

Beech House (Exeter) Limited

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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 ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 29 and 30 March 2016. The inspection was carried out by one inspector.

The service provides accommodation and personal care for up to 23 people with mental health, dementia, or illness associated with old age. On the day of this inspection there were 23 people living there. The service was last inspected on 1 July 2014. No concerns were identified with the care being provided to people at that inspection.

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

People who lived in the home, relatives and staff all praised the warm and caring family atmosphere. The home is family run, and the registered manager is also one of the providers. The family worked together to carry out many of the day-to-day tasks such as cooking, or taking people to medical appointments. People told us about the many ways the providers made them feel part of the family, including parties and barbecues where everyone was made welcome. Comments included "It is outstanding" and "I think it is wonderful." Comments from staff included "It's lovely here – so friendly", "It's one of the homeliest homes I have worked in. I feel at home here," and "I enjoy coming to work. It's well managed."

Safe procedures had been followed when recruiting new staff. Checks and references had been carried out before new staff began working with people. Risks to people's health, safety and welfare were assessed and regularly reviewed. Actions were taken promptly where possible to reduce risks. People told us they felt safe living at Beech House. Comments included "I have never seen any occasion when the staff are anything other than kind."

Staff had received training in all aspects of safeguarding people and they knew how to identify and report any concerns. Staff had received training, supervision and support to enable them to effectively support each person's mental and physical health needs. New staff received thorough induction training before they began working with people. All staff received ongoing training on topics covering all aspects of their jobs. One member of staff told us "Training is good – both 'in-house' and 'out'."

Medicines were stored and administered safely. We observed medicines being administered and found safe procedures were followed.

There were enough staff to meet people's support needs and to care for them safely. Comments included, "Yes, there are enough staff. There always seems to be plenty". A member of staff told us "Yes, there is definitely enough staff. It's like a family home – no stress. We all know our duties and we all help each other."

Staff were kind, cheerful and understanding of each person's individual needs. People were treated with dignity and respect. A person who lived in the home said "They are very kind." A relative told us "There is a regular team of staff who really, really care. I am thrilled with it. It's fantastic."

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. DoLS applications had been submitted where relevant. Staff understood the importance of seeking consent before carrying out care tasks. We observed staff seeking consent from people before carrying out any tasks for them. .

People had been involved and consulted in drawing up and agreeing a plan of their support needs. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated. The care plans and daily notes provided evidence to show that people were supported to maintain good health.

The home was well maintained, clean, warm and comfortable. The lounge had been redecorated and refurbished in the previous year. A relative told us "It's clean – it smells nice when you visit."

People participated in a variety of social activities within the home and in the community. During our inspection musical entertainment was provided, people went out to the shops or for walks, and a group of people helped to decorate cakes. We heard laughter and friendly chatter.

People told us the home was well-run. A person told us "(The manager) always asks our opinions. They welcome any suggestions." A relative told us "(The manager) is amazing. I think it is run really, really well". The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways including questionnaires and resident's meetings. There was a suggestions box in the lounge.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to keep people safe and meet their needs.

People received their medicines safely from staff who were competent to carry out the task.

There was a recruitment and training programme that helped to minimise the risks of abuse to people.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People were offered a choice of meals that met their needs and preferences.

Staff monitored people's health and took prompt action when they were unwell

Is the service caring?

Good ●

The service was caring.

People told us staff were always kind and polite.

People were involved in decisions about their care and treatment.

Staff liaised with other professionals to make sure people were appropriately cared for at the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and individual support were available for people who wished to access them. People's daily living choices were respected. .

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good ●

The service was well led.

There was a manager in post. People told us the new manager was kind and approachable.
People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.
There were systems in place to monitor the quality of the service and seek people's views.

Beech House (Exeter) Limited

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 29 and 30 March 2016 and was unannounced. It was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

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 service before the inspection visit.

During our inspection we spoke with the manager, twelve people living in the home, three visitors and four staff. We also spoke with two community nurses who were visiting the home during the inspection. After the inspection we contacted one relative and three health and social care professionals.

We looked at the care records of five people living in the home. We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures

Is the service safe?

Our findings

People who lived in the home and their friends and families told us people were safe. One person told us "I have never had any trouble". They went on to say that if they should ever have any concerns about their safety they would feel confident to speak with a member of staff or the registered manager. A visitor told us "I have never seen any occasion when the staff are anything other than kind."

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records were neatly filed and contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The recruitment files showed that any written references that did not give sufficient information about the applicant's suitability were followed up by a telephone call to the referee to seek more information.

