Meridian Healthcare Limited

Ashcourt Care Home

Inspection report

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Date of inspection visit:
29 March 2018
05 April 2018
12 April 2018

Date of publication:
18 July 2018

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 29 March and 9, 12 April 2018. The first day of the inspection was unannounced.

Ashcourt Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashcourt is a purpose-built care home with bedrooms over two floors in a suburban neighbourhood of Liverpool. The home had 42 en-suite bedrooms, all for single occupancy. The home had two lounge areas, a dining area, accessible gardens, a conservatory, a smoking room and accessible bath and shower rooms on each floor. Each floor was accessible by staircases and a passenger lift.

The home was registered to provide care and accommodation for up to 42 people. At the time of our visit 38 people were living at the home. Ashcourt Care Home provides residential care for older people.

The home required 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. A new manager had been in place for two months, they had not yet applied to become registered with the CQC.

During our previous inspection in October 2016 we had found breaches of regulation 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the service was 'requires improvement'. Following the inspection, we issued a warning notice for the breach of regulation 12. We also asked the provider to complete an action plan to show what they would do and by when to improve the key questions; 'Is the service safe?' 'Is the service effective? 'Is the service caring? 'Is the service responsive?' and 'Is the service well-led?' To at least a rating of good.

At the previous inspection there were concerns with risk assessments and some of the safety checks of the building were also not kept up to date. Some people's care plans did not reflect their support needs, reviews of the care plans did not show involvement from people or their relatives. Activities at the home were limited. Management's audits had not highlighted these problems and the service provided to people did not follow the principles of the Mental Capacity Act 2005 (MCA).

At this inspection we saw that there had been improvements made in these areas and the service was compliant with all of the health and social care regulations. The breaches we identified in October 2016 had been addressed, the overall rating is now 'good'.

People and their relatives told us that they felt safe living at the home. One person's relative told us, "I feel mum is safe when I am not with her. I feel confident that they care as I would." Feedback from people's

relatives and visiting health care professionals was that staffing levels had improved. During our visit we saw that there was enough staff to meet people's needs safely.

People told us that the staff were caring and friendly towards them. One person told us that they thought the staff were, "Very good and friendly." Another person told us, "They have all been very nice." A third person told us that staff stop and take the time to ask people how they are.

Staff received training appropriate to their role. They told us that they felt well supported and effective in their roles. We saw that trained staff administered people's medication safely.

We saw that the service had appropriate safeguarding policies in place, new staff were recruited safely and staff received training in safeguarding vulnerable adults.

People told us that the home's environment and their rooms were nice, clean and well kept. There was ongoing improvements being made to the home's communal areas. There was also a series of health and safety checks in place to ensure the building was safe.

People had an individualised care plan which reflected their needs and preferences. Appropriate risk assessments were in place along with plans to reduce any risks identified. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People and their relatives praised the quality and variety of activities available at the home.

During mealtimes there was a relaxed and unhurried atmosphere. However, feedback about the food was mixed. There had been a series of temporary staff in the kitchen, however permanent staff had recently been appointed.

The manager at the home undertook a series of daily and periodic audits and checks of the quality of the service provided to people. People and their relatives were consulted in a variety of ways.

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.

People told us they felt safe living at the home. The environment was safe and clean. Appropriate checks were made to ensure it remained safe.

There was enough staff to meet people's needs safely. New staff had been safely recruited. All staff received training in safeguarding vulnerable adults.

Appropriate risk assessments were in place. Accident and incidents were recorded and learnt from.

Medication was administered safely by trained staff.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support in their roles.

People were supported with their healthcare needs in partnership with health care professionals.

The service was provided within the principles of the Mental Capacity Act (2005).

Feedback about the food provided was mixed.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were caring and kind.

People's relatives gave us examples of times when staff had been caring to their family member.

People were supported to express their views. We saw that people's privacy and private confidential information was respected.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed. Their care plans were individualised and provided appropriate guidance for staff.

People and their relatives praised the quality and variety of activities at the home.

The home kept a record of complaints and actions taken.

Is the service well-led?

Good

The service was well-led.

