

Safe Quarter Limited

Abbeygate Residential Home

Inspection Report

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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	5

Detailed findings from this inspection

Background to this inspection	6
Findings by main service	7

Summary of findings

Overall summary

Abbeygate Residential Home is a care home providing accommodation for up to 30 people who require personal care. It does not provide nursing care. At the time of our visit 27 people were living there. The registered manager said that around half of the people at Abbeygate had problems thinking and remembering and some were living with dementia. Everyone we spoke with said they felt safe and there were sufficient staff on duty to meet their care and support needs. We observed that staff provided support in a calm and unhurried way. Staff had assessed risk to people's safety. Although we saw staff providing safe care, we found some risk assessments could be more detailed when people were at higher risk, for example, of falling. This would help to ensure staff had clearer guidance so that people were provided with consistent support. There were good systems in place to manage medicines. This helped to ensure people received their medicines as prescribed. People were happy with the quality of care and support. Their care and support needs were accurately assessed and staff followed guidance provided in people's plans of care. Staff consulted health professionals and followed advice given to ensure that people remained as well as possible. The environment had been adapted to meet people's

needs. Further improvements could be made by making the garden more accessible to people with limited mobility and by providing more signs and prompts within the home for people with memory problems. People said they received kind and caring support. Visitors were welcomed and encouraged to take part in the life of the home. There was a good range of activities provided although these did not suit everyone. People felt able to raise any concern or complaint and felt that their opinions would be listened to. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider. The registered manager ensured that the service continued to meet standards of care and support people wanted and that were required by law. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The service understood its responsibilities to comply with this legislation and was taking steps to ensure they were meeting the requirements of this law.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people were protected from abuse and avoidable harm.

People told us they felt safe at the service. Staff had been trained in how to keep people safe and said they would be confident to report anything of concern.

There were sufficient staff on duty to keep people safe.

Risk to people's care and welfare had been identified and assessed, although these assessments did not always relate to people's individual needs. They needed to be more specific and detailed where people had been identified as being at high risk, of for example of falls. This would help to ensure that staff were provided with consistent clear guidance.

Medicines were managed safely. This helped to ensure people received their medicines as prescribed.

Staff had knowledge of the Mental Capacity Act 2005. Where people did not have the mental capacity to take decisions about their care their family were involved and the staff acted in the people's best interest. The process of making these decisions had not been recorded for everyone who lacked capacity and the registered manager said this would be done.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The service understood its responsibilities to comply with this legislation and was taking steps to ensure they were meeting the requirements of this law.

Are services effective?

The service was effective and everyone was happy with the quality of the care and support provided.

People were appropriately assessed to ensure the service would meet their needs. From this assessment, a plan of care had been devised. The plan of care accurately reflected people's care and support needs and staff followed the guidance within these care plans.

Staff were effective in consulting with health care professionals when they were concerned about any aspect of people's wellbeing and they followed advice given.

Summary of findings

The environment was appropriate to meet people's needs although people identified that improvements could be made. More people could access the garden independently if there was easier access for people with limited mobility. We found there were not many prompts in the home to provide guidance for people who had cognitive difficulties about where they were, what time it was and what was happening on any particular day. We discussed this with the registered manager at the time of our visit who said she would improve this.

Are services caring?

The service was caring and staff treated people with dignity and respect.

Everyone we spoke with said the staff were caring and they were treated with respect. We witnessed thoughtful and considerate care being provided by staff who knew people well.

Visitors, who were mainly relatives, said that they were welcomed and were encouraged to be a part of life in the home.

Are services responsive to people's needs?

The service was responsive because it was organised so it could meet people's needs.

People were provided with information about the service. They were supported to make their own decisions.

People had opportunities to take part in a range of activities but these did not suit everyone.

People were confident that if they raised a concern or complaint, staff would listen and respond to it.

When people had capacity to consent to their care and support we saw that staff discussed this with them. When people lacked capacity we saw efforts had been made to assess this and to consult with relatives to make a best interest decision. The process of making these decisions had not been recorded for everyone who lacked capacity and the registered manager said this would be done.

Are services well-led?

The service was well-led because the registered manager assured the delivery of good personalised care.

There was a registered manager in post and the service had ensured that staff with the right skills and experience were employed.

People were asked their views about the quality of the service and the registered manager acted on suggestions made.