The manager provided us with copies of the most recent staff rotas which showed sufficient staff were on duty at all times which meant people's needs were met safely. People we spoke with confirmed the staffing levels were good, for example one person said "Yes, there are enough staff. There always seems to be plenty". A visitor told us "There are always plenty of staff around – always a smile – they are a nice crowd." Staff also told us there were always sufficient staff on duty, for example one staff told us "Yes, there is definitely enough staff. It's like a family home – no stress. We all know our duties and we all help each other." Staff also told us there were often extra staff on duty which meant they could provide additional activities such as sitting and talking to people, or taking them out for walks or outings. There was a notice in the office which said "Seniors – if you feel that you require extra staff during your shift or over the next shift you can arrange it without the need to contact management."

Risks to people's health and welfare had been assessed and kept under regular monthly review. Care plans contained risks assessments covering each person's physical and mental health, personal care needs. Where risks such as pressure sores or the risk of choking had been identified they had taken a range of actions including seeking specialist advice and putting into place any equipment needed. This had been documented in the care plan and staff had been made aware of any changes to the person's care needs. For example, advice from the Speech and Language Team (SALT) had been obtained for a person who had experienced difficulties swallowing liquids. Thickening agents had been prescribed by the person's doctor.

Where people had been identified as being at risk of skin problems such as pressure sores equipment had been put in place to reduce the risk. This was clearly documented in the care plan including the correct setting for the pressure mattress. Records showed the settings for the mattress were checked at least twice a day. A community nurse told us staff sought their advice promptly and appropriately when risks were identified, for example skin care and the risk of pressure sores. They said "(The manager) is really on top of issues. Documentation is good." A member of staff told us "Staff notice little things quickly" and gave an example of noticing a small skin wound that needed medical attention. Antibiotic treatment was prescribed and the wound healed quickly.

When people experienced periods of anxiety that may lead to aggression or anger, staff understood the reasons why this might occur and how to calm the person or divert their attention to an activity they enjoyed. Information about the risks of anxiety and aggression were explained in the care plans along with advice on successful strategies staff should follow if a person became anxious. Staff gave examples of sitting and talking, diverting attention to an activity the person enjoyed, or by playing calming music. If a person became aggressive when they were supporting them with personal care they were instructed to walk away and come back a few minutes later to check if the person wanted their assistance. The manager told us they tried to do everything possible to avoid the need to use medicines to calm people as they recognised that such drugs may result in the person becoming sleepy, which may in turn lead to other risks such as falls. They had sought advice where necessary from mental health professionals.

Medicines were stored and administered safely. We observed a member of staff administering medicines at lunchtime. They checked the medicines administration records (MAR) carefully before removing the medicines from the packaging and taking them to the correct person. Where people had been prescribed medicines on an 'as required' basis the person was asked if they wanted the medicine before it was removed from the packaging and offered to them. There were systems in place to make sure people received medications at regular intervals throughout the day and did not miss a dose, for example if they went out for the day, or if they slept on longer in the morning.

All staff had completed training on the management of medication. The member of staff we observed administering medicines during our inspection told us they had also completed a nationally vocational qualification (NVQ) at level three which included a unit on medications. Medicines were supplied by a local pharmacy every four weeks. Most tablets were supplied in four-weekly blister packs (monitored dosage system). Where tablets could not be supplied in the blister packs, for example pain relief medicines prescribed on an 'as required' basis these were supplied in bottles and packets. The monitored dosage system provided an efficient system that staff found easy to follow. The pharmacy supplied good information about each medicine prescribed including information on how to recognise each tablet and any risks associated with them. Records of medicines administered were satisfactory with no unexplained gaps seen. These included records of creams and lotions administered by staff. Controlled drugs were securely stored and records showed safe practice was followed. All medicine records were regularly audited by the manager to identify any errors or potential risks.

Unwanted medicines including all unused creams and lotions were returned to the pharmacy at the end of the four week period. This meant the home did not hold large stocks or stocks of out of date medicines. A community nurse told us they were satisfied the staff managed stocks of creams and lotions well, saying "They are on top of chasing things. I have no concerns about stocks running low. Staff chase this up".

People were supported and encouraged to administer their own medicines if they wanted to. Secure storage was in place in people's rooms for medicines. Staff explained how they regularly checked that people were able to administer their own medicines safely, for example by checking the person's stock levels, or by observing their health.

