCA) had assessed and regularly reviewed each person's mental capacity and gave guidance to staff on how best to communicate with people. Care staff were aware of what a lack of capacity meant but their knowledge of how this impacted practically in the decisions people were able to make required refreshing.

We saw that regular reviews of care plans took place to monitor any changes to the support people required and that people had prompt access to other healthcare professionals as and when required. For example, doctors, dentists, district nurses and chiropody services.

We saw that people were provided with information about the service and life at the home. Information in relation to how people were able to make a formal complaint however was unclear and out of date.

The premises were safe, well maintained and there were good infection control procedures in place. There were a range of quality assurance systems in place to assess the quality and safety of the service received and to obtain people's views. For example infection control audits, medication and accidents and incidents audits were all undertaken and a satisfaction questionnaire had recently been sent out to gauge people's 'satisfaction' with the service provide.

# Summary of findings

People and staff told us that the home was well led. Staff told us that they felt well supported in their roles and that regular staff meetings took place where they were able to express their views. We saw that regular management meetings also took place to enable the provider to come to an informed view of the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People told us they felt safe and had no worries or concerns.

Staff knew how to recognise and report signs of potential abuse. They were recruited safely and there were sufficient staff on duty to meet people's health and welfare needs.

The storage and administration of medication was safe and people received the medicines they needed.

The environment was safe and well maintained and the home had good infection control procedures.

**Good**

**Is the service effective?**
The service was effective.

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills/knowledge to care for them.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs. Meals were served in a relaxed homely atmosphere.

We saw people had access to health related support and access to other healthcare professionals as and when required.

The home manager and registered manager understood the requirements of the Mental Capacity Act 2005.

**Good**

**Is the service caring?**
The service was caring.

People we spoke with held staff in high regard. Staff were observed to be kind, caring and respectful when people required support. Interactions between people and staff were warm and pleasant and people were relaxed and comfortable in the company of staff.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the home. Regular residents meetings took place and people were able to express their views.

**Good**

**Is the service responsive?**
The service was generally responsive but required improvement in some areas.

**Requires Improvement**

# Summary of findings

People's needs and care had been individually assessed, care planned and regularly reviewed. One person's care plan did not cover the totality of the person's needs and risks and required improvement.

The service was responsive when people became unwell and people's social and emotional needs were being met by a range of activities.

People we spoke with had no complaints. The provider's complaints policy however required improvement in respect of who people should contact in the event of a complaint.

**Is the service well-led?**

Good

People and staff we spoke with said the home was well led and managed.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service. People's satisfaction with the service was sought through the use of satisfaction questionnaires.

Regular staff and management meetings were held. These enabled the provider to come to an informed view of the standard of service provided.

# Allandale

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 14 January 2015 and was unannounced. The inspection was carried out by an Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the registered manager since the service's registration in October 2013.

During the inspection we spoke with four people who lived at the home, one of their relatives and two care staff. We also spoke with the registered manager and the home manager who worked at the home. After the inspection, we spoke with a visiting healthcare professional by telephone.

We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms. We also looked at a range of records including three care records, medication records, recruitment records for three members of staff, training records relating to the staff team, records relating to health and safety and records relating to the quality checks undertaken by the service.

Good

# Is the service safe?

## Our findings

We spoke with four people who lived at the home. They told us that they felt safe living at the home. No-one we spoke with raised any concerns about the care they received and all held staff in high regard. One person said they felt "Very safe, very contented" at the home. Another person said "Staff are very good".

The provider had a policy in place for identifying and reporting potential safeguarding incidents. We spoke with two care staff, both of whom demonstrated an understanding of types of abuse and the action they would need to take in responding to any suspected safeguarding incidents. No allegations of abuse have been reported by the home since its registration in October 2013.

We saw that the premises safety was maintained. The provider employed a maintenance man who carried out regular health and safety checks. For example we saw evidence that call bells were tested weekly, water temperatures checked monthly and routine repair and maintenance carried out promptly.

We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics, heating, specialised bathing equipment and small appliances. Records showed the systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced.

We looked around the home and saw that it had recently been refurbished throughout. It was well maintained, clean and free from odours. There were seven individual bedrooms and one self contained flat. Each bedroom was of a good size, airy and had homely feel. Each bedroom had an ensuite bathroom with an individual shower cubicle for each person's use. Bedrooms and ensuite facilities were of a high standard. Should people prefer a bath, there were communal bathrooms with specialised bathing facilities on both floors for people to use.