A new manager was in post. They had not yet applied to become registered with the Care Quality Commission.

Feedback about changes at the home was positive.

People and their relatives were communicated with in a variety of ways. Feedback from people and their relatives was sought.

Information was gathered about the quality of people's care. There was also a series of checks and audits that took place to monitor the quality of the care provided. There were ongoing improvements to the home's environment and care planning.

Ashcourt Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March, 9 and 12 April 2018; the first day of the inspection was unannounced. It was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 also looked at the intelligence the Care Quality Commission had received about the home.

We looked at the care records for four people living at the home, five staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

We also spoke with 12 people who lived at the home and six people's relatives.

We spoke with staff working at the home; including three senior members of staff from the provider organisation, the home manager, the deputy manager, three care staff, the activity co-ordinator, a housekeeper, two kitchen staff and an agency member of staff. Four healthcare professionals who visited the home gave us their feedback.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "I do feel safe; I don't think I could find anything better." Another person told us they felt safe adding, "I like it, I'm glad I'm here." A third person said, "They are great here. They look after me." One person's family member told us, "I feel mum is safe when I am not with her. I feel confident that they care as I would."

On the days we visited the home there was enough staff available to meet people's needs safely. People's relatives however told us that staffing levels had recently improved and had at times in the past had been low. One person's family said that, "The regular staff are good". However they told us that there had been a high turnover of staff and "Lots of strange faces". At times they told us their relative did not know the person doing the night time checks. Another person's relative told us that at times they had seen the staff, "Run ragged." A third family member told us that there was a core of familiar staff. They told us, "Good staff retention makes me think that this is a happy place, I see familiar faces." Overall people's relatives told us that staffing levels had improved.

The manager told us that they had recruited additional new care staff and they will begin working as soon as checks were complete. To maintain staffing levels in the meantime the home made use of some agency staff. The manager told us that they made efforts to use the same agency staff, some of whom have now become permanent employees.

One visiting health professional told us that staffing levels had got better over recent months and they thought that on the day we spoke there was enough staff on duty. However, they commented that the staff at times did appear stressed. A second health professional told us they though there was enough staff on the day they visited and overall staffing levels had improved.

People had call bells in their room to gain staff attention if needed. Other people had assistive technology such as sensor matts that would alert staff when they needed support. With the manager we tested one of the sensor matts. The call was not answered by a staff member, staff told us that there had been confusion as to who was responding to the alert and who was on a break. The manager told us that she would investigate what went wrong on this occasion. We tested the alert matts and call bells at other times during our visits and these were responded to by staff. We also asked people in their rooms if they used their call bells, people told us they did and they were always responded to by staff.

There were process in place to help ensure that new staff were suitable to work with vulnerable adults. Applicants completed an application form outlining their qualifications and work history. They also attended an interview and some had taken a situational judgement test to work out if they were suitable for the role. Before being appointed people's identification was checked, appropriate references were sought and a check from the Disclosure and Barring Service (DBS) was sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments.

There was a computerised system that was used to record significant events including accidents and

incidents and the actions taken. This ensured that information was in a central place and the report produced was reviewed by the manager. The incident log goes green in colour when all actions had been completed. There was a record kept of who had an infection, who had been admitted to hospital, anybody who had experienced a fall, pressure area care and any unexpected weight loss. The information gathered was used for learning and to make any necessary changes to people's support to ensure they were safe. We saw in people's care plans that appropriate risk assessments and risk screening tools had been completed. These were used to inform care planning and to provide guidance for staff on how to reduce the risk identified.

Staff received training in safeguarding vulnerable adults. Staff knew what may indicate a person was at risk of abuse and what steps they would take to raise an appropriate alert. Staff knew that they can alert outside organisations if appropriate and they told us that they would feel confident in doing so. Safeguarding information including the contact details of outside organisations was on the notice board in the reception area. This information was also displayed in an easy read format to make this more accessible.