The home held amounts of cash on behalf of a few people who had requested assistance with their cash. The cash was stored securely and records were well maintained. A record had been kept of each transaction, the balances had been checked and recorded, and receipts retained. Where possible, the person had been asked to sign the record to agree the transaction. We checked the balances of cash held for each person and found they were correct. The home did not have responsibility for any bank books, cards or savings accounts for anyone living in the home.

The building was well maintained and safe. A full time maintenance person was employed. Records of maintenance showed that any reported problems such as minor breakages or light bulbs needing replacement these were addressed quickly. The exterior of the house was in good decorative order and the gardens were neat and attractive. Communal areas including corridors had recently been, or were in the process of being redecorated and new flooring had been laid.

All areas of the home were clean, hygienic and free from any odours. A recent inspection by the Environmental Health department had rated hygiene standards of the kitchen as good (five stars). There were gloves, aprons and hand gels available around the home. The laundry had been recently been upgraded and provided a well organised, well equipped and hygienic working area.

Is the service effective?

Our findings

People told us the service was effective. For example, one person told us "The care is excellent." A visitor praised the care given by the staff saying "Hats off to them – they face constant challenges". A health professional told us "They have a good understanding of their residents and are quick to pick up on any changes in mental state and presentation in the client. For many years now I have felt that they have a high tolerance threshold of behaviours associated with dementing conditions but are realistic about what they can provide. When they feel they can no longer meet the client's needs they appropriately refer to specialised services for a change in placement and/or other treatment. There is an honesty and integrity about the care they deliver."

People received support from staff who had the skills and knowledge to meet people's needs effectively. New staff spent their first week of employment completing induction training covering all essential health and safety related topics such as moving and handling, first aid, fire safety and infection control. They also completed training on safeguarding adults and the Mental Capacity Act (MCA). They also spent time with the manager learning about policies and procedures and getting to know the home and people who lived there. They spent the second week of their employment by shadowing experienced members of staff until they were competent to work on their own.

The manager provided us with a copy of their training matrix which showed the training topics completed by staff and when the next training sessions were due. Training information was displayed in the office for staff to check when next training sessions were planned. Regular training sessions were provided for essential health and safety topics, and also topics relevant to the needs of people living in the home, for example challenging behaviour, stroke awareness, palliative care, diabetes, continence and dignity and respect.

Staff told us the training they were offered was of a very good standard. Comments included "Training is good – both 'in-house' and 'out'." One member of staff told us they were in the process of gaining a nationally recognised qualification known as NVQ at level three. Training records showed most staff held a relevant qualification, or were in the process of gaining a qualification. Staff praised the manager for the support they received with their training and qualifications. A member of staff told us "(The manager) is proactive with training courses". They had just completed a course on dementia and had enjoyed it so much they wanted to go on and complete a further course at a higher level. They said staff were encouraged to learn by attending any courses they felt would benefit them in their work.

Staff told us they felt well supported. There was a variety of methods of keeping staff informed and updated. These included handover sessions between each shift, regular supervision sessions, annual appraisals and regular staff meetings. Information was displayed in the office on a range of topics such as supervision and training. Staff told us the manager was always available and provided informal supervision on a daily basis. The manager told us that staff were also alerted to important issues such as changes in people's needs by text messages asking them to read care plans or records when they were next on duty.

Work was in progress to redecorate and refurbish most areas of the home to make the environment 'dementia friendly'. The manager explained how they had sought advice and ideas to help people find their way around the home easily. The top floor corridor had recently been completed by painting bedroom doors in bright colours with large numbers, name plates and door furniture to help people identify their own rooms easily. There were colourful pictures, chairs and furniture to provide interest and a homely atmosphere. Handrails along each corridor had been brightly painted to encourage people to use them. The manager told us this had been a success.

Each bedroom had been individually decorated and furnished to suit the tastes and interests of the person occupying the room. For example, one person described how they had chosen the colour scheme for their room. Another person told us how they had chosen their furniture. Bedroom doors had locks which people could use if they wanted privacy. One person told us they liked to keep their door locked to prevent people from entering their room uninvited.

People told us they enjoyed the meals they received. There was a blackboard in the dining room which displayed the main meals offered for the day. However, people told us if they did not like the meals on offer they could ask for an alternative to their liking. Comments included "The dinners are lovely – very nice" and "If there is a dish you don't like they will offer you something else. Excellent food – very nutritious!" One person said they had been very ill when they first moved into the home and had been seriously underweight. The staff had helped them recover their health, and this had included supplying them with nutritious food. They were now at a healthy weight. They told us "I am very well looked after, as you can see!"