Summary of findings

What people who use the service and those that matter to them say

We spoke with nine people who lived at Abbeygate. Four people were able to give us detailed verbal feedback. We also spoke with four staff, three visitors and one visiting professional. We asked people if they would recommend the home to others. All but one person who lived at the home said they would. One person said, for example, "What I want I get." The person who expressed reservations said, "I would not recommend this place because others are not in my age group, quite a few have dementia and I can't get a decent conversation with anyone".

We asked staff the same question. They said they would recommend the service to friends and family as Abbeygate had "motivated staff with a good knowledge of people's needs".

Visitors (mainly relatives) also said they would recommend the home. A representative comment was "There is nothing hidden. It is friendly and caring." Another said of the environment, "It was a bit shabby but this has improved recently." A visiting professional said they would recommend the home with no hesitation and said there were "Caring staff who treated people well." Everyone we spoke with said they felt safe. One person said, "If I ring the bell in the night, the staff come straight away".

People said they were happy with the care and support provided. We asked people if they knew about their care plans and received mixed responses. One thought this had been discussed, not as a care plan but said staff had talked about it with them "in their way". Another said they didn't know about care plans and said "staff just get on with it." Others were not aware of their care plan but thought their families had discussed them with staff. People said they liked to go outside but one person said, "It's difficult outside if you are less mobile – there are potholes and the ground is not level". One person said the building was better than it used to be and "gives me

more privacy". People felt they were able to maintain a private life. One person said for example "I've always been a lone ranger," and that staff respected this. Everyone we spoke with said the staff were kind. One person said "I am treated with respect," Another said "The girls here know how to respect you". People said staff were good. One person said, "if they are going to the shops they ask if you want something" and another said, "I know all the staff well, they are very pleasant and helpful". Another person said, "If they say they will do something, they do it." People varied in their opinions about the quality of activities within the home. One person said "They let me do what I want to do – like going outside and doing a little gardening and I like the bingo – I get involved with all things". Another said "I play bingo and watch TV". One person said staff ensured that they went out into the community every week. Another said, "There is nothing to do, boredom is the worst thing." People were provided with choices for example, one person said, "If I don't like the lunch I can ask for an omelette."

Visitors said they were made to feel welcome and said they could visit at any time. One relative described the home as "friendly and homely" and said their family member was treated "like one of the family." Relatives said staff kept them informed about events in their relative's lives. For example, one said their mother had a fall and "they let me know straight away". They said staff knew their relative well and understood their likes and dislikes, for example, they knew how they liked to take their tea and coffee.

Everyone we spoke with felt confident to express concerns and complaints. One person said "Jean (the registered manager) backs you up; complaints are followed up and dealt with". The common response was, "I would speak to Jean".

Abbeygate Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Before our visit to Abbeygate Residential Home, we reviewed the information we held about the service. This included previous inspection reports and notifications of significant events that had occurred since our last inspection. For this inspection, the team consisted of an inspector and an expert by experience. The expert by experience had

personal experience of services for older people. We visited the home on 25 April 2014. We talked with nine people who lived at Abbeygate and with three relatives as well as one visiting healthcare professional. We used the short observational framework (SOFI) which is a specific way of observing care to help us to understand the experience of people who could not talk with us. We spoke with four staff and with the registered manager. We spent time in lounges and dining rooms and looked in some people's bedrooms, (with their permission.) We also spent time looking at records, which included people's care records and records relating to the management of the home. Abbeygate Residential Home was last inspected on 16 August 2013 and no concerns were found at that inspection.

Are services safe?