There was a separate laundry room. A member of staff told us that each person had their own laundry basket. Laundry was collected daily and washed individually. One person said they were "pleased with the washing". The kitchen, lounge and dining room/conservatory were situated on the ground floor. All were pleasantly decorated and suited to the needs of the people who lived at the home.

An infection control policy was in place to minimise the spread of infection. The home manager told us infection control audits were undertaken every 6 months. We reviewed the October 2014 audit and saw that the home had achieved an overall score 90.9%. This demonstrated that the home managed infection control well.

We reviewed staffing levels. The home manager told us that all of the people who lived at the home had low dependency needs and required the minimal assistance of one carer. Our observations of care confirmed this.

The home manager told us they were on duty between the hours of 9-3pm each day Monday to Friday and a member of the care staff was on duty at all times. A part time domestic and a full time cook were also employed at the home. The staff rota's for January 2015 confirmed this.

We asked four people who lived at the home if the number of staff on duty was sufficient. People said there were enough staff on duty the majority of the time. Two people said they thought two staff should be on duty at night in case of an emergency.

The registered manager told us that staff had access to a 24 hour on-call system in the absence of the home manager. Staff were given the mobile numbers of the registered manager and the home managers employed at each of the provider's three homes in Heswall who they could contact in the event of an emergency or if they required out of hours advice. Staff members confirmed this. This assured us that there were adequate arrangements in place during the night, should an emergency occur.

The registered manager and the two care staff we spoke with said staffing levels were sufficient to meet people's needs. We observed staff caring for people throughout the day. Staff were unrushed in the delivery of care. People were assisted promptly and in a patient, friendly manner. We observed several instances throughout the day when staff were able to take the time to just sit and chat to people in the communal lounge. This demonstrated that the number of staff on duty was sufficient to meet people needs safely.

Recruitment and Disclosure and Barring Service (DBS) policies were in place for the safe recruitment of staff. An application form, interview process and two previous employer references were sought prior to employment. Each staff member had a job description and contract of employment in place. Checks undertaken by the DBS

Good

# Is the service safe?

service identify whether a person has been convicted of a criminal offence that would indicate they are unsuitable to work with vulnerable people. There were no records relating to criminal conviction checks however in staff files. The home manager told us these records were held at head office. Every person is given a unique criminal record check number when a check is undertaken. We were shown a list of the staff members' unique numbers and the date by which the criminal conviction check was applied for, as evidence that suitable checks were undertaken prior to employment.

We saw however that some of the criminal conviction checks information was over ten years old. This meant that some of the staff member's information could be out of date. The registered manager told us they were about to introduce a formal request for updated criminal conviction information as part of the provider's staff appraisal process. This meant there were plans in place to routinely check that staff continued to be suitable for the job role.

Accidents and incidents were recorded individually in people's care files and logged on a separate accident and incident form which was audited monthly by the manager. We saw that where actions had been identified, these actions had been undertaken.

We looked at the arrangements for the safe keeping and administration of medicines. We saw that people's medication was kept in their bedrooms, secured within a lockable cupboard. We saw that people were given a choice of whether they would prefer staff to administer, some or all of their medication or the choice to self administer. The risks involved in each choice had been assessed and care planned accordingly.

Medication was dispensed in monitored dosage blister packs. We checked a sample of two people's medication administration charts (MAR) and found they matched what medicines had been administered. MARs were completed and signed for properly. We observed a medication round and saw that the administration of medication was done in a safe way.

We asked two staff to describe the way they administered medication. One staff's knowledge about when the MAR should be completed required refreshing. We spoke with the registered manager and home manager about this.

Good

# Is the service effective?

## Our findings

The people we spoke with told us the staff looked after them well. Comments included staff are "Very good, all work hard. They are very obliging", another said staff "Care for me well".

People told us they got enough to eat and drink and that the choice and quality of the food was good. Staff we spoke with said people were given the menu options each day verbally by a member of staff who came around with the menu information. Comments from two people we spoke with during lunch included food is "Lovely" and "We get two choices at breakfast, two for lunch and two for tea". Another person we spoke with in their bedroom told us the "Food on the whole is very good. Plenty of food. We are not short changed".