People could have their meals where and when they chose, for example one person had their lunch during the afternoon. Staff explained the person slept late in the morning, so had their breakfast late. Their lunch was put back until they wanted it. Some people chose to eat their meals in their rooms. The dining room was attractively decorated and furnished which meant meal times were a positive experience for people.

Care plans contained information about each person's dietary needs including any likes, dislikes or allergies. One person needed a special diet due to stomach surgery. There was also information in the kitchen covering each person's dietary needs. All special dietary needs were highlighted.

People were involved and consulted about the menus in a variety of ways including during resident's meetings. Menus were adjusted according to ideas and suggestions people had made.

Each person's capacity to make decisions about the care or treatment they received had been assessed and recorded. 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 Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Throughout our inspection we saw staff offering people choices and seeking consent before carrying out any support or care tasks. Staff were able to explain each person's support needs and any areas where people struggled to make decisions. Where necessary, external health and social care professionals were involved and consulted. Best interest meetings were held by people who supported the person where important decisions were necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted for people who were unable to leave the home freely due to concerns about their safety. The manager told us they may need to submit at least one further application and would seek advice from health and social care professionals involved in the person's care.

The home arranged for people to see health care professionals according to their individual needs. A relative told us the provider arranged transport and escort for a person to visit their dentist in Exmouth. The relative told us this was a big relief to them to know the person was able to attend regular medical appointments and appreciated the commitment from the provider to make sure appointments were kept.

A community nurse told us there was good communication with the staff and they always sought advice and treatment promptly. They said a member of staff always stayed with them during their visit which meant they could ask questions and exchange information effectively. Staff passed on all instructions or changes in the person's care to other staff promptly. They said staff had a good knowledge of each person's needs.

Is the service caring?

Our findings

Staff were kind, cheerful and showed understanding of each person's individual needs. People praised the staff for their caring manner. A person told us how pleased they were that they had been able to move into Beech House, saying "They are very kind."

People were treated with dignity and respect. Staff were seen knocking on doors before entering. Staff sought people's consent before carrying out any task.

Staff described how they supported and reassured people, including those who sometimes became anxious or aggressive. They understood the reasons why people sometimes behaved in ways that might upset other people around them and spoke with compassion about some of the difficulties people faced in coping with illness, pain or worry. We observed a member of staff diffuse a potentially tense situation when a person spoke aggressively to another person. The member of staff acted calmly and used gentle and cheerful 'banter' to calm the person and make them smile. The other person was gently encouraged to move to another area with a suggestion of joining an activity.

Another member of staff described how they used diversion methods to calm people, for example by offering a cup of tea and by sitting and chatting with the person. Staff shared examples of techniques that had been successful in calming people and diverting aggression. They were not afraid to seek advice or to involve a person's family or friends where necessary, for example by finding out about the person's past and things that had been important to them. They also said that patience was an important quality that all of the staff shared. They explained how sometimes people did not want to accept support, or to participate in an activity. Staff understood the importance of waiting, going back a bit later, and offering support again.

A relative described how the staff had cared for a person who sometimes became aggressive. They told us "They have really done their best. The staff are very kind". They praised all of the staff and explained how some "went the extra mile" by asking questions and trying to find solutions to problems. They said the staff also showed care and compassion for families, saying "They are really caring – they always ask how I am."

Another relative told us about the care given to their relative who had been seriously ill when they first moved into the home. They talked about the care the person had received which had transformed the person's life. They said "She now has a life. She is healthy." They praised the staff team saying, "There is a regular team of staff who really, really care. I am thrilled with it. It's fantastic."

Staff spoke to us with pride about the happy family atmosphere within the home. Comments included "The atmosphere is happy here. It's brilliant! A family run home. Everyone is treated like family. I would place any of my relatives here."

A sign in the entrance hallways said "Visitors are welcome at any time". This was confirmed by people living in the home and their friends and relatives. Comments included "Staff are always kind. They keep me informed. They are always welcoming." The visitor told us that staff kept them informed and involved in the

person's care and welfare. Another visitor told us "The staff always make me welcome. They always offer me a cup of tea." A relative told us "The care shown to my Mother when she had a fall in the night resulting in a fractured hip was exceptional. On her return from hospital the management and staff have and are continuing to far exceed our expectations in the care shown to mum."

A community nurse told us the staff had worked with them closely when providing end of life care for people. All staff had received training in palliative care. People had been consulted on their wishes for their care and treatment at the end of their lives.

Is the service responsive?

