

Colten Care (1993) Limited

Brook View

Inspection report

Riverside Road
West Moors
Ferndown
Dorset
BH22 0LQ

Tel: 01202891333
Website: www.colten-care.co.uk

Date of inspection visit:
15 June 2016

Date of publication:
05 August 2016

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 took place on 15 June 2016 and was unannounced.

Brook View is a 56 bedded, purpose built, care home that provides accommodation and nursing care. At the time of the inspection there were 48 people living at the service.

The last inspection of the home was carried out on 17 January 2013. No concerns were identified with the care being provided to people at that inspection.

There was a new 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 and staff said they were looking forward to getting to know the new registered manager and were aware they had many years of experience to bring to the home.

People living at Brooke View told us they were very happy with the care and support provided. They said the registered manager and staff cared about their personal needs and preferences. One visitor told us "There are always plenty of staff around, bells seem to be answered quickly".

The risk of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of people's personal needs, likes and dislikes. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care and/or a relevant representative. People's needs were discussed with them regularly as the 'resident of the day' and any changes agreed. All care plans included the person's written consent to receive care. One care plan had a section that had been written by the person, informing staff how they wished to be supported if they no longer had capacity.

The mealtime experiences were seen as positive for people living in the home. Throughout the day, snacks and hot and cold drinks were offered to all. If people wished to receive alcoholic beverages, these were provided before the lunch was served. There were smaller lounges and a café where people could have more intimate meetings with their visitors.

People were able to take part in a range of activities according to their interests. Activities included trips out, arts and craft, signing and cooking. One person said "There is always something going on here". A staff member said "We have some amazing days out".

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs.

All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice. The registered manager was supported by a regional operations manager who supported them with their one to supervision and identifying day to day issues in the home.

Each person received a copy of the complaints policy when they moved into the home. None of the people we spoke with had any complaints about the quality of care they received at Brook View.

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 systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

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

Good ●

Is the service well-led?

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

Good ●

Brook View

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.

The inspection was completed by two adult social care inspectors and was unannounced.

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 held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided by the agency.

During the inspection we spoke with 12 people and three visitors about their views on the quality of the care and support being provided. We spoke with the register manager, quality assurance manager, and operational manager. We spoke with six staff members including a care coordinator, activities coordinator, the chef, and catering staff. We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included six care plans, six staff personnel files, the records related to the administration and storage of medicines, minutes of meetings and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People told us they felt safe living at Brooke View. Relatives also told us they thought their family members were safe. One visitor told us "There are always plenty of staff around, bells seem to be answered quickly". One person told us "I do suffer from becoming anxious, but stay calm now as I know there is always someone around to help me". Another person's when asked if they felt safe told us "We all seem very well looked after, I like to go for a walk every day, they [staff] know I am safe and so do I".

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and some were seen wearing call pendants which enabled them to summon assistance when they needed it. One person said "When I am not well the staff always make sure I have my call bell by my side." Another person said "Staff encourage me to wear this pendent if I am away from my room as I have fallen before".

People were supported by sufficient numbers of staff to meet their needs and keep them safe. One person told us "There are enough staff, when I ring my bell staff come quickly, sometimes two of them if they think I might need support". Staff told us they were happy with the rota and felt there were sufficient staff to support people at all times. Rotas showed, over a four week period, when staff rang in sick or were on annual leave, staffing levels were maintained to meet the needs of people.

Risks of abuse to people were minimised because recruitment procedures were followed. The recruitment records 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. Staff files showed new staff did not commence work until all checks had been carried out. Staff members spoken to confirmed the registered manager had obtained references and a DBS before they started work.

People were protected from potential harm because staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk. The registered manager said "We have developed close links with the local safeguarding team for any support or advice. Our staff are aware of the procedures to follow and they maintain the safety of people at all times".

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. The care plans contained information about risks and how to manage them. A member of staff discussed how risk assessments are put in place for people deemed at risk they said "If I felt worried someone was at risk, I would discuss with the head of care or registered manager". They gave an example of the person's care plan being changed when they had identified a new risk, they said "A new risk assessment was completed and discussed. Now two members of staff support the person to keep them safe when supporting them to be mobile".

People that needed support with moving and handling procedures were seen to be supported by staff who understood how important it was to speak with people, reassuring them through the process and ensuring they were comfortable and in the correct position at the end of the transfer.