Our findings

People we spoke with told us they felt safe at Abbeygate. One person told us the registered manager was very conscious of safety. The registered manager said that each member of staff received training in safeguarding adults and whistleblowing at the start of their employment. Training records showed that staff also received regular refresher training in these subjects. Staff we spoke with understood their role and responsibility about how to keep people safe, for example if they suspected abuse. They said they would always report if they witnessed anything of concern to the person in charge. They said they could talk with the registered manager and were confident their concerns would be listened to and addressed. They were also aware that adult social services needed to be informed about any suspected abuse as adult social services have the lead responsibility to investigate any such instances. People told us there were sufficient staff on duty to keep them safe. One person said, for example, "If I ring the bell in the night, the staff come straight away". We observed that staff provided support promptly to people as they needed it. On the day of our visit the registered manager and six care staff were on duty. They were providing care to 27 people. Care staff were supported by a chef, an administrator and domestic staff. This meant that care staff were not responsible for any other duties apart from the care needs of people at the service. One of the care staff had been rostered on duty specifically to check in a new delivery of medicines. This helped to ensure this was done safely as the staff member involved in this task was not rushed or distracted. We looked at the staff roster for the week of our visit and saw that staffing levels remained at levels described as safe by the registered manager. For example there were always two staff awake on duty each night and there were additional care staff rostered on day shifts on Sunday to assist with meal preparation as this was the only day that catering staff were not on duty. Risks to people's health and wellbeing had been identified. We observed that staff supported people to move safely, by ensuring, for example, they had walking aids near them and by walking alongside them where necessary. People's care records contained risk assessments. These were in place to provide staff with guidance about how to reduce the risk of people falling and to ensure they were as safe as possible when bathing or showering. These had been reviewed regularly. Risk assessments contained generic

guidance. This meant information about how to manage trips or falls for one person who was at high risk of falling and who had had recent falls at the home was the same as the guidance provided for a person who was at low risk of falls and who had not fallen at the home. We discussed this with the registered manager who said that risk assessments for people identified as being at higher risk would be reviewed to ensure they contained sufficient guidance for all staff to provide safe support. There were appropriate processes in place for managing medicines in a safe way. Each person's records contained information about the medicines they had been prescribed and any common side effects. This helped to ensure staff would recognise and seek medical advice if a person had an adverse reaction to any medicines they were taking. There were care plans in place for people who had been prescribed pain relief to be administered when they required it. These guided staff in how to recognise when a person was in pain, particularly when they could not say that they were, so that they could give appropriate pain relief where necessary. We saw that medicines were stored safely. There was a fridge to store medicines which needed a cool environment and fridge temperatures were regularly monitored to ensure these were being stored appropriately. Staff confirmed that, when medicines were delivered to the service, they were double checked against the original prescription to ensure the medicines delivered were consistent with the medicines prescribed. We saw this had been done on the day of our visit. Staff said currently no one who lived at Abbeygate administered their own medicines and staff were responsible for this task. There were lockable drawers in each person's bedroom if people wished to look after their own medicines. Staff said there was always a member of staff on duty who had been trained in managing medicines. This helped to ensure people received their medicines from competent staff. Records of medicines administered were in line with the medicines prescribed with no unexplained gaps. This provided evidence that people received medicines that they were prescribed. There were medicines policies and procedures in place which staff were aware of. Staff had knowledge of the Mental Capacity Act 2005. Where people did not have the mental capacity to take decisions about their care their family were involved and the staff acted in the people's best interest. The process of determining one person's capacity to consent to their care had not been clearly recorded. This person told us "I don't live here," although their records showed they had been at Abbeygate

Are services safe?

for some time. We discussed this with the registered manager at the time of our visit who said this would be done. This would help the service to clearly demonstrate how they were acting in accordance with the Mental Capacity Act 2005 in respect of this person. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only

done when it is in the best interests of the person and there is no other way to look after them. When this is the situation a service needs to apply to a supervisory body, in this case, adult social services to ensure that the proper processes are being followed. A recent court decision has provided a definition of what is meant by the term 'deprivation of liberty'. A deprivation of liberty occurs when the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. The registered manager understood her responsibilities following the court decision and was taking steps to ensure applications were being made where necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Everyone we spoke with who was able to tell us said they were happy with the care and support provided at Abbeygate. Some people had problems thinking and remembering and could not say how effective the service was, so during our visit we spent time observing how people experienced the care and support provided. This helped us to form a view about whether the service was effective in meeting people's needs. We spent 30 minutes observing four people who were being helped at lunchtime. We saw people were provided with effective care. For example, they were given food appropriate to their dietary requirements such as soft food which was easier for them to eat. This was consistent with the information contained in people's plans of care and showed that people had been provided with a diet in accordance with their assessed needs. Staff provided appropriate assistance to ensure that people managed to eat their meal, for example, we observed staff gently prompting a person to finish what was in their mouth before eating any more. This helped to ensure this person received the support they needed to eat their meal safely. People's care records showed their weight was regularly monitored. Health care professionals had been consulted when staff had noticed one person's appetite was poor and they had lost some weight. This meant that staff had contacted doctors and other health care specialists effectively when they were concerned about people's health or wellbeing. We looked at five people's care records. We found the service was effective in assessing and planning people's care. Before someone moved to Abbeygate, staff asked them about their health and care needs. When people were unable to provide information in any detail, staff talked to people who knew the person well, for example, family members and social care professionals from adult social services. Staff also asked how people communicated and considered whether they needed any specialist equipment. One person had been identified as needing a chair for the shower. This had been supplied to ensure that staff could meet their personal care needs properly. After people's needs had been assessed staff wrote a plan of care. This provided staff with guidance about the help needed and ensured people were provided with consistent support. We asked four people if they knew about their care plans. They varied in their responses. One said their care needs had been discussed, not as a care

