

Somerset Care Limited

Frith House

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 21 & 22 April 2015.

Frith House is registered to provide personal care and accommodation to up to 83 people. The home specialises in the care of older people including people living with dementia. The home is divided into two main areas. The residential part of the home is able to accommodate up to 53 people. The area of the home which cares for people living with dementia is part of the Somerset Specialist Residential Care (SRC) scheme. This

means people living in this part of the home are supported by a specialist community nurse on consultancy basis. The SRC unit is able to accommodate up to 30 people.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager was supported by two deputies, one took a lead role in the residential area and one in the SRC unit. People using the service, visitors and staff all felt the management team were open and approachable. Staff felt well supported and people felt able to share their experiences and concerns.

The registered manager sought people's feedback and took action to address issues raised. In response to the poor attendance at organised meetings for people who used the service, the registered manager had introduced tea and chat afternoons. One afternoon a month the registered manager made themselves available in a large room and served afternoon tea. Everyone in the home received an invite and this had resulted in much better attendance.

Staff were happy working at the home and felt well supported by their colleagues and the management team. This created a friendly and warm atmosphere for the people who lived there. Many people commented on how kind and caring the staff were and we saw many examples of kind and compassionate care.

People were treated as individuals and were enabled and encouraged to make choices about all aspects of their daily lives. One person said "I make my own decisions about the way I live my life here."

People told us staff assisted them to maintain their independence. One person said "The staff help me when I ask but they don't mollycoddle me like a child." Another person told us they liked to go out and about and there was a risk assessment to enable them to do this.

There were sufficient numbers of well trained and competent staff to meet people's needs including specialist needs. Visiting professionals told us the staff were pro-active in seeking advice to make sure people's healthcare needs were met.

The risks to people were minimised because the provider had a robust recruitment procedure and ensured staff received training on recognising and reporting abuse. All staff knew how to report any suspicions of abuse and felt confident action would be taken to make sure people were kept safe.

There were systems in place to make sure people received medicines safely from staff who had received specific training. Support was given to people who wished to administer their own medicines.

People had their needs assessed and were involved in regular reviews of their care. Changes were made to people's care as needs or wishes changed. Where people lacked the mental capacity to make decisions about their care and support the home involved appropriate representatives in line with legal guidelines.

People told us they were happy with the food provided and said they were able to make choices about food and where they ate their meals. Specialist diets were provided in accordance to people's assessed needs.

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 felt safe at the home and with the staff who supported them.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure for new staff.

People received their medicines safely from staff who had received specific training and had their competency assessed.

Risk assessments were carried out to enable people to maintain independence and receive care safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had the skills and knowledge to meet their needs including expertise in caring for people living with dementia.

People received a healthy diet in line with their assessed needs and had access to unlimited drinks and snacks.

People had access to health care professionals to make sure they received effective care and treatment to meet their medical needs.

Good



Is the service caring?

The service was caring.

Interactions between staff and people were kind and friendly. People commented that staff were always polite and helpful.

People's privacy was respected and they were able to see visitors in private.

People were involved in decisions about their care and staff respected people's choices about how they liked to be helped.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised to their needs and wishes.

People were able to make choices about all aspects of their daily life.

People told us they would be comfortable to make a complaint and felt any issues raised would be addressed.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a management team in place who were open and approachable.

The registered manager used up to date training and research to make sure care was provided in line with good practice guidelines.

There were systems in place to monitor the quality of the service and plan on-going improvements.

Frith House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 21 & 22 April 2015 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

At our last inspection of the home in June 2013 we did not identify any concerns with the service provided to people.

At the time of the inspection there were 47 people living in the main part of the home and 28 people living in the Specialist Residential Care (SRC) unit. During our visit we spoke with 29 people who lived at the home, five visitors and 15 members of staff. Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one area of the SRC unit. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We spoke with two visiting community nurses and one GP. We also looked at records which related to people's individual care and the running of the home. Records seen included nine care and support plans, three staff recruitment files, quality assurance records and medication records.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “It makes me feel safe knowing there are other people about.” Another person told us “Staff all treat you well and I do feel safe here.”

Risks of abuse to people were minimised because the provider checked all new staff thoroughly to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered manager.

Staff told us, and records seen, confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The registered manager had been pro-active in reporting and investigating concerns to make sure people received appropriate support and were protected from harm. Risk assessments were up dated to make sure control measures were in place to protect people where necessary.

