Louth Care Limited

The Wolds Care Centre

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

We inspected The Wolds Care Centre on the 19 & 21 January 2016. This was an unannounced inspection. The service provides care and support for up to 66 people. When we undertook our inspection there were 64 people living at the home.

People living at the home were mainly older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss. The home also provided end of life care.

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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was no one subject to such an authorisation.

There were sufficient staff to meet the needs of people using the service and the deployment of staff at busy times was being reviewed by the provider. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

People's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs and deployment of staff at busy times was being reviewed.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Good

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

Is the service responsive?
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day and people told us how staff helped them spend their time. The provision of activities for people with memory loss was being reviewed by the provider.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good

Is the service well-led?
The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Good

Summary of findings

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The Wolds Care Centre

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 the 19 & 21 January 2016 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor in dementia 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 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 improvement they plan to make.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority and NHS who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health care professionals during our visit.

During our inspection, we spoke with seven people who lived at the service, nine relatives, eight members of the care staff, a trained nurse, a cook, an activities co-ordinator, a hairdresser, the deputy manager, an area manager and one of the providers. We also observed how care and support was provided to people.

We looked at 12 people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and did not have any concerns about the staff who cared for them. One person said, "The girls always explain and I do feel safe when being moved. The girls do know what they are doing and they take their time with me." A relative said, "I know [named relative] is safe when I leave." Another relative said, "I can go home and know that [named relative] is safe and well looked after."

Several people were experiencing disorientation due to their diagnosis of dementia. They were re-directed to their rooms or a sitting room in a calm manner by staff that ensured they were safe. Staff knew each person's needs and told us how they ensured people were safe. This included having the correct foot wear which was not torn, ensuring tyres of wheelchairs were inflated and people were safe to walk unaided. This was reflected in people's care plans.

Staff were aware of the signs of abuse and the action they should take if they identified a concern. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral. Staff had received training in how to maintain the safety of people.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings when actions needed to be revised. We saw the monthly accident logs for 2015 and the accident summary which gave an overview of the accidents and incidents which had occurred and what action had been taken throughout the year. This corresponded with people's care plans we reviewed.

Individual risk assessments had been completed for people to assess their risk of developing pressure ulcers, falls, moving and handling and nutritional risk. These had been reviewed at least monthly and more frequently when people's needs had changed. For example, where people were having a series of falls. This had taken into consideration the accident analysis of each person and other factors such as a deteriorating mental capacity. Support had been changed for each person according to their individual needs when required. Where people were at risk to themselves and others due to their behaviour, instructions had been clearly written on how staff should help them manage their needs. Where necessary behaviour monitoring charts were in place to help staff see if there was a pattern or a trigger to set off a person's changed behaviour to others. Staff told us this helped them understand the person and ensure they and others lived safely at the home.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and how they required to be moved. For example, needing extra reassurance if an emergency happened. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. People knew the fire alarms were tested weekly and explained they could hear them through their bedroom doors.

Moving and handling equipment was available in line with people's individual requirements. We saw these had been maintained on a regular basis and all passed as safe to use. We observed that when people needed assistance to move about the building staff ensured their walking aids were safe to use. Pressure relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers. A system was in place to ensure they were correctly inflated and safe to use.

People told us their needs were being met. However, people and relatives told us that at times the staffing levels could be better. One person said, "It is all fine, but things do seem to fall down if the day staff and night staff do not get on, it all depends who's on." One relative told us there was a lack of consistency between the levels of care from day to night.

Staff told us there were adequate staff on duty to meet people's needs, but the deployment and skills mix sometimes needed addressing. One member of staff said, "Two of the units are hard work. If everyone is on then it is ok." Another staff member said, "It's really busy for the nurses as there is usually only one on duty." They said the senior staff always tried their hardest to ensure sufficient

Good

Is the service safe?

staff were on duty to cover short term absenteeism such as sickness. Staff told us they all worked as a team in all departments. We saw on the rotas where attempts had been made to cover shortfalls in staffing levels, which in the majority of cases had been successful.