We observed the serving of the lunchtime meal and saw that the meal was served promptly and pleasantly by staff. The food provided was of sufficient quantity and people were offered a choice of suitable and nutritious food. We saw that there were three choices on offer for lunch on the day of our visit; roast chicken dinner, sweet and sour chicken or lasagne. Vegetables were served in serving dishes that were placed in the middle of the table so that people were able to help themselves to more if they wanted

The dining room itself was light, airy and inviting. The dining table was nicely decorated with a cotton tablecloth, napkins and china dinnerware and there was a good range of condiments on offer. The atmosphere at lunchtime was a relaxed and people were able to enjoy their meal in a homely environment undisturbed.

The home manager told us that no-one living at the home at present had any special nutritional needs or was at risk of malnutrition. We reviewed the care records of three people who lived at the home. We saw that people's risk of malnutrition had been assessed on admission to the home and was regularly reviewed. Two people whose care file we looked at, had had involvement with the community dietician on admission to the home but we were told by the home manager that they had since been discharged as their nutritional intake and weight had subsequently improved.

We saw that people's weight was monitored monthly and staff told us that they made a note of what people ate and drank during mealtimes. They said they would inform the home manager if they thought people's dietary intake had changed. We saw that people's food and drink preferences were discussed and noted in the planning and delivery of care.

Care plans contained some information about people's health related illnesses but lacked clear information about what these conditions were, the signs to spot in the event of ill health and the action to take. People's daily notes however showed that staff were monitoring people's health and wellbeing on a daily basis and responding appropriately when people became unwell. Records also showed that people had prompt access to medical and specialist support services as and when required. Where people were involved with health care professionals for health related illness, the advice given was documented in people's care files for staff to follow. We saw that people's health care needs were followed up promptly and acted upon where required.

We spoke to a healthcare professional involved in providing care to one person at the home. They told us that "Staff were always very active in people's care. They plan appropriately, follow advice and listen to instructions. They are very good at contacting the person's GP or us for advice". They said it's a "Lovely home".

We reviewed three personnel files in relation to the staff employed. We saw evidence that each staff member had had an induction when they first started working at the home. Records also showed that staff members had had access to regular training opportunities.

Staff we spoke with said they had regular training. One staff member told us "The manager gives us options, if we find training outside, they will make sure we are on it", another said "So much training, can't believe it".

We were shown a training checklist that demonstrated staff members were offered training in a wide range of health and social care topics such as the National Vocational Qualifications (NVQ) L2 and 3 qualifications; the safe administration of medications, moving and handling, safeguarding, dementia awareness, pressure ulcer care, first aid, mental capacity/deprivation of liberty safeguards. The training checklist however showed gaps in the training recorded for two staff members who commenced

Good

# Is the service effective?

employment in 2014. We were shown a list of organised training dates in February and March 2015 which showed the provider had booked training in for staff members to attend.

Staff told us that they received regular supervision and that they had had an appraisal of their skills and abilities. They said they felt supported in their job role. We observed staff supporting people throughout the day and from our observations it was clear staff knew people well and had the skills/knowledge to care for them.

We saw that the provider offered training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS) and dementia to all staff. The manager told us that although some people at the home had short term memory loss, no-one at the home lacked capacity to make decisions or was subject to a DOLS requirement. We looked at three care plans. We saw that an assessment of the person's capacity was undertaken on admission to the home and was regularly reviewed. In two out of the three care plans we saw that the planning of care had considered the difficulties the person may have in making informed decisions and offered suitable guidance to staff on how best to support and communicate with the person.

The registered manager and the home manager, when asked, demonstrated an understanding of mental capacity. The two staff members we spoke had a basic understanding of what this term meant but their knowledge of how this impacted practically in the decisions people were able to make required refreshing. We spoke to the registered manager and the home manager about this. People we spoke with at the home told us they had choices in how they lived their life and were supported to be independent as possible.

Good

# Is the service caring?

## Our findings

People we spoke with held staff in high regard. Comments included “Staff are wonderful, they put up with me. I can’t praise them enough”; Staff are very good. Don’t think I could ask for much more”.; “Staff are pleasant”” and staff are “Very Good. All work hard”.

We spoke with the home manager and two care staff about the people they cared for. Staff we spoke with said they felt the service cared for people well. They spoke warmly of the people they looked after and demonstrated a good knowledge of their needs and preferences. One staff member said “We get to know the families and the residents and another told us “ We talk quite a lot to them to get to know their likes and dislikes. They get a lot of attention, we’ve got a good team and we work together”.