Care plans contained risks assessments which outlined control measures to enable people to take part in activities with minimum risk to themselves and others. Where appropriate people had signed their risk assessments to confirm they understood any restrictions in place. Some people liked to go out into the local town without staff support and risk assessments had been completed to enable them to do this. One risk assessment stated the person needed to tell staff when they were leaving and a rough time of their return. This person told us “I value my freedom. I always tell someone when I’m going out so that doesn’t impinge on me too much.”

Risk assessments had also been completed to make sure people received care safely and any risks to their well-being were minimised. For people who had been assessed as being at high risk of falls measures were in place to

minimise the risk of injury whilst still allowing people independence. One person had a pressure mat in their room which was linked to the home’s call bell system and alerted staff when the person was moving around their room. This enabled staff to check the person was safe when they were moving around their bedroom.

People who required assistance with their medicines received support from senior staff who had received specific training to carry out this task. Staff told us in addition to their specialist training they also had their competency assessed by their line manager to make sure they carried out the task safely. Where people wished to take responsibility for their own medicines a risk assessment was carried out to make sure they were safe to do so. One person said “I have a key to my medicines cabinet and do my own tablets. The staff check with me that I’m doing it properly though. I like my independence.”

Each person had a cabinet in their bedroom where medicines were securely stored. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. People told us they were confident that staff handled their medicines safely.

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. Staff offered these medicines to people regularly. One person said “They always ask me if I want any tablets for my aches and pains.” Where people were not able to express their need for these medicines clear protocols were in place which gave details of a person and behaviour or mood which may indicate the need for pain relief.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us they never felt rushed by staff. One person said “They help you when you need it and they come quickly if you ring the bell.”

In the area of the home which cared for people living with dementia there were ample staff to support people and spend time socialising and chatting. We observed people were not left on their own for long periods of time unless they chose to spend time privately in their rooms. This created a homely and relaxed atmosphere.

Is the service effective?

Our findings

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. New staff were able to shadow more experienced staff which allowed them to observe practices and learn how to care for individuals. One new member of staff told us they had a thorough induction when they began work. They said “I’ve still got to learn the small things that make a difference, like who likes tea and who likes coffee, but the big things I learnt on induction. Once staff had completed their induction there were opportunities to keep their skills and practice up to date with on-going training in health and safety and issues relevant to the people’s needs.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People spoke highly of the staff who supported them and had confidence in their ability to meet their needs. One person said “Staff are kind, helpful and very good at what they do.” Another person said “Staff are all very good. I have every confidence in them.” A visiting relative said “Staff are all first class. I have real faith in the staff.”

Staff were enthusiastic about the training they received and said that it improved their practice. One member of staff said “The dementia training here is brilliant. It really helped me to understand people.” Another staff member told us “The training is really good. It keeps you up to date and makes you think about what you do.”

Staff had the specialist skills and knowledge required to effectively care for people living with a dementia. One senior member of staff had undertaken focused intervention and support training in association with the Alzheimer’s Society and Worcester university. The programme aims to train staff to deliver person centered care to help safely manage people’s behavior as an alternative to using medication. The member of staff told us the use of medication had been reduced since learning from the training had been put into practice.

This focused intervention and support training had been undertaken over a period of 12 months. Various projects had been carried out during this time to cascade the ethos of the training to all staff working in the SRC unit. One project had been to involve people in the redevelopment of the garden. There were photographs of people living with

dementia getting involved in painting fences and making planters for the improved garden. At the time of the inspection the SRC unit was in the process of creating a café in the garden. One visiting relative told us “I like the way they always involve my relative in things. They involve me as well so I still feel part of their life.”

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people required a specialist diet to meet their needs this was provided. For example one person had been seen by a healthcare professional who recommended a pureed diet and food supplements. At lunchtime we noted the person received a pureed diet and later was given a food supplement. This demonstrated staff followed advice to make sure people’s nutritional needs were effectively met.

The care plans of two people showed concerns had been raised about their nutrition and weight loss. Appropriate professionals had been involved and care plans had been put in place to address these issues. Weight records for these people showed they were maintaining a stable weight giving evidence that the care plan was effective in meeting their needs. A visiting GP told us the staff were very diligent in recording people’s weight and involved other professionals appropriately.

