

# Malhotra Care Homes (Sunderland) Limited

## Belle Vue House

### Inspection report

1-3 Mowbray Close  
Sunderland  
Tyne And Wear  
SR2 8JA

Tel: 01915673681

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 31 May and was unannounced. A second day of inspection took place on 1 June 2017 and was announced. The last inspection of this service was carried out in March 2016.

Belle Vue House is a residential home which provides personal care for up to 27 people, with dementia or general care needs. There were 24 people living there at the time of our inspection. The accommodation is over three floors, with lounges and dining rooms on the ground and first floors.

The service had a registered manager. 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.

At our last inspection of this service in March 2016, we gave the service a rating of 'requires improvement' and asked the provider to take action to make improvements. This was because we found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines. At this inspection we found significant improvements had been made in relation to medicines.

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people with their medicines. Medicine records were up to date with no gaps or inaccuracies.

The service was exceptionally responsive as people had access to a fantastic range of activities. People and relatives spoke extremely positively about the range of themed events and day to day activities on offer. The service had excellent links with the local community and people from the local community were regularly invited to events. Staff knew people's needs exceptionally well.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked their relatives for their views. All the relatives we spoke with said they thought Belle Vue House was safe. Staff had completed training in how to protect people from harm and abuse and understood the different forms and potential signs of abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and promptly. A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard. Alterations had been made to communal areas since our last inspection which gave people more choices about where to have their meals. All relatives we spoke with said they were

happy with the premises.

Staff received relevant training to support people in the right way. Staff received regular supervisions and appraisals, and told us they felt supported.

People were supported to maintain a balanced diet and to have enough to eat and drink. The chef knew people and their food preferences well. People told us they enjoyed the food.

There was a welcoming atmosphere and people who used the service were comfortable with staff. Staff encouraged people to be independent and supported people to do the things that mattered to them. Staff talked about people who used the service with affection and respect.

Staff had a clear understanding of people and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Staff were responsive to people's needs and acted promptly and appropriately when needs changed. Support plans were well written and specific to people's individual needs. Records were up to date and reviewed regularly.

There was an effective quality assurance system in place to monitor key areas such as medicines, safeguarding concerns, accidents, incidents and staffing issues.

## 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 had improved to good.

Medicines were now being managed safely.

People told us they felt safe when receiving care and support.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding vulnerable adults and their personal responsibility to report matters of a safeguarding nature, should any concerns arise.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People had access to a fantastic range of activities. The service had excellent links with the local community.

Staff had an excellent understanding of the needs of people who used the service.

People's needs were assessed before care was provided.

Support plans were detailed and specific to the needs of individuals.

### Is the service well-led?

Good ●

The service had improved to good.

People, relatives and staff told us the registered manager was approachable.

There was a positive culture and ethos at the service which was driven by the management team.

There were now effective systems in place to monitor the quality of the service.

Staff had plenty of opportunities to provide feedback about the service.

# Belle Vue 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 was 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 31 May and 1 June 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Day two was announced so the provider knew we would be returning. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with 11 people and five relatives. We also spoke with the registered manager, the deputy manager, a representative of the provider (head of compliance), a team leader, five care assistants, the chef, the kitchen assistant, the maintenance person and a member of housekeeping staff. We spoke with three healthcare professionals who were visiting the service during our inspection.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed medicine administration records for six people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at the home we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experiences of people who could not talk with us.

# Is the service safe?

## Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have accurate records to support and evidence the safe administration of controlled drugs, 'when required' medicines and prescribed creams and ointments.

At this inspection we found this had improved significantly. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Prescribed creams and ointments were recorded as administered on topical medicines application records and body maps to highlight where staff should apply the creams and ointments were in place. This meant staff had access to information about how and where to apply people's prescribed creams in line with the instructions on people's prescriptions.

For people who were prescribed medicines 'when required' there was clear guidance in place when it should be administered, for example if a person required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate verbally.

Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective. We viewed six people's medicines administration records (MARs) and found they had been completed accurately. Codes for non-administration were used appropriately and the reasons documented clearly on the reverse of the MAR. Staff who administered medicines had completed up to date training and their competency was checked regularly.

All the relatives we spoke with said they thought Belle Vue House was safe. One relative said, "Oh yes it's safe and [family member] has settled really well." Another relative told us, "I've got no worries at all. The staff are lovely."

Relatives told us if they had any concerns about people's safety they would be happy to approach staff, the deputy manager, the registered manager or the local authority. Staff had completed training in how to protect people from harm and abuse. Staff attended safeguarding training as part of their induction, followed by periodic refresher training on this subject. The protection of people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. This meant staff were frequently reminded of their responsibilities to keep people safe and how to report any concerns.