We saw that people were well dressed and looked well cared for. We observed staff supporting people throughout the day and noted that all interactions between people and staff were positive. Staff were respectful of people’s needs and wishes and supported them at their own pace. We saw that there were periods throughout that the day when staff took the time to sit with people and have a general chat. Interactions were warm, pleasant and showed that people felt safe and well looked after. This supported people’s wellbeing.

All the care files we looked at showed that people and or their families had been involved in planning their care. Care plans outlined the tasks people could do independently and what people required help with. This promoted people’s independence. For instance we saw that one person had expressed a preference for administering their own eye drop medication and this has been supported by the home. Staff we spoke with understood that people’s independence was important to them. One staff member said “I always ask them if they want help and back off it they don’t want help”. They also demonstrated a clear understanding of how to protect people’s privacy and dignity in the delivery of personal care.

The home had a service user guide for people to refer to. We looked at the information provided and saw that it was well written and gave details of the services included in their care package, the staff team and services where additional charges applied, such as, hairdressing and chiropody. This showed us that people were given appropriate information in relation to their care and the place that they lived.

People we spoke with told us that they were able to express their views in their day to day care. The manager told us that a resident’s meeting was held every couple of months to enable people to feed back their views and opinions on the service provided. A person we spoke with confirmed that a residents meeting had recently taken place. We asked for a copy of the minutes from recent resident meetings. We were given copies of the minutes for the meetings held in September 2014 and June 2014. We saw that topics that were important to people were discussed for example, food/menus, and the activities on offer at the home. People’s satisfaction with the service was checked and information relating to the running of the home was provided. It was clear from the minutes people were able to express their views and be involved in decisions about their care.

Requires Improvement

# Is the service responsive?

## Our findings

The service was generally responsive but required improvement in some areas.

We saw that people's needs were responded to promptly. One person we spoke with said that staff were " Very obliging", another gave praise to staff for their quick response when they had fallen in their bedroom. They said they had pressed the button on their falls wristband and staff had responded straight away and that they "Couldn't fault them".

People said they had no concerns or complaints about the care they received. They said that if they did, they would discuss them with the home manager. People's comments included "I've no complaints"; "I've nothing to grumble about. "I'd talk to home manager if I had a problem";"If we have a problem they deal with it" and the home manager is "Very nice" and "Approachable".

We looked at the care records for three people who lived at the home. Each person's care record contained a person centred assessment and care plan and had been regularly reviewed.

The care files we looked at contained assessment and care planning information that identified people's needs and preferences in the delivery of care. For example, an assessment of people's breathing, eating and drinking, continence, mobility, personal care requirements and mental health status were all undertaken. Preferences in food and drink, activities and religious needs were also documented. Each care record included a series of risk assessments which covered the needs identified at the person's assessment. For example, risks were assessed in respect of the person's level of dependency, moving and handling, nutrition, falls and medication.

One person had lived at the home for approximately three months at the time of our visit. Their care file however only included a provisional care plan. As a consequence, some of the needs identified at the person's assessment had not been fully planned for. For example, the person had a history of falls prior to admission. Records showed that medical advice had been sought and a referral to the falls prevention team made in respect of falls the person had had since they had come to live at the home yet no assessment of the risk of further falls occurring had been undertaken. This meant that there was no management plans in place to prevent further falls from occurring. There was no personal evacuation plan in place to advise staff how to ensure the person's safety in the event of a fire or other untoward incident. We saw that the person was receiving medical support for a mental health condition but there was little information in the person's care plan with regards to the support the person would require with regards to this. This meant the person's plan of care did not cover all of their needs or give clear guidance to staff on how best to support the person with these needs and risks.

We spoke to the registered manager and the home manager about the person's provisional care plan. They told us they would update the care plan without delay so that staff would have access to clear and sufficient information about the person's needs.

We saw evidence in one person's file that a person centred profile and life history had been developed which gave information about the person's life history for example, education, employment and family life. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. Personal life histories have been shown to be especially useful when caring for a person with dementia or short term memory loss. Person centred profiles and life histories however where not evident in the other two care files we looked at. Both people had short term memory loss. There was no evidence in the file to indicate that people had been asked to complete a life history and had declined to do so.