There was always a choice of meals which included a daily vegetarian option. People told us if they did not like anything on the menu they could always ask for an alternative. People were complimentary about the food. Comments included; “Foods good. Always plenty of it,” “The food is very nice. I’m not a great food eater but what I have is very nice” and “Food is good. There is always a choice.”

There were three main dining rooms in the home and we were able to observe lunch in all areas. The majority of people chose to eat in the dining rooms but some ate in their rooms. Tables in all areas were well laid and people were offered choices about drinks, vegetables and condiments. Where people required assistance to eat this was provided in a discreet and respectful manner. People were given ample time to eat in an unhurried manner.

Snacks and drinks were available throughout the home. A drinks trolley regularly toured the building offering people hot drinks and biscuits. In the main part of the home there were tea and coffee making facilities in one area and snacks such as fresh fruit and crisps available in lounges. In

Is the service effective?

the SRC unit there were kitchen facilities in the main communal areas and staff continually offered people hot and cold drinks. Snacks were available in the lounges for people to help themselves. The registered manager informed us they were planning to set up a snack trolley to make sure people who did not use the communal areas had access to snacks.

People were asked for their consent before staff assisted them with any tasks. We saw staff always asked people if they were happy to be assisted before helping them. One person said “Everything is my choice.” A member of staff said “People can do as they want to do. There is no pressure we are here all day and can always go back later.”

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A member of staff said “We always give people choices, if people can’t make a choice we look at life histories and talk with relatives to see what they think they would want.” A relative told us “They always talk to me about any decisions that need to be made.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The

registered manager was familiar with this legislation and had made appropriate applications to make sure people had their legal rights protected. The SRC unit was locked with an electronic key pad and everyone who lived there had been assessed as requiring this level of security to keep them safe.

The registered manager informed us they had arranged for professionals from outside the home to carry out an audit on how the home was meeting their legal obligations. The audit would involve talking to staff about their knowledge of the MCA and their understanding of the DoLS. This was to gauge if any further training or improvements were needed in this area of practice.

Staff arranged for people to see health care professionals according to their individual needs. Doctors from different surgeries attended the home two days a week to deal with routine health needs and visited at other times when required. One person said “If I just want to talk with a doctor I wait for their visit but if I am poorly the staff don’t hesitate to call one out.” A visitor told us how well the home had responded and coped when their relative’s teeth needed attention. A visiting nurse told us the staff were very pro-active in seeking support and always followed any advice given. They said they thought people’s healthcare needs were well catered for.

The area of the home which cared for people living with dementia was part of the Somerset Specialist Residential Care (SRC) scheme. This meant people who lived in this part of the home were supported by a specialist community nurse. This nurse told us they provided support and training to staff working at the home. They felt that any advice given was always followed by staff to make sure people’s needs were met.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included; “Staff are all lovely,” “The staff are always pleasant and nice” and “Staff are excellent they will do anything for you.” Some people were unable to express their views about the staff but demonstrated they were comfortable and relaxed with staff members. We saw people approaching staff happily and a couple of people went to staff members and hugged them warmly.

Without exception staff were positive about working at Frith House which created a warm and friendly atmosphere. One person commented “The staff are always happy. They all seem to get on. It makes it a happy place to live.”

Throughout our visit there were kind and caring interactions between staff and people. When staff in the main part of the home assisted people to the dining room they chatted and commented on people’s appearance and clothing. They talked to people about local events and families which showed they had a good knowledge of each person. One person said “I’m a local and they bring me all the gossip. We have a good laugh about things.”

Staff spent time with people who had difficulty communicating. For example a member of staff sat patiently with a person who was profoundly deaf and they were communicating well and demonstrating concern for each other. In the SRC unit on more than one occasion staff showed people objects to help them to make a choice about something.

In the SRC unit one person became upset and verbally aggressive. Staff remained very calm and offered physical comfort and verbal reassurance to the person. They used distraction techniques to defuse the situation whilst other staff offered reassurance and support to other people in the area. Staff seemed concerned that the person was unhappy and may be trying to make a need known to them which they were unable to express verbally. Staff offered the person drinks, snacks and assistance to move to another area or the garden. After the incident we noticed that a member of staff was chatting to the person calmly in their bedroom. When staff talked about the incident they did so with compassion and discussed with each other how they could identify and alleviate the person’s distress.