plan, but said staff had talked about it with them "in their way". Another said they did not know about care plans and said "staff just get on with it." People's care plans were detailed and made reference to how people wished to be cared for and supported. They had been regularly updated to ensure they remained accurate. People had an "at a glance" plan. This was a shorter version of the more detailed care plans and gave staff clear information which they could access quickly to support people effectively. The "at a glance" care plans contained information about people's likes and dislikes and told staff how to communicate with them effectively. One person's plan said for example "speak clearly to me as I can become confused." We saw that staff did this when they talked with this person. People were supported to maintain good health and to receive ongoing healthcare support. Some people had specific health care needs. We saw staff talked with relevant professionals to ensure that people's health care needs were met. Staff, for example, had liaised with mental health professionals to help them to manage the behaviours of a person who sometimes became agitated during the night. Staff followed instructions from health care professionals, for example, they had tested people for urine infections when they had become confused. This helped to ensure people received treatment as soon as possible when they needed it. People also had regular visits from chiropodists and opticians. We spoke with one visiting healthcare professional who said staff contacted them appropriately. They said "The minute they identify a problem they contact us." They described "a professional relationship with trust on both sides" between them and staff at the home. They said, for example, staff at the home contacted them when they were concerned people were at risk of developing pressure ulcers. They said staff followed advice provided, for example they regularly applied barrier creams and moisturisers as a preventative measure to help to reduce the risk of people's skin breaking down. We looked at how the environment enabled staff to meet people's diverse care, cultural and support needs. People's bedrooms reflected their preferences and needs and contained items that were important to them. The home had different communal lounge and dining rooms and we found that people used them. One person for example told us they preferred the peace and quiet of the small lounge. One person said the building was "better than it used to be," and said it "gives me more privacy". There was an attractive garden and several people said they liked to go outside. One person said "It's difficult outside if you are less

Are services effective?

(for example, treatment is effective)

mobile – there are potholes and the ground is not level”. There were sufficient staff to ensure people were safely supervised if they wished to use the outdoor space. We did not see any potholes but noted there were steps down to the lawned area which could limit the access of people with limited mobility to this part of the garden. There were sufficient staff to ensure people were safely supervised if they wished to go into the garden. We saw that the home had adapted equipment and aids in place to meet people’s needs. For example, people who were at risk of developing pressure ulcers had pressure relieving cushions to increase their safety and comfort. We saw at mealtimes people had aids to help them to eat as independently as possible, for example plate guards and adapted cutlery. The registered manager said about half of the people who currently lived

at Abbeygate had problems thinking and remembering. We saw there were some signs in the building, for example on toilet doors, to help people to remember what these were. We observed at times some people were confused as they moved around the home. Staff had made some effort to help with this. For example one person had a piece of paper which reminded them they lived in Abbeygate as their impaired memory about this had previously caused them distress. We did not see many visual prompts displayed in the home to remind people of day or the date. There were for example, few clocks in the dining rooms and lounges which would have helped to remind people of the time. We discussed this with the registered manager at the time of our visit who said they would look into how to improve this.

Are services caring?

Our findings

According to the home's statement of purpose the philosophy of Abbeygate was to "care for our service users with respect in a sympathetic and caring manner, maintaining dignity and privacy, enabling them to have an active independent life where possible." Everyone we spoke with said the staff were caring. One person who lived at the service said "I am treated with respect". Another person said "The girls here know how to respect you"; another said "I know all the staff well, and they are very pleasant and helpful". We spent time observing care provided to people in lounges and dining rooms. We saw four people who needed additional assistance with their meals ate in a smaller dining room which was a quieter environment and enabled staff to provide discrete support. Staff showed concern about people's wellbeing by regularly checking that they were managing with their meal. Staff took time to offer choices and encouraged them to help themselves as much as possible, only providing assistance when people wanted this. People said staff were thoughtful and considerate. One person said "If they are going to the shops they ask if you want something". Another said "If they say they will do something, they do it." People said staff knocked on doors and waited for an answer before entering their bedrooms. We observed this on the day of our visit. This showed staff treated people with courtesy and respect. All people had their own private bedroom. There were also lounges and dining rooms where people