People's preferred social interests and activities were documented in care records. We reviewed the activities records available at the home. Records showed that people had access to a range of social activities. For example, in December 2014 we saw that the home had organised a cheese and wine evening, a sing-along evening, word games and crosswords, a reminisce talk about the war as a group activity and people had had the opportunity to attend the provider's Christmas Carol Service in the Liverpool Cathedral. One of the care staff we spoke with showed us photographs taken in the summer of the strawberry tea the home had put on for, people who lived at the home, their families and the management. They told us "We get to know the families and the residents. The manager organises the events and all staff chip in".

One person we spoke with said they felt the home need more board games to play in the lounge. They said they used to enjoy going on the computer but that the home

Requires Improvement

# Is the service responsive?

didn't have one. They said that they had discussed this with the home manager. We spoke with the registered manager and the home manager both of whom confirmed that the person had expressed an interest in computing. They said that they were currently looking into whether this could be made possible.

A relative who acted as the advocate for one of the people who lived at the home told us that they had received a copy of the complaints procedure in the person's terms and conditions of residency which provided information on how to make a complaint. They told us they would talk to the home manager if they had any concerns.

We reviewed the provider's complaints procedure and related information. We saw that the complaints procedure was displayed in the entrance area of the home. The complaints procedure gave a clear timescale for responding to people's complaints/concerns and the job title/role the person should contact in the event that they remain unhappy with the outcome of their complaint. The procedure however failed to provide the contact details for whom people should contact. For example, complaints were to be addressed to the Housekeeper/ Chairman of the House Committee in the first instance, but there were no address details provided for the Housekeeper/chairman for people to use. This meant information in relation to who people should contact in the event of a complaint was unclear. The policy was also out of date in respect of the Care Quality Commission's contact details, referring people to National Care Standard Commission, a body no longer in operation.

We asked the home manager if any complaints had been received since the service first became registered in 2013. The home manager told us no complaints had been received.

Good

# Is the service well-led?

## Our findings

The service was well led.

People and the relative we spoke we said the service was well led and the home manager was very approachable. People said the home was clean, well managed and the food was of a good quality.

Staff we spoke with said the home manager managed the service well. Staff comments included the home manager is "Good, well organised and very good with the residents. If they are any problems, they will deal with them. It (the service) is very well led" and the home manager has an "Open door policy".

We observed the culture of the home to be open and inclusive. The staff team had a 'can do' attitude and we observed that people were happy and comfortable in their company.

The registered manager at the home was also the registered manager for the provider's two other care homes in Heswall. Each of the provider's three homes had a home manager involved in the day to day running of the service. Home managers reported directly to the registered manager who told us that they tried to visit each service at least once a day. The registered manager told us that all home managers had achieved a Level 5 qualification in management.

We saw evidence in the home manager's personnel file that they had received regular supervision and support from the registered manager in respect of their managerial duties at the home. Care staff told us that they felt supported in their roles, were able to express their views and had regular staff meetings. Comments included "Good. If something is needed they (the home manager) will listen" and " We go through any changes or anything new" in staff meetings. This demonstrated that there were clear lines of management and accountability at the home.

We saw that the home manager undertook a range of monthly audits to monitor the quality and safety of the service. This included a monthly audit of care planning; medication audits, accident and incident audits and six monthly infection control audits. A full health and safety audit was completed annually by the provider's health and safety officer and there was a clear process for reporting and responding to any health and safety issues such as environmental repairs and maintenance. The home manager and registered manager also told us that an audit of staff personnel files was conducted annually.

The registered manager had only recently returned from a leave of absence from work but told us that they plans to also audit the home regularly on behalf of the provider to ensure high standards were maintained.

Regular management meetings took place and discussed any issues or suggestions for improvement that could be made in respect of activities, menus, training, budgets, care plans, staff and resident issues. We saw that where actions had been identified these had been acted upon.

The home manager compiled a monthly management report which was sent to the management board detailing occupancy levels, changes/any concerns in people's health and well-being, staff changes, training needs and any changes in social care legislation. We reviewed the management reports for October, November and December 2014 and saw that satisfactory information was provided to the management board to enable them to come to an informed view of the quality of the service provided.

The home manager told us a satisfaction questionnaire was recently sent out to people and/or their relatives to ask for their views on the quality of the service. They said as yet, only three completed questionnaires had been returned. We reviewed these questionnaires and saw that people's feedback was positive. The registered manager told us that the provider had plans in place to send out satisfaction questionnaires to people and their families on a quarterly basis. They said that the provider also planned to send out satisfaction questionnaires to people's G.P surgeries for feedback. This demonstrated that the provider had systems in place to regularly assess the quality and safety of the service provided.