Each person had a single bedroom with en-suite facilities where they could spend time alone and receive personal care in private. People had been able to personalise their rooms with items of furniture, pictures and ornaments. This gave all rooms an individual and homely feel. People told us they were able to see personal and professional visitors in the privacy of their rooms if they wished to. People said staff respected their privacy.

People told us staff were respectful and sensitive when supporting them with personal care and always treated them with dignity. One person told us “I never feel embarrassed with them or anything.” Another person said “I choose what I wear but staff help me to colour co-ordinate.”

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person said “I’m a loner. Always have been.” Another person commented “The staff are very good and respect my choice to spend time up here on my own.”

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person said “They ask me about what I like and if I’m ok with everything.” Another person said “They do the care plan with me. Don’t worry I have my say.”

Care plans showed people had been involved in their reviews and, where able, had signed to say they agreed with any decisions made. Where people were not able to fully participate their representatives had been involved in decision making. One member of staff said “Sometimes it’s trial and error about how people like to be helped but I think we always get there in the end. We want people to be happy.”

All records containing people’s personal information were securely stored. The home used electronic care plans which were password protected to maintain people’s confidentiality. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and caring way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said “I feel very much at home and can please myself.” Another person commented “I make my own decisions about the way I live my life here.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. People told us either the registered manager or one of the deputy managers had visited them before they moved in. One person said “They went through everything. I liked them and thought the place would suit me fine. I’ve not been wrong.” Another person told us they had originally come to the home for a short stay and had later decided to make it their permanent home.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. All care plans contained information about people’s life histories and their preferred routines. People told us they felt able to carry on their own routines whilst living at the home. Staff spoken with demonstrated a good knowledge of each person and how they worked in accordance with people’s wishes. One member of staff said “People have their own routines and can make choices about everything.”

People received care and support which was responsive to their level of need. Assessments were carried out regarding people’s mobility, nutritional needs and the risk of pressure damage to their skin. Assessments were regularly reviewed and changes to care were made accordingly. Where someone’s assessment showed they were at high risk of pressure damage appropriate equipment was in place to maintain their well-being and comfort. This included pressure relieving mattresses and cushions. The home recorded and monitored when people had a fall and made referrals to other professionals to make sure they had the right equipment to enjoy as much independence as possible.

Throughout the home people were treated as individuals and their wishes were respected. Some people liked to get up late whilst others told us they were early risers. One person said “They bring me a cup of tea early on but then I

snuggle back down. They know not to disturb me again.” Another person said “I’ve always got up early it’s a habit. By the time someone pops their head in I’m up and dressed. They allow me my independence and that’s important to me.”

Other people said how important it was for them to maintain their independence and how staff assisted them to do this. One person said “The staff help me when I ask but they don’t mollycoddle me like a child.” Another person told us they liked to go out and about and there was a risk assessment to enable them to do this.

The staff responded to changes in people’s needs. One visiting nurse told us they thought the staff were very good at raising issues when they observed changes in a person’s abilities or behaviours. This enabled people to receive prompt treatment for any changes in their needs.

The registered manager liaised with the commissioners of the service to make sure additional staffing was available to people who required additional input. Two people had additional staff who supported them on a one to one basis for parts of the day. Where people’s needs changed significantly staff made sure other professionals were involved to assess whether the home continued to be the right place for them to live. Where people required a higher level of care than the home could provide the provider supported people to find alternative appropriate accommodation.

People were supported to maintain contact with friends and family to avoid social isolation. There was an open visiting policy and many people told us they continued to go out with friends and family. One visitor said their relative often took a taxi to social clubs they had enjoyed before they moved to the home. Some people had phones in their rooms, some had mobile phones and there was a pay phone to help people keep in touch. There was also a computer available that could be used by people to skype call friends and relatives who were not able to visit.

To help people make choices and retain independence there was clear signage throughout the home. There were information boards, including a talking notice board, to keep people informed about what was going on, staff on duty and the day’s menu. In the part of the home that cared for people living with dementia the environment had been

Is the service responsive?

adapted to enable people to find their way around and identify their personal rooms. This included the use of colour to highlight rooms, such as toilets, and memory boxes to identify individual bedrooms.

There was an activities programme which provided organised activities every day. However some people told us they would like more activities. We discussed this with the management of the home who told us they were increasing the amount of staff hours dedicated to activities to meet this need. The registered manager had plans to create clubs according to people's hobbies and interests, such as gardening and art, and ensure more staff were available to provide meaningful occupation to people who chose not to socialise.