Our findings

Before people moved into the home an assessment was carried out to make sure the home was appropriate to meet their needs and expectations. The manager explained how people were given time to get to know the home before moving in. They said some people needed time to build up trust with the staff and build relationships before they finally moved in. They gathered as much information as they could about the person to help them understand the support the person needed. People had been encouraged to complete a document called "This is me" which gave staff information about the person's life, their interests and hobbies and people important in their lives. This information was used to draw up an initial care plan which was improved and enlarged once staff got to know the person better.

Where possible, people had been consulted and involved in drawing up and reviewing their care plan. The plans included information about their capacity to make decisions, and also included consent forms signed by the person or their representative about important aspects of their care, for example medicine administration.

The care plans were clearly written and contained sufficient information about every aspect of support each person needed. The files were divided to enable staff to find relevant information quickly. Daily reports provided evidence to show people had received care and support in line with their care plan. Risks were regularly reviewed and the care plans were amended and updated where changes had occurred. Records were completed each month to show the care plans had been reviewed.

The care plans covered every aspect of each person's daily activities and support needs. Risks were assessed, regularly reviewed, and the care plans were updated regularly to reflect any changes in support needs. During our inspection people participated in various activities including musical entertainment and cake decorations. We saw examples of arts and crafts displayed around the home. Some people went out regularly either into the city, local shops, clubs or social events. One person talked about the church they regularly attended. A relative told us the staff respected people's wishes and did not insist people joined in with activities if they did not want to. Instead staff made time to visit people in their rooms and chat to them to ensure they had regular social contact.

Staff told us about some of the group and individual activities they regularly provided. These included weekly musical entertainment, arts and crafts sessions, karaoke, manicure and beauty treatments, games including bingo and ball games. Some activities were impromptu, such as dancing. Staff told us they often danced with people when there was music playing, and this often helped to calm people who showed signs of anxiety. Comments included "There is something going on all the time. It's a good atmosphere." We heard about parties that were held throughout the year, for example barbeques in the garden in the summer where families and friends were invited.

There were regular meetings for people who lived at the home and these were recorded so that people could see the issues discussed and check on progress. A person told us "(The manager) always asks our opinions. They welcome any suggestions."

Each person received a copy of the complaints policy when they moved into the home. People told us they felt confident they could speak with the manager or the staff if they had any complaints or grumbles. The manager kept a record of all complaints and compliments. The records showed they had taken all complaints, no matter how small, seriously. The complaints had been investigated and the complainant had received a written response with information about their investigations and any actions taken.

Is the service well-led?

Our findings

People told us the home was well-run. They praised the manager for their caring approach. Comments included "Management are brilliant!" and "Well run? Yes – very good." People told us the manager was always available, and had a 'hands on' approach. For example, a person who chose to spend most of their time in their room said they saw the manager "quite often" and said they could raise any concerns with them if necessary, although they had never needed to do so. They were confident the home was well-managed. Relatives praised the providers for the way the home was run. Comments included "(The manager) is amazing. I think it is run really, really well" and "It's an 'Ok' place."

The home is family run with members of the provider's family involved in the day to day running of the home. The manager is also one of the providers. People living in the home and the staff talked about the family atmosphere and feeling part of the family. The providers were responsible for daily tasks including cooking and administration. Comments from staff included "It's lovely here – so friendly", "It's one of the homeliest homes I have worked in. I feel at home here," and "I enjoy coming to work. It's well managed."

The registered manager had a clear vision for the home. They told us they continually tried to improve the service by listening to people who used the service, their family and friends and health professionals. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care including regular medicine audits, and care plan audits. People were asked to give their views on the home and make suggestions for improvements in a variety of ways, this included questionnaires given to people living in the home and their relatives every two months. There had been a high level of response to the questionnaires. The results were collated and we saw that where actions were needed these had been addressed. Views were also sought through regular meeting with people who lived in the home and their families and friends, and also through care reviews, and encouraging people to make suggestions, for example by using the 'suggestions box'.

The manager told us about actions they had taken, and were planning to take, to improve the service. Recent improvements had included redecoration and refurbishment of many areas, a new call bell system, and increased training for staff. They had researched ways of improving the lives of people who were living with dementia, and had begun to make improvements to the environment, and to staff awareness and understanding of dementia. Routines in the home were flexible to suit the needs of people living there, including people with dementia.

All accidents and incidents which occurred in the home were recorded and analysed on a monthly basis. Where trends were identified actions had been taken to reduce the risk of recurrence.

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