A heads of department meeting was held every morning, where crucial information was shared so everybody was aware of any risks. The home had a 'resident of the day' scheme. The resident's welfare was discussed in detail by all heads of department. Different staff throughout the home linked in with the person who was the 'resident of the day' in regards reviewing their care. The reviews included observations on health, general wellbeing and to discuss and hear about the person's experience of using the service. Any changes in need were relayed back to the head of care, who informed us this information would then be transferred to the person's care plan.

Where people were at risk of weight loss this was highlighted in the care plans. Staff used a recognised Malnutrition Universal Screening Tool (MUST) to assess risk. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

Medicines were administered by registered nurses and senior care staff. All staff administering medicines had received training in the correct procedures to follow. A competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage. One person told us "I used to do my own medicines but sometimes didn't take all of them. The staff are good and always tell me what the tablets are for so I take them all now".

People, their family and visitors were protected from risk as regular maintenance checks took place on equipment used in the home. The registered manager told us a health and safety manager ensured all equipment was inspected and serviced in accordance with statutory requirements. Certificates were seen in the reception area of the home.

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us "I am free, I can come and go as I wish, I'm more than happy, it's a lovely home". Another person said "It is good care, night staff always check we are ok, that makes me feel secure". Visitors also felt their relatives were being looked after well, one visitor told us the care people received was "consistently good".

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff confirmed that they were not allowed to work alone for a period of at least two weeks, this was followed by the shadowing of more experienced workers until they were seen to be competent with the correct skills and knowledge.

Staff told us training opportunities were good, and they were able to undertake further training in health and social care and subjects relevant to supporting people who lived at the home. Staff were positive about their training opportunities and felt they were supported to develop and progress within the service. One member of staff who was completing a nationally recognised qualification told us "It is really good, it make me recap over what I have learnt in the past and understand how legislation has changed". Another member of staff discussed how dementia training had widened their understanding of supporting people living with dementia.

The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA).

Care plans clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent. Staff confirmed their training had included the Mental Capacity Act 2005. The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the appropriate people. Staff knew how to support people if they were unable to make a decision, and respected people's legal rights to make choices and lifestyle decisions for themselves. One person told us "I have put controls in place to protect me in the event I lose capacity".

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Documentation was seen where decisions had been taken which were the least restrictive and in the person's best interest.

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). 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 where DoL's applications had been made, best interest meetings were held with the appropriate legal representatives, family and healthcare professionals. Following these meetings best decisions outcomes were made and recorded in the person care plan. The registered manager evidenced the correct procedures had been followed.

Staff received regular 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.

People's nutritional and hydration needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where concerns were identified, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified, food charts were in place to evidence people's intake. The chef liaised with the head of care on a weekly basis to review the dietary needs of people. People were supported by waiter/waitresses providing fluids and snacks throughout the day as well as providing a service at meal times.

We observed the lunchtime meal. Most people went to the main dining room for meals. Tables were set up to accommodate smaller groups. One person said "We have a lovely time in the dining room, we have a really good gossip and catch up over lunch". The dining room was very well presented with tables laid appropriately. We found people relaxed and enjoying social interaction with each other and with staff. Different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their food. People who did require assistance with their meal were offered encouragement and prompted sensitively. We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. People were all very complimentary about the food. If people wished to receive alcoholic beverages, these were provided before the lunch was served.

People who were less mobile and had their meals served in their rooms. People were seen to receive support which enabled them to receive good meal time experiences. The staff did not rush people allowing them sufficient time to eat and enjoy their lunch. Meal times were staggered to enable staff to support people in a timely respectful manner. If people chose not to have their meals they were reassured their meals would be kept hot or alternative arrangement made for them.

People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. For example care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

One person told us "I can't fault living here, it is very clean, food is good, and as for the staff I can't fault them either". Another person said "It's wonderful here, they are all very kind helpful and respectful. Another person told us "We all have a laugh, it doesn't matter what you want, or what time it is someone will help you".

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly. People chatted in small groups or relaxed in smaller lounges reading, using computers or writing correspondence. Cheerful interactions were observed throughout the day. One person said "When a member of my family died the staff were so lovely they really looked after me, and helped me through a terrible time".