could meet with their relatives and friends in private if they wished. There was no specified visiting time. Visitors said they were made to feel welcome and confirmed they could visit at any time. One relative described the home as "friendly and homely" with their family member treated "like one of the family". Relatives also said the staff were friendly and caring and said "They are always pleased to see you". One visitor described how they had come to the home to help on Christmas Day and found a number of staff, who were not rostered on duty, had arrived to help as well. They said this helped to make the day a really good celebration. Staff had a good understanding of what was important to people, their previous occupations and interests. For example, one person did not settle at night. Staff explained this person had previously done shift work and thought this may be the reason. Whilst staff continued to try to help by, for example, seeking advice from medical professionals, it increased their understanding of why this behaviour may have come about. People's records contained a list of people's likes, dislikes and family and friends who were important to them. This helped to ensure staff provided support that was relevant to people. This was particularly necessary when people had a cognitive impairment and were unable to talk with staff about this themselves. We found this information was accurate and staff observed people's preferences. One relative said for example, "Staff know how she likes to take her tea and coffee."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

responsive care. There was information available to people about the service provided. The service had a website which described what the service offered. The website also signposted people to the relevant Care Quality Commission inspection reports, and provided information about facilities, how people were admitted to the home and fees charged. This provided people and their families with information about the home so they could make an informed choice about whether it would be appropriate for their needs. Prospective service users and their families were encouraged to visit the home where possible. This helped them to make a more informed choice about whether the home would be appropriate for them. People received care and support in accordance with their preferences, interests and needs. People chose to spend their time in their bedrooms or in dining rooms and lounges and had the option to eat in private or with others in one of the dining rooms. People felt they were able to maintain a private life. One person said, for example "I've always been a lone ranger" and staff respected this. Another person said "They let me do what I want to do – like going outside and doing a little gardening and I like the bingo – I get involved with all things". Staff recognised the risk of social isolation and had taken steps to minimise this. For example, one person said they liked to go out in the wider community and said they were taken out every week by staff. Most people were satisfied with the programme of activities which took place at the home. A visitor said that activities were "fabulous" and suited their relative. One person who lived at the service said they found there was "there was nothing to do." They did not wish to take part in the activities taking place in the lounge. On the day of our visit people were taking part in armchair skittles and a beanbag game. We observed the bean bag game and saw there was a relaxed atmosphere and that staff and people who lived at the home laughed and joked together. People who came to the door to have a look were encouraged by staff to come in and participate and one person who slept through much of the game was encouraged by staff to join in when they woke up. We saw a programme of activities for the week of our visit. There were activities available every day. These included films, art, music, bingo, quizzes, and armchair exercises. Every evening people were invited to watch the news and have a social evening. The registered manager said that people often enjoyed

discussing current events after watching the news. Care plans were regularly reviewed and updated where necessary to ensure they remained an accurate reflection of people's needs. Staff were prompted to encourage people to do as much as they could for themselves. For example one care plan said "I can wash and dry my hands" This helped to ensure that people maintained as much independence as possible. We observed staff encouraged people to do as much as they could for themselves, for example they prompted them to use adapted cutlery to eat their meals themselves. We looked for evidence that people's capacity to consent to their care had been considered in line with the Mental Capacity Act 2005. We saw that consent had been sought for some aspects of care. We observed that staff obtained people's permission before they assisted them, for example before they helped them to eat. People had given their permission for staff to take a photograph for their records. People's mental capacity to consent to their care had also been considered in some of their pre admission assessments. This helped staff determine what decisions they could take for themselves. We saw that care plans had not always been signed by the person concerned or by their relatives if they were unable to do this to indicate they agreed with the contents. However we observed staff involving people and their relatives in discussions about their care. One person thought it had been discussed, not as a care plan, but "in their way". Others were not aware of their care plans but thought their families had discussed them with staff. Some people did not have the mental capacity to consent to the care provided because of their dementia. We saw that some people had DNAR forms. (Do not attempt resuscitation). This was an advanced instruction not to attempt CPR (cardiopulmonary resuscitation) if a person's heart stopped. We saw people's capacity to make this decision had been considered and, where they were unable to make this decision, their families had been consulted and the form had been signed by a doctor to indicate this would be in the best interest of the person. Staff said they had completed training in understanding dementia and had completed training in mental capacity as part of their NVQ (National vocational qualifications) in social care. We considered how responsive the service was if people had concerns or complaints. People we spoke with said they could not remember making a complaint. Everyone we spoke with said they were confident that, if they had a concern, it would be taken seriously and responded to. One person said "Jean (the registered

Are services responsive to people's needs?