The area manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The last calculations were completed in January 2016. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed. The staff rota showed that the estimated number of care staff hours was over what had been calculated. The area manager and other staff informed us of the new rota which was due to be used which took into consideration skill mix of staff and how staff were deployed throughout the home. This was because the provider had been successful in recruiting new staff throughout the home.

We looked at two personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The registered manager checked the details of all the nurses who were on the Nursing and Midwifery Council (NMC) register to ensure they were safe to practice and held a valid registration.

People told us they received their medicines each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed. One person was able to take their own medicines. We saw they had been assessed as being safe to do so and regular checks made to ensure they were capable, willing and able to take them.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they used this to inform themselves about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

Pre-admission assessments had been completed for people to assess their care and support needs. Each care record had a personal profile to provide key information about the people and contact details of their relatives. People's preferences on a number of topics had been recorded; for example, what time they would like to get up in the morning.

A staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. This ensured they had the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files. The staff member told us how their induction programme had been suitable for their individual needs.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. This ensured the staff had the relevant training to meet people's specific needs at this time. Staff told us the course they would like more information about was in looking after people with dementia. They said the course they had completed was a basic course and they would like to expand their knowledge base. The provider had only recently committed themselves to the new Care Certificate, which is a common induction programme for all staff. They informed us of their intentions to ensure old and new staff would complete the certificate.

Staff told us they could express their views during supervision and felt their opinions were valued. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2015 and 2016. This gave the dates of when supervision and appraisal sessions had taken place and what was planned. The records included training which had taken place and planned. Staff confirmed these had occurred.

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 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). There was no one currently in the home that had an authorisation order in place.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Where an application had been submitted to the authorisation body for DoLS, this was clearly stated in the care plans.

An action plan was in place to record when applications had been submitted where a person's liberty had been assessed. When a person had appointed a relative to have power of attorney over their care, welfare and financial matters a copy was in the person's care plan. This ensured staff were aware of who to contact about the person's needs.

People told us that they enjoyed their meals. One person said, "The food is good." Another person said, "I enjoy my meals and I can always have seconds, if I am still hungry. "There were menus on display on the day of our visit on each table. These were in word format only and would therefore restrict the information for some people who could not read or had English as their first language. All tables had been set out with flowers, cutlery, condiments and jugs of juice and glasses. We observed some jugs did not have lids, which some relatives told us they had noticed on some days. This could pose a health risk if debris was to enter the jugs.

People could sit where they wanted to. Some choose to remain in armchairs. The lunch time meal we observed contained freshly prepared vegetables and two main course dishes. Some people needed assistance to eat. This was done in an appropriate way, with staff concentrating on each person, giving encouragement and maintaining eye contact. Hot and cold drinks were served throughout the day. Staff knew how each person liked their drinks served. Relatives told us staff invited them for meals and

Good

Is the service effective?

were always offered drinks. At the main entrance was a coffee bar where relatives could help themselves to drinks, for a nominal charge. We observed some relatives and other visitors chatting in this corner and giving support to each other.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. The kitchen also kept copies of people's likes and dislikes.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of health treatments. For example, one person was being encouraged to walk after surgery. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people required help with exercises from a physiotherapist and what had been prescribed. Also when people had been re-assessed for their continence needs and what advice had been given.

Good

Is the service caring?

Our findings

People told us they liked the staff and were well cared for by them. One person said, "Care is really good." Another person said, "It's where I want to be." Another person said, "The carers are so nice to me." One person said, "Care is spot on." Another person said, "Carers are so good."

Relatives told us they had good relationships with staff. They told us there were good lines of communication. However, they said at times some management staff could be a little friendlier. One relative said, "Sometimes they just look through you." We clarified with them which staff so the provider could take the necessary action if required. Relatives described staff as "very loving" and "caring".

We observed that staff showed kindness and respect for people. All the staff approached people in a kindly, non-patronising manner. Staff spoke to everyone in a caring and calm tone of voice and manner. They made eye contact when speaking with people. We observed staff interacting positively with people and knocking on doors before entering bedrooms.

Staff attended to people who were distressed in a calm manner and offered them a more private space to discuss their needs. For example, one person was distressed about when a meal time was due to start. They were reassured and gently reminded of the time throughout the morning.