Our observations in the SRC unit showed that although there were no organised activities on the day of our visit everyone was occupied and received individual staff attention through the day. This included staff chatting to people, playing games and accompanying people out into the garden. People were alert and engaged with what was going on around them. Some people sang along to the radio, some read magazines and some watched a DVD.

The registered manager sought people's feedback and took action to address issues raised. The provider operated a system called 'You said, We did' which allowed people to make suggestions and receive a response. One comment

concerned waiting times and a lack of variety at breakfast. In response to this an additional member of the catering team was made available and a wider variety of hot and cold food was put on the breakfast menu. Another suggestion was for a coffee machine in the main part of the house and in response tea and coffee making facilities were made available for people in one communal area.

There were meetings for people who lived at the home and their relatives but these were poorly attended. In response to the poor attendance the registered manager had introduced tea and chat afternoons. One afternoon a month the registered manager made themselves available in a large room and served afternoon tea. Everyone in the home received an invite and this had resulted in much better attendance.

There was a complaints policy and people we spoke with said they would not hesitate to raise any concerns. All were confident any issues they raised would be addressed. One person said "I did complain once and they sorted it out without any fuss." Another told us "The manager comes in and out for a chat so I would talk to her about anything. She's very fair and keen for us to get what we want."

All complaints made were recorded and records showed full investigations were carried out and action was taken to address issues raised. Complainants were always responded to and apologies made where appropriate.

Is the service well-led?

Our findings

The registered manager had managed the home for a number of years and kept their skills and knowledge up to date by reading and training. They were a member of the Somerset Learning Exchange Network which provides a discussion forum for care service managers to share good practice and information. They also attended regular meetings for managers with the provider group.

The registered manager put their learning into practice. For example management and leadership training had led to the implementation of action learning sets. These were a forum where staff could get together to work out solutions to challenges which occurred in the home. This forum had been used by staff to reach agreements about staff breaks.

The registered manager was pro-active in using research to improve the well-being of people who used the service. As previously mentioned a senior member of staff had undertaken focused intervention and support training to improve how people with dementia were supported. This training was due to be rolled out across all the provider's homes to share the learning. The home were also trialling a calming DVD produced by Exeter University for people living with dementia.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there were two deputies. One took a lead role in the main part of the home and one in the SRC unit. One member of the management team was always on call to respond to emergencies. There were also care supervisors and shift leaders. This meant there were always senior staff available to people and their visitors if they wished to discuss issues. It also enabled them to monitor quality on an on-going basis and offer advice and support to less experienced staff.

People using the service, visitors and staff all felt the management team were open and approachable. Staff felt well supported and people felt able to share their experiences and concerns. Comments included; "The manager is really obliging, they are always ready to talk," "The managers have a really good knowledge of people and are always available to give advice" and "Any problems she sorts out but more than that she really listens. I feel like I matter to her."

The registered manager had a clear vision for the home which was to create a home which was relaxed and peaceful. They told us they wanted people "To tell us what they want." Staff all agreed with the vision and said they wanted to create a homely environment. One member of staff said "It's their home. We want people to have choices and follow their own routines."

The home's visions and values were put into practice by keeping people up to date with changes and involving them in decisions. In the main part of the home people were involved in the recruitment of staff and their opinions were valued. In the SRC unit people had been involved in choosing colours for decorations and furnishings. People said they felt able to share suggestions and ideas with the management of the home at any time. One person said "They tell you what's going on and she [the manager] does genuinely seem to want to know what you think."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. The registered manager had made some alterations to staff working times to ensure better communication between staff following shortfalls highlighted.

There was an annual satisfaction survey to gauge people's views on the home and ensure improvements were planned in line with people's wishes. Returned surveys were analysed and all comments were actioned where appropriate. For example one person had said their care would be improved if they were able to have additional baths and this had been actioned.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were raised by the analysis appropriate additional support was provided.

To make sure people benefitted from good leadership the provider ran a staff development programme. This programme was called the Rising Star programme and one member of staff at the home was part of this programme.

Is the service well-led?

The provider also ran other programmes throughout the company to recognise good care and drive improvement. One member of staff at the home had received an award for 'Outstanding Service.'

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.