Staff we spoke with understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that may give them cause for concern, including marked changes in people's mood, behaviour, sleep pattern or appetite. Staff understood the need to report any concerns to the management



team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and promptly.

Three staff had been recruited since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications, photographic proof of identity and background checks. These included references from previous employers and a disclosure and barring service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years which meant checks were updated

The service employed 32 staff. The registered manager, deputy manager, team leader and six support workers were on duty during the day of our inspection. Staff rotas we viewed were as described by the registered manager. At night time staffing levels were one team leader and one care assistant. Each person's level of dependency was scored and reviewed monthly to establish the staffing levels. There was enough staff to meet people's needs. People, relatives and staff we spoke with said there was enough staff on duty. The registered manager said, "I can easily put extra staff on if people's needs change."

The service had a low turnover of care staff and there were no vacant posts at the time of the inspection. The registered manager proudly told us they had never used agency staff at Belle Vue House as permanent staff always covered extra shifts where needed. Contingency arrangements were in place in case of accidents or staff emergencies, and on-call management arrangements were in place.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the identified risks were set out in people's care plans for staff to follow. For example, where people had been identified by a speech and language therapist as being at risk of choking, there was guidance included in the care plans for staff to refer to. People's independence was encouraged without unnecessary risks to their safety

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. PEEPs contained clear step by step guidance for staff about how to communicate and support each person in the event of an emergency evacuation.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety, sensor mats for people with epilepsy and other assistive technology. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date which meant the premises and equipment were safe for people, staff and visitors.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referring people to the challenging behaviour team.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard. All relatives we spoke with said they were happy with the premises. One

relative said, "It's very homely here."

# Is the service effective?

## Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. One person told us, "The girls know what they are doing alright." A relative said, "Staff are knowledgeable. I've never had any concerns on that front."

Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in areas such as moving and assisting, nutrition, dementia care and infection prevention and control. Staff told us they felt they had sufficient training to support them in their roles.

The provider ensured staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. We saw staff had individual supervisions about their performance and group supervisions with learning points, for example about medicines administration and the application of topical creams. During this inspection we found staff members who had been employed for over a year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There was enough staff to support people to eat. Tables were nicely set with tablecloths, flowers, cutlery and condiments. On the first day of inspection lunch was a choice of roast pork with all the trimmings or soup and a sandwich; other options were also available. Some people preferred a smaller portion and this was respected and given without fuss. The majority of people opted for roast pork. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. People told us the food was of a good standard and they had enjoyed their lunch. One person said, "We get so well fed here." Another person told us, "The food is lovely."

Alterations had been made to communal areas since our last inspection which gave people more choices about where to have their meals. The meal time experience in all dining areas was pleasant and relaxed.

Since the last inspection the deputy manager had set up a 'nutrition group' which consisted of care and kitchen staff. The aim of this was to seek people's feedback on food, review current research on nutrition (particularly for those people living with dementia) and do spot checks on people's dining experiences. The impact of this was that people's dining experience had improved.

Since the last inspection the provider had converted one of the lounges into a 'vintage tea room'. People chose to have their meals here and it was a popular room where people chose to spend their time. Relatives told us they liked to sit here talking to their family members. There were visual and tactile items to engage people living with dementia in this tea room and throughout the service. Written and pictorial signs helped

people orient themselves around the home. Menus were available in picture format to support people living with dementia to choose their meals. Specialist crockery to support people living with dementia was used which promoted people's independence.

People were supported to maintain their health and well-being. The service had close links with healthcare professionals such as community nurses, GPs and psychiatrists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. People's weight and skin condition were monitored regularly. Food and fluid charts were completed accurately for those people who needed them.

A healthcare professional who was visiting the home during our inspection told us, "I work well with the manager and deputy. They are open and honest. Staff are always on the ball with food and fluid charts for example. Everything is always up to date. Staff use the NEWS (national early warning score) tablet before ringing us or the GP. Staff have taken this initiative on board and put it into practice which has benefited people who live here." NEWS is a set of observations which includes taking someone's pulse and temperature to determine whether further medical interventions are needed. Another healthcare professional told us, "Staff are welcoming and can answer any questions we have about the residents."

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS applications had been made appropriately and authorised for 23 people who needed them. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff knew who had a DoLS in place and gave examples of why. Staff told us how they involved people in decision making where possible, for example when choosing what to eat or wear.

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw evidence that people and/or relatives currently using the service had consented to their care, treatment and support plans.