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "I can choice when I get up and when I go to bed." Another person said, "If I prefer to stay in my room I can, it's my preference which staff accept."

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, where they wished to sit in different rooms and the right to refuse a bath or shower. People's daily requirements and wishes were recorded in the daily notes.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side. Call bells were answered promptly throughout the day. People told us this always happened. One person said, "Answering call bells vary, not too bad." Another person said, "The call bells do get answered ok."

Staff ensured when moving people about the home who could not do so unaided that their dignity was persevered. We saw staff adjusting people's clothing and foot wear to ensure they were safe. When staff were to undertake a personal care need of people they ensured that doors were closed to allow each person dignity.

People told us they could exercise their own independence when their health needs permitted. This included going out with relatives and friends. Moving freely around the home and grounds. They told us they used the library and themed room as a place to meet friends and be quiet. We observed all those events happening during our inspection. They told us staff respected their wishes, but knew they could depend on staff to help when needed.

Relatives we spoke with said they were able to visit their family member when they wanted. Some visited every day. They said there was no restriction on the times they could visit the home. People told us they often went out with their relatives.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. People told us staff had talked with them about their specific needs. This was in reviews about their care, meetings and questionnaires. They told us they were aware staff kept notes about them and were involved in the care plan process. This was confirmed in the care notes we reviewed.

Relatives told us they were generally involved in their family member's care for those who could not make decisions for themselves, with the exception of two people. Relatives told us there were good lines of communication between themselves and care staff. They described staff as easy to talk to. Relatives were aware that staff kept care plans for their family member and if those relatives were acting for that person could have access. One relative said they did not want to see the care plan. One relative had not had access to their family member's care plan so we asked them to clarify whether they could with the care staff.

Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, which people liked to use the conservatory or reminiscence room. Staff were aware of which other health and social care professionals were involved in people's care. For example when meetings had been set up with the local authority care management team and with opticians. This was confirmed in the care plans.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily. This included checking on the completion of food and fluid charts, any appointments people were required to attend and ensuring anyone who had asked for a bath or shower received it. We observed a shift handover on one unit. There was time for staff coming on duty to ask questions of staff going home to clarify issues.

Care plans contained a personal profile providing information about the person and were stored on a computer and in paper records. We looked at both. There were a range of care plans to indicate people's care and support requirements and each contained person centred information. For example where someone nursed in bed required to be turned on a regular basis to prevent pressure ulcers. Daily notes reflected the care being given and charts described the condition of a person's skin and if they had refused to be turned. Each care plan had a lifestyle passport and a section entitled "all about me", describing what the person had achieved in life and what they liked doing now.

Staff had recorded when they had accessed the advice and support from other health care professionals. For example, when someone had continence problems. Staff had pursued the help of appropriate health care staff to ensure the person could be assessed and treatment commenced if required. In another care plan a person had problems maintaining their weight due to an illness. Staff had engaged with other health professionals to ensure a suitable method of supplying food in a form tolerated by the person had been obtained.

Since our last inspection staff had engaged over the last year with other health care professionals to ensure appropriate assessments and documentation was in place for those whose life was drawing to a close. The Do Not Attempt Cardiac Pulmonary Resecusitation (DNACPR) forms were now in place. A protocol for staff to follow had been developed to ensure all forms were valid and contained information about each person and their wishes.

Health and social care professionals we spoke with before and during the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions. They told us staff were willing to engage with them to ensure people's health and wellbeing was being maintained.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. We asked people about day trips out, but people told us these rarely happened. People told us they really enjoyed the chair keep fit sessions, which we saw on the programme occurred three times a week. One person said, "I always look forward to the exercise classes." A church service was offered once a month. Staff told us that if someone wanted to join in a group activity that had memory loss they were usually accompanied by a staff member so as not to disrupt the group if they wanted to leave. We saw one person being escorted to an exercise session, which they appeared to enjoy. We observed a craft

Good

Is the service responsive?

session in the unit where people had memory loss, which they and the relatives appeared to enjoy. A questionnaire had been sent out in January 2016, one of three in the past year. This gave people the opportunity to tick a list of what activities were on offer to say whether they liked or disliked them and space for them to add what they would like to do. Staff told us this formed the basis of what activities were offered.