The home was spacious and had a number of smaller lounges for people to relax in. One person told us they enjoyed being able to sit and read quietly, they said "Nobody bothers you, it can be very relaxing reading in the small lounges". People had access to a café where they could sit with visitors and make their own drinks. Cakes or biscuits were available throughout the day. One person told us "When my friends come to visit we enjoy the café or, I ask for room service and we have dinner in my room. They [staff] set up a table and chairs. We call it our dinner date."

Throughout the day we observed waiter/waitress staff offering people fluids and snacks. They all had a very kind, caring approach. We saw they always knocked on doors and checked people were not receiving personal care before they went in. People who remained in their rooms also received regular interactions from staff throughout the day.

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. The registered manager informed us "We ensure all our staff treat our residents and visitors to the home with dignity, compassion, kindness and respect. All people have named nurses and key workers which enables them to have someone to relate to. One member of staff spoke of a mutual understanding and support of a person they were linked with. They told us they had supported the person to adapt to keeping independent following an illness. They told us, "This is an enabling environment, I am happy to support [person's name] to adapt to doing things differently." They explained they felt their own experiences of living with different abilities had helped the person to come to terms with what they originally saw as a loss of skill. They said people are learning they can still do as they wish, but in a different way. They said "We support each other to do tasks, it can be quite fun at times".

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. People were seen to move freely around the home. A lift was available to assist people with all levels of mobility to access all areas of the home.

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. One person told us "I have lots of my personal items from my home, pictures on the walls, lots of personal memories for me to remember and enjoy". Another person told us "I love my room, it is light and airy and I was able to bring lots of my lovely things from home with me".

The home had recently held a garden party to celebrate the Queen's 90th birthday, one member of staff said "We organised a garden party everyone worked so hard, but it was worth it as it was a lovely day". One person said "It was a lovely celebration, I joined in for a while and then watched everyone having fun from my room." "I have a lovely room with a view across the garden. We had a garden party at the weekend and I went out for a while, but then came back in. I could still see what was going on".

The registered manager told us in their PIR "The home follows the five company values, friendly, kind, individual, reassuring and honest. They said staff were aware of the values and literature was available in the reception area for people to read. Photo albums were also available for people to see what events had taken place at Brook View.

Compliments seen included comments "Thank you for the warm welcome and support, kindness and time given to us". "Thank you for arranging to take [person's name] to our daughter's wedding, [staff members name] was so confident and caring".

Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time, for example. One person said, "I come and go as I please, I tell the staff if I am not happy, generally it is ok but I let them know if it's not".

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager only accepted an admissions if they felt they could meet their needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. They said if they felt they could not offer a service they could signpost them to other homes that may be able to meet their needs.

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. The registered manager told us, people's care plans were created and reviewed with people. One visitor told us "The assessment process was good. We came along for a visit first". People were involved or consulted about their care plans and people and/or their advocates had signed to say they agreed with them. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

Each person had their care needs reviewed on a regular basis. The registered manager stated in their PIR "We meet people needs through our person centred approach. Heads of care monitor the care planning through our audit process on a monthly basis". People told us they were involved in their care planning. One person told us "I am in control of my support and I will be interested to read the inspection report". A staff member told us they treated people as individuals, they gave an example of one person receiving little support to eat, they explained "We keep an eye on [person's name] from a short distance as we know they don't like support and will eat more if we are not there." We saw one person needed hourly support, reminders were in place in the nursing station for staff to check the person on an hourly basis. We observed this practice being completed discreetly throughout the inspection.

There were ways for people to express their views about their care. People's views were sought through resident meetings, meetings with the chef and annual questionnaires, families were also asked for their comments and if they could suggest any improvements. People told us they were consulted regarding a charity to support each year.

People's needs were responded to on a daily basis. Heads of departments met each day at 10am. The registered manager told us it was an opportunity for heads of departments to get together to update, share and discuss what was happening in the home. Records showed items on the agenda for discussion included, admissions, 'resident of the day', new staff, complaints and concerns.

The registered manager and staff ensured people were able to take part in a range of activities according to their interests. As well as a full time activities organisers the service employed 'Colten Companions.' The registered manager told us. "Our companions visit people in their rooms to ensure people were not isolated if they were unable to enjoy the main activities". A staff member told us they talk often read the paper to people and discuss current affairs, help people to do activities of their choice, or to just provide company when the person could not get down to socialise with other people in the home.