The administration of medication was safe and medication was stored securely at the home. The medication room was temperature controlled and medications requiring additional cold storage were stored in a medication fridge. Regular checks were made of the storage temperatures. Each person had a medication profile, which included a photograph for identification and a record of their known allergies. There was appropriate guidance for staff for people's time sensitive and as and when required medications (PRN). There was also guidance for staff on how to apply creams to people, including appropriate instructions and body maps. People told us they received the right medication at the right time. The staff member administrating people's medication knew people by name and spoke with them in a kind manner, telling people what their medication was, what it was for and offering them a drink.

We saw that medication administration records (MAR) had been completed showing what medication had been administered to people. Some people took time sensitive medication and this was administered at the correct time. Controlled drugs were appropriately stored. We checked the stocks and records and found these to be correct. Administration and stock checks of controlled drugs had been signed by two staff members. People who self-medicated had the necessary assessments in place to ensure they were safe, whilst maintaining their independence.

People and their relatives told us they thought the home and people's rooms were clean. One person's relative told us, "It's always clean and the rooms are well looked after. The bedroom is always made up, nice and clean." We saw that the home was clean and there were no unpleasant odours. During our inspection we saw that one room each day was given a thorough deep clean, which involved steaming the carpets and curtains. Staff received training in infection control and used appropriate protective equipment to reduce the risk of infection. The building was well maintained and ongoing improvements were being made; for example, the home was expecting delivery of 24 new chairs for one of the lounge areas and there were plans to freshen up the décor of the dining room.

The home had a series of safety checks and audits of the buildings services and environment to ensure they were safe. These included the water supply, gas service and electrical installations. The passenger lift and equipment to help people move safely was checked and serviced. The call bell and fire detection and alarm systems were regularly checked and serviced. Firefighting equipment and emergency lighting was checked. A recent fire risk assessment had been undertaken and each person had a personal emergency evacuation plan (PEEP) in place.

Good

Is the service effective?

Our findings

One person told us about the staff working at the home, "They are great here. They look after me." Another person said, "The staff are always friendly." One person's family member told us, "I'm happy with my mum living here. At first she was reluctant however she has been very well since she has lived here." One staff member told us, "Staff morale is high, there is a good culture. The home is in a really good place at the moment."

The staff had appropriate support, training and had the necessary skills to be effective in their role. A visiting healthcare professional told us they thought the staff were, "Efficient, approachable and helpful. They are on the ball and straight on any concerns." Staff members told us that they felt well supported and they had regular one to one or group supervision meetings with a senior member of staff. One staff member told us, "I find them helpful and a good opportunity to communicate and share ideas." We also saw that staff received an annual appraisal of their performance. Staff members told us that the home had regular staff meetings and they could put items on the meeting agenda. One staff member told us that it was useful to have regular staff meetings. They told us about support they had received. They told us, "I feel more understood. It has really been positive."

We saw the records of the training that staff received. Staff told us that there was a mix of computer based learning and practical face to face training courses, along with periodic refreshers of their knowledge. New staff members received induction training. We spoke with one agency staff member who was working at the home. They told us they received an induction before working at the home and was under the guidance of an experienced member of staff. They told us, "I felt well equipped when I started. Staff help you here."

We spoke with four visiting health and social care professionals who visited the home during our inspection. They were consistent in telling us that the home was effective in monitoring people's health and making appropriate referrals when needed. One visitor told us, "This is one of my better homes. They call me appropriately and they always know the patient. When I visit a member of staff gives me the person's full history and visits the person with me." Another health professional told us that they thought people received good pressure area care, all needed equipment was available and the service kept good repositioning records. During one visit we observed staff exchanging information about a person with a community matron. We saw that the staff member was knowledgeable about the person and could answer questions from and support the community matron. A visiting health professional told us that they thought people were moved safely using the appropriate equipment, which was available for staff to use.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. We saw evidence that showed people were supported to make as many choices for themselves as possible. One person's care plan informed staff that the person would smile to give their consent and say a specific word to indicate they did not consent. Staff followed this direction from the person. Where possible people had signed to say they consent to their care plan.