We saw on the programme that staff could help people with events such as crosswords, word games or other games at weekends. This was because the activities co-ordinator did not work at weekends. People we spoke with were vague about when these happened. People also enjoyed the hairdressing sessions. The provider had ensured a hairdresser visited the home three times a week, which gave people a choice of times and days. We observed people seeming to enjoy their sessions with the hairdresser and there was a lot of banter and laughter during the sessions.

The home had a dedicated activities room where people could attend classes, events or come on their own to complete craft and art work. A programme of events was displayed. These included arts and crafts and bingo. There was a separate cinema room on the top floor for movie afternoons. Staff told us people also liked the sessions where clothes and shoe firms visited the home, called "clothes for you" sessions. Staff told us people liked to choose their own clothes and shoes and for those unable or unwilling to leave the home this was a good interactive afternoon. We also saw details of purchases which had been made for people who did not wish to leave their rooms. This included model railway kits and books on specific history topics. We saw some of those items in people's rooms.

Staff interacted with people in their bedrooms and were observed sitting and talking to people. Some people who liked to remain in their rooms each day had visitors. Two people told us they did not like to mix and enjoyed their own company. There was no evidence of dementia friendly activities being planned, but we did observe staff speaking with people about their lives and commencing a singing session, which people appeared to enjoy. A room had been developed with a 1960's theme with furniture, artefacts, music and books. People with memory loss were seen to visit the room and banter with each other and look at the books.

A newsletter was produced bi-monthly. This included information from the registered manager about the running of the home. It also reminded people of forth coming events, successful visits out, poems, quizzes and birthday celebrations. This was on display around the home and staff told us they could produce it in other formats such as large print and other languages. It gave details of the residents meeting and committee, which included people who lived at the home and relatives as well as staff.

There was a mixed response from people about the complaints process. However, people told us they were happy to make a complaint if necessary and felt their views would be respected. Some people knew how to make a complaint, but were unware that the process was included in the service users' guide. Two people we spoke with had made a formal complaint since their admission. They told us that senior staff were engaging with them and they knew they could contact outside agencies if matters were not resolved. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. The complaints log detailed any concern which had been raised since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings in 2015. Staff told us how they would handle complaints, which followed the provider's policy. One staff member said, "A resident did want to make a complaint and it was dealt with straight away. The deputy was involved, and the resident was now happy, and that's how they always dealt with complaints."

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Good

Is the service well-led?

Our findings

There was a registered manager in post. However, this person was in the process of leaving the company after a short time in post and the area manager was now supporting the home on a daily basis. People told us they were well looked after, could express their views to staff and felt their opinions were valued in the running of the home.

People who lived at the home and relatives completed questionnaires about the quality of the service being received. Some people told us they had recently completed questionnaires. People told us they felt their comments were listened to and acted upon. For example, providing more books and other reading materials. A questionnaire entitled "one to one survey" was being distributed to people during our visit. This includes topics such as the environment, daily life and health and well-being. Staff told us it was one of three sent out each year.

People and relatives told us they attended regular meetings. The next one was displayed on the notice board. The last meeting had been held with people who used the service and relatives in December 2015. Topics such as activities, staffing levels and meal times were discussed. Relatives told us they felt involved in the home.

Staff told us they worked well as a team. One staff member said, "I can voice my opinion and can attend staff meetings." Another staff member said, "Staff are genuinely friendly." Staff told us staff meetings were held. We saw the minutes of meetings held in October 2015 and November 2015. They said the meetings were used to keep them informed of the plans for the home and new ways of working. This ensured staff were kept up to date with events. The deputy manager, the area manager and one of the providers were seen walking around the home during our inspection. They talked with people who used the service and visitors and knew a lot about each person.

There was sufficient evidence to show the area manager had completed audits to test the quality of the service throughout the last year. These included medicines, care plans and infection control. Staff were able to tell us which audits they were responsible for completing. Where actions were required these had been clearly identified and signed when completed. This included trends identified such as call bell improvements and checks on equipment. The ratings given at the last inspection by CQC were on display in the main reception area.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The deputy manager and area manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The area manager for the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.