There was a full and varied activity programme. Activities took place 7 days a week. On the day of the inspection people were seen to enjoy being entertained by an opera singer. People told us there was "Always something going on". An activity coordinator told us "We like to find out about people's interests when they first move into the home. We have some amazing days out". People confirmed they enjoyed many trips out, one person told us "We are off to the New Forest for a picnic". Another person talked about looking forward to the mystery tour. The activity coordinators told us "It's all about getting people involved and having fun, we do all sorts, arts and crafts, cooking, we will do our best to provide a full and active programme".

The registered manager told us they ensured people remained involved within their local community. The home is involved with a local charity each year, This year people living at the home had chosen Shelings. Shelings is a school, college and children's home for children and young adults with severe, complex and moderate learning difficulties and disabilities. People from the home have been to Shielings to see for themselves what the school provides. The registered manager told us "People interact with the young people and get to know them, they do activities with them".

Each person received a copy of the complaints policy when they moved into the home. None of the people we spoke with had any complaints about the quality of care they received at Brook View. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Is the service well-led?

Our findings

People and staff told us they found the management team at Brook View supportive. People and staff said they were looking forward to getting to know the new manager and were aware the registered manager had many years of experience to bring to the home. One person said "There is a new manager in place, she is often around with her little dog, and she seems very nice". A member of staff said "The manager is lovely and has a reputation of being very good at her job. It feels like we are going to be well supported". Another member of staff said "The registered manager has made improvements already, she has a very good reputation, homely and approachable". A visitor told us "We have met the new manager before. She will be good for the home, she listens".

Although the registered manager was relatively new to Brook View they had been responsible for another of the provider's homes for many years. They told us, "It had been a pleasure taking over this home. I have a bench mark to aim for in running this home. They explained they had completed their action plan since taking over the home in twelve weeks, instead of the allocated 6 months. They said "I have completed shifts on days and nights to see what people's experience of support is. I believe a good home is run from the top down. I need to see what it is like for people and staff working and living here Along with the head of care, the registered manager was working shifts, out of hour duties, they said "People have found this strange but also have enjoyed having the management team being on hand offering support."

They informed us they planned to get to know all involved in the home, and to ensure the "Colton values were followed friendly, kind, individual, reassuring and honest". They explained the previous manager and head of care had left within a few months of each other. They felt the home was "beginning to settle down again" after a short period of uncertainty.

The registered manager informed us in their PIR "Quality audits ensured they were achieving compliance and meeting Carlton Care standards of care and values". They believed staff training would be a priority to enable them to "empower staff and support them in their roles". Minutes from staff meetings showed the meetings were structured to ensure staff were able to be open and honest and discuss any matters. The registered manager told us they planned, with the head of care to complete many staffing audits, including out of hour visits. They said "We will ensure each resident receives appropriate care and that policies and procedures were being followed appropriately".

Colten Care Limited has organisation values which are friendly, kind, individual, reassuring, and honest. A values conference had been held for staff to discuss the values they wanted and to understand what the organisation wished to promote. All staff also carried values cards attached to a key ring to remind them of the organisations values. The registered manager said, "The little cards staff carry remind them about our values and the warm welcome we offer to all. Staff complete training on what giving a warm welcome means. We give a warm welcome to anyone that comes into the home, no matter who they are. We are one team from the CEO down. We all work for the same goal, which is to ensure a good life experience for people who live here".

The registered manager told us their vision was clear, they said "It is very important every member of staff feels respected and valued". They were clear they were aiming for the home to be "A centre of excellence". The registered manager said their knowledge and experience of being a dementia champion, made them determined to share their knowledge with not only the staff, but also people within the community. They said "People needed to have more knowledge and understanding about dementia. We are linking with the local Alzheimer society to offer training sessions to members of the public to become dementia champions and to have a wider knowledge and understanding of supporting people with dementia".

The registered manager felt community involvement was an integral part of Brook View, they told us a memorial service had recently been held in the garden for people, their family and member of the local community to pay their respects to loved ones. They said due to the success of the memorial service next year they planned to facilitate a remembrance tree, to tie ribbons and leave messages.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. Audits undertaken at the home were overseen by the provider to make sure, where action to improve the service needed to be taken, this happened within the specified timescales.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.