(for example, to feedback?)

manager) backs you up; complaints are followed up and dealt with". Other people also said "I would speak to Jean". We saw a record of complaints which showed the registered manager had followed up any concerns raised in line with the service's complaints policy.

Are services well-led?

Our findings

The service was well-led as it promoted a positive culture that was centred on people's needs and was open and inclusive. The registered manager had been in post for over 10 years and so the management of the home had been stable. We observed during our visit the registered manager had a clear presence in the home, spent time talking to people, and clearly knew their needs well. We observed that staff followed her lead. People praised the registered manager and the staff. People felt the culture of the home was open and good. Two visitors for example said "What you see is what you get" and another said "there is nothing hidden here." The registered manager said there was a stable staff team and described the staff as "very loyal." She said the service used very few agency staff as regular staff generally covered any shortfalls when they occurred because of training or annual leave. Staff also said a lot of staff had been employed at the service for a long time. They demonstrated a strong commitment to doing a good job, for example they spoke about how they willingly undertook additional training in their own time to improve their knowledge in relevant areas. They said they were well supported by the registered manager. They confirmed they had regular supervision sessions and annual appraisals. This ensured they received support and gave them the opportunity to discuss any issues such as any training needs they had. A healthcare professional said there was always a member of staff to assist them when they visited and said of staff "They are always interested in what we do". We considered how the service ensured that staff had suitable skills and competencies to meet the diverse needs of people living at the service. We looked at two staff records to see what training they had completed. Staff had been trained in key health and safety subjects, such as first aid, infection control moving and handling, and fire safety. They had also completed other training courses which helped them to understand people's specific needs such as dementia and catheter care. We considered how people were involved in providing feedback about the quality of the service and in shaping its future direction. The service provided the opportunity for staff to complete a quality assurance survey to provide feedback about what the home was doing well and how it could improve. Twelve staff completed this in April 2014 and the results were positive. Staff said they had "a great team", and felt they received an appropriate induction and subsequent

training. They also said they were involved in the running of the service. They felt they could approach the registered manager with any concern. Questionnaires were also available to people who used the service and for visiting professionals. We saw two people who lived at the service and one visiting professional had completed the surveys. The results of these were positive. There were meetings for people who lived at the service and for staff. The most recent residents' meeting in February 2014 was attended by 14 people who lived at the service. They were asked if staff maintained their dignity, if they were happy with entertainment, and for summer recipe ideas. The registered manager said some suggestions, such as for different entertainment and meals had been incorporated into the daily life of the home. The registered manager said there were staff meetings "about every three months" and these were well attended. We saw a recent staff meeting had taken place and minutes of the meeting were on a notice board for staff who were unable to attend. This helped to ensure all staff were aware of the issues discussed. The registered manager had a system for monitoring to ensure the service was meeting its aims and objectives. Regular audits of systems within the home were carried out and recorded such as care planning and medicines management to help to ensure systems were appropriate and up to date. At our last inspection in August 2013 we found there were no concerns with the service provided. However we brought to the registered manager's attention that policies and procedures had not been updated for some time. When we visited on this occasion we saw these had all been reviewed and updated where necessary. We saw that the updated policies and procedures were contained in the current staff handbook. This showed the registered manager had taken action to improve the service. The food hygiene officer from the local authority had visited the service recently and had awarded a food hygiene certificate level 4 (good). Staff said recommendations made, such as to replace some flooring, had been completed quickly following the visit. This showed that the registered manager and staff worked cooperatively with other organisations and made immediate improvements when any shortfall had been identified. Accidents and adverse incidents were recorded. We saw these had been reviewed by the registered manager and action had been taken where needed. This ensured prompt attention had been given to the management of these incidents and reduced the possibility of them reoccurring.