Staff told us that they encouraged people to use the dining room and socialise as they eat. They said they found it encouraged some people to eat more, however it was people's choice where they ate. During one lunch time we saw that the atmosphere was lively with people chatting. People told us that they sat next to their friends, over the table there was joking and good-humoured banter between them. One person told us, "We have a good laugh here." The dining area was bright and well decorated. We saw that the tables were set nicely with table cloths, flowers, place mats, salt and pepper and cutlery. During mealtimes there was a relaxed and unhurried atmosphere. We spoke with one person finishing their breakfast who told us, "It's served nice; like at home." There was chilled orange juice on tap in the dining room for people to drink at any time. Before lunch we saw that people were asked what their preference for lunch was from the choices available. One person told us that if they didn't like the options the staff would make them something else.

Feedback from people about the food was mixed. A theme was that the quality of the food varied greatly. People made comments about lunch such as, "It's beautiful" and "It's lovely." Other people said, "The food is generally not up to much." And, "It's so, so." Staff told us that they had been shorted staffed in the kitchen and had been using agency cooks, leading to varied quality of food. During our inspection a new cook started and people told us that their food was nice.

People who had been identified as being at risk of malnutrition had records of their food and drink consumption kept to monitor their intake. We saw during our visit that drinks were provided for people frequently throughout the day, including being brought to people's rooms.

The kitchen had been inspected by the local authority and given the highest score of 5. We saw that the kitchen was clean and that food was stored safely with records kept of food storage and cooking temperatures. People who required a specialist diet were catered for and this was recorded in a 'diet nutritional record'. When we asked staff serving knew the details of people's dietary needs. The menu was set centrally for the organisation with a choice on a Sunday. The kitchen staff told us that some menu items were not traditional and were not popular with people, that the menu is set and they do not have the permission to adapt it to local tastes. We spoke with a senior member of staff who told us that local dishes may be added to the menu alongside the set menu. People are encouraged to choose from the set menu as these meals had been nutritionally balanced.

The home was tastefully decorated and had a non-clinical feel to it. The corridors had pictures of local scenes from decades ago and in some areas there were well presented pictures of people participating in a variety of activities. People and their relatives told us that the rooms were nice. Some people had brought mini fridges and kept tea and coffee making facilities in their rooms. Another person's family told us the home was flexible and their relative could bring in their own chair, bed and TV to use in their room.

Good

Is the service caring?

Our findings

One person told us that they thought the staff were, "Very good and friendly." Another person told us, "They have all been very nice." A third person told us that staff stop and take the time to ask people how they are. People also told us that the housekeeping staff were very pleasant and helpful towards them.

One relative told us, "They are pretty good with my mum." Another person's family member said, "The staff are good. You could go a long way to get anywhere like this." A third relative told us, "The staff are always friendly." We saw that care staff knew people's family members when they arrived at the home. People's relatives told us that they felt welcomed when they visited. One person's family member told us, "I'm happy with the care and I always feel welcome. I can ask the staff anything I like. You can come in and have a meal with your relative if you like. You can come in and out, when I come they bring me a cuppa."

A senior staff member told us that staff need to reflect in their approach that, "We are working in their home. We need to replicate people's home and be like a home from home as much as possible." They told us that this is reflected in the home's flexible approach. For example, breakfast is served until 11am, drinks are available all the time and they aim to respond to people's preferences as much as possible throughout the day. One family member told us, "The attention to detail of how they have got to know my mum is outstanding."

One person told us that when they were recently in hospital they thought, "I can't wait to get back home." Another person told us, "It's got a quite homely feel to it, the staff mix with us." A third person told us, "I have a talk and a laugh with the staff."

We observed that staff members had a caring approach towards people. People were spoken to with respect and treated in a kind and caring way. We saw that people's privacy and personal confidential information was protected.

We spoke with members of the housekeeping team who we observed having a caring approach towards people. We saw that they stopped and chatted with people and it was clear that they knew people well. The staff member told us, "I enjoy meeting people and their families. I have a bit more time in people's rooms and enjoy having a chat with people. People tell me how they like their room, I listen to them and move things for them if it's safe to do so."

One person's family member told us that they thought the compassion and care from staff was "outstanding." They told us that on one occasion their relative had fallen at the home. They told us, "When I arrived they were waiting for an ambulance and a carer was lying on the floor next to [name], it looked really natural. The carer said, 'I'll lie down with you and keep you company.' The level of compassion helped to keep me calm."