## Is the service caring?

### Our findings

People who could communicate their views verbally told us they liked living at Belle Vue House and that staff treated them well. One person who used the service told us, "It's great here. I get looked after by the staff. I'm well treated and the food is marvellous."

Relatives spoke positively about the caring attitude of staff and how people were treated with dignity and respect. One relative told us, "Everything is more than okay here. I feel so pleased [family member] is in this home. The staff are unbelievable. I have recommended this place to other people without hesitation."

A healthcare professional who was visiting the home during our inspection told us, "The staff are so caring. I would put my mam or dad here."

We saw numerous examples of kind and caring support being delivered. For example, one person was celebrating their birthday and staff had arranged for them to have a birthday cake at tea time. Staff asked other people who used the service if they wanted to go to the shop to choose the person's birthday cake. One person told us how they often liked to go out with staff to the local shops to do this as it made them feel important.

Staff stopped and chatted with people as they moved around the building. Conversations were professional but friendly and relaxed, and it was clear that staff knew the people they were supporting well. Staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff had a good understanding of what was important to people who used the service and supported people to do the things they enjoyed and also encouraged independence with daily living. For example, going to the local park or shops, setting the dining tables and helping out in the laundry and kitchen. Staff talked about people who used the service with affection and respect. One staff member said, "We're like one big family here."

People were happy and relaxed at the service, and staff worked hard to create a homely atmosphere. Relatives we spoke with commented on this. One relative told us, "It's definitely a home from home." Another relative said, "We're always made to feel welcome when we visit. I know the staff really well now which helps."

The service had received 26 thank you cards in the last year. Comments included, 'To all the wonderful dedicated people who work at Belle Vue House, no words can say how much I appreciate the love you gave to [person]. You all became his second family and looked after him as a family would,' 'We couldn't have asked for more' and 'Absolutely brilliant duty of care – highly recommended.'

Each person was given a residents' guide which contained information about all aspects of the service

including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Five people used a local advocacy service.

## Is the service responsive?

### Our findings

Staff were extremely effective at providing people with access to a fantastic range of activities. People and relatives were extremely positive about the range of activities and themed events which were available. A person who used the service told us, "We have tremendous fun."

A relative said, "This home is outstanding because everyone is absolutely fantastic from the kitchen staff to the manager. The activities are fantastic. The atmosphere is lovely and staff are really aware of people's needs and how to respond. Staff talk to people all the time, it's more than a job to them. It's a home in every sense." A health professional who was visiting the service during our visit said, "People get fantastic care here and residents are always involved in excellent activities which is good to see."

The deputy manager told us how they liked to make a "big thing" of dignity awareness day by having a themed day to make it special. This year's theme was 'American diner.' People told us how they enjoyed burgers, chips and milkshakes and staff dressed up in rock and roll outfits. The entertainment was provided by an Elvis impersonator and people said it was "brilliant." The registered manager told us how the deputy manager and staff often gave up their own time to make props and costumes for such events.

When a person who used the service suggested turning one of the rooms downstairs into a vintage tea room this was discussed at residents and relatives meetings and agreed. People who used the service were involved in choosing the décor and layout of the room, and the person who initially suggested it officially opened the tearoom by cutting a ribbon. This person told us, "It was great."

A programme of special events was planned for the year ahead which people told us they really looked forward to. Previous events included afternoon tea for mother's day, a St Patrick's day party, an Easter bonnet parade and party and a seaside day when people enjoyed eating fish and chips sat in deckchairs and a puppet show in one of the communal lounges. Photographs were taken at these events and were put in an 'our year in pictures' album for people, their families and staff to enjoy.

Day to day activities included card games, going for a walk, watching horse racing, poetry, bubble baths, manicures and facials. People also enjoyed a book club, meeting friends for coffee, shopping, sitting in the front garden, listening to music, movie and popcorn afternoons and making cakes.

Activities were also arranged on an ad hoc basis. During our visit the weather was nice so staff supported people who wanted to go to the local park for an ice cream. People said this was great.

The deputy manager and activities co-ordinator took the lead on activities, but we saw the full staff team were involved. The deputy manager told us, "We expect all staff to support people to enjoy meaningful activities."

The deputy manager said the provider and registered manager were very supportive of activities at the service. When people started using the service the activities co-ordinator spoke with them about their

interests and used this information to help plan activities they would enjoy. They also kept records of people's participation in activities and whether they enjoyed them, which helped them to tailor activities to people's individual preferences.

The service had excellent links with the local community and the management team were continually looking at ways of expanding and developing this. Previously staff had organised a street party for the Queen's birthday. At Christmas time staff had arranged a 'Polar Express' themed event with decorations outside the home. Members of the local community had been invited to attend these events. This had been a tremendous success and enjoyed by people who used the service and local people alike. The registered manager told us how a local family attended the Christmas event and later returned to the service with Christmas cards for people which people really enjoyed.