We looked through a number of thank you cards from people, their friends and families. Recent cards stated, "With much appreciation and grateful thanks for all you did for [name] during her stay with you." And,

"Thank you for the excellent care you gave our mum [name]. Thank you for all the support." One person's family member told us, "There are problems from time to time, but what is important is that the care is always there."

Good

Is the service responsive?

Our findings

One person's relative told us that before coming to the home the manager came out to assess their family member's needs. They told us, "The assessment was fabulous, she went through [name's] history and was very good at exploring everything." On the day they arrived at the home they told us that the activities co-ordinator, the cleaner and the staff providing the laundry service came and introduced themselves and the manager came to say hello. The cleaner also helped to set up the person's television. The person said to us, "Isn't that lovely." Another person's family member told us that their relatives were communicated with about their relative's care plan which was, "Personalised and detailed."

People's care plans contained appropriate information and guidance for staff to ensure that appropriate care was offered to people that was responsive to their needs. The care plans we looked at were person centred and recorded people's choices and preferences. For example, one person's care plan stated that they prefer female support. Another care plan stated that a person likes to get their hair done by the hairdresser but does not like to wear makeup.

We saw that depending on assessed need people had different levels of care identified in their care plan. One person was staying in their bed and we saw records that showed they had been repositioned every two hours and offered fluids each hour. We saw that when a risk had been identified, the care plan recorded any equipment that would help reduce the risk. We checked and found that the equipment was in place and was being used.

The home provided end of life care and worked in partnership with people's GP's and other health care professionals. One health care professional told us about the staff providing care, "They listen to any advice given to them and any plans or records requested are always put in place."

The home had made improvements to people's care plans since our previous inspection. However, when reading them it was not always clear what a person's main support need was. Also, some daily records of people's care were very limited. We did see that some people's care plans that had been recently reviewed were clearer in identifying people's main support needs.

At our last inspection people told us that activities were limited at the home. People's care plans had not identified what they enjoyed doing. At this inspection we saw that the home had an activities co-ordinator. Everybody we spoke with praised the activities at the home and told us that they enjoyed a good range of activities. One person said about the activities co-ordinator, "He's got a personality that just encourages you to take part." They added, "He's made all the difference." Another person told us, "He goes to see people who have had no visitors."

People told us they got involved in a variety of crafts, cake decorating and baking food such as tarts and scones to give out at teatime. Some people told us that they enjoyed doing this as they missed cooking food. Recently people who wished to had experienced holding a variety of animals including snakes, insects and rodents. The home was decorated for Easter, with bunting in communal areas, people told us that they

had helped to make the decorations. Some people told us that they had been supported to go to local places of interest in the home's minibus with the activity co-ordinator. We saw that the activities co-ordinator introduced themselves to new people who arrived at the home and talked with them about their preferences and recorded these in the person's care plan. The activities co-ordinator told us that they explored people's interests and memories with them, in particular things people have enjoyed doing in the past. This was with the aim of exploring if people can do them again. One person who this had been explored with was happy to tell us, "I'm going to start playing scrabble again." Another person who used to visit Southport told us they were going on a trip there tomorrow and they were really looking forward to it. A third person used to make greeting cards and was going to start doing this again.

The activities co-ordinator had put plans in place to engage more with the home's local community. On one day of our inspection children from a local nursery visited the home and delivered an Easter egg to each person. People looked engaged and very happy when the children visited and there was a lively atmosphere when they were at the home. The children sung a song to people, either in the lounge or in their rooms and chatted with the people at the home. A good number of people joined in the singing. People without exception told us that they enjoyed the children's visit. One person said, "It's lovely; and so nice to get an Easter egg." Another person commented, "That's lovely isn't it, they are really happy, aren't they?" A third person told us, "I enjoyed the visit; anything involving children is good."

Some people did not like to get involved in big groups in the downstairs lounge. People told us that there is also activities upstairs for people who did not use the downstairs lounge. One person told us, "I know my neighbours and talk with them. This suites