The service had recently begun to sponsor a local children's football team. The deputy manager told us how they planned to take people who were interested to watch the team play. They also planned to invite the team in after their end of season awards ceremony so the children could bring their trophies in to show people.

Staff had set up a befriending service in partnership with Age UK. During our visit we spoke with two volunteers from Age UK who said they had been made to feel very welcome at Belle Vue House. One of the volunteers told us, "We're trying to get the community involved by recruiting befrienders to go into care homes as part of our 'friends and neighbours' project. We're also working with local schools to get them to go into care homes. [Registered manager] was on board with this project straight away. They told us how [person] never gets visitors so now we have a volunteer who visits them every week."

Staff demonstrated an excellent understanding of the needs of the people who used the service. They were extremely effective at responding to the needs of people. Staff told us and we saw lots of examples of this. For example one person told us, "I feel a bit off so I don't want my lunch today." We saw how staff later asked this person if they wanted a sandwich. They were given a choice of sandwiches and the chef brought it into the manager's office as the person was talking to the manager. They enjoyed the sandwich very much and said, "[Chef] is a great fella. He's absolutely smashing."

Staff told us how one person could become anxious in the afternoons so they tried to engage them in an activity to divert their attention. During our visit we saw this put into practice when staff supported a person to go for a walk when they became anxious. When they returned the person said they had enjoyed their walk and felt much better.

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they liked to be supported to go to bed.

Care plans were detailed and personalised and contained risk assessments which were detailed and specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way.

People's care plans also contained personal details such as their life history, hobbies and interests and their



likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life history and preferences which they said helped them to provide personalised support and helped them get to know people better.

Care plans were reviewed regularly to ensure they reflected people's current needs and preferences. People and their relatives told us they were involved in care plan reviews. One relative we spoke with said, "I'm always involved and kept up to date with everything, even the slightest little thing is passed on. This is particularly important to me as I live abroad."

The provider had a complaints procedure which was included in the residents' guide and given to people when they moved into the home. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

Two complaints had been received since the last inspection. These had been dealt with in a timely manner in line with the provider's policy. The registered manager had written to the person and outlined the steps they had taken to address their concerns. The registered manager told us the person was satisfied with the way their complaint had been handled. Nobody we spoke with had needed to complain but they all said they wouldn't have a problem speaking to the registered manager or any of the staff if anything was wrong. This meant the procedures in place to manage complaints were effective.

# Is the service well-led?

## Our findings

The registered manager had worked at the service for more than 30 years, and was supported by the deputy manager who had also worked there for a long time. There was a clear management structure in place and staff understood who they reported to. Notifications of changes, events or incidents that the provider is legally obliged to inform us of were made appropriately.

Staff spoke positively about the registered manager and deputy manager. One staff member told us, "[Registered manager] and [deputy manager] are great. They're both really approachable and supportive."

Staff told us there was an open and positive culture at Belle Vue House. One staff member commented, "We're open with residents, families and each other. Our priority is always the residents. When they're happy, we're happy."

People and relatives we spoke with knew the registered manager and the deputy manager well. One person who used the service told us, "[Registered manager] is great. She's a lovely lady, really kind and [deputy manager] is a lovely person too. You can speak to them any time." A relative commented, "The manager and deputy are both very approachable and are a good team together. The management team are good and all the staff work well as a team." People and relatives told us the service was well-led and they would recommend Belle Vue House to others.

Staff told us they had plenty of opportunities to provide feedback about the service. Staff meetings were held monthly. Issues covered included staff training, activities and care records. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were also sought via an annual survey.

Staff told us how the provider's annual awards ceremony was taking place in a matter of weeks. This generated excitement and staff proudly told us how the registered manager, deputy manager and the full staff team at Belle Vue House had been nominated for awards. A staff member told us, "It's lovely to be nominated." After the inspection we were told the registered manager, deputy manager and the full staff team at Belle Vue House had all won awards much to everybody's delight.

People's feedback was sought regularly via residents' meetings, regular care planning meetings and an annual survey. The results of the most recent survey published in March 2017 were overwhelmingly positive. Out of 11 respondents 100% said they felt safe, the home was well maintained, people's privacy and dignity was maintained, the care was good and the registered manager was visible.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. For example, a recent audit identified some maintenance work was needed in the room where medicines were stored to ensure the area could be cleaned effectively. When we visited the service this work had been carried out which

meant audits were effective in identifying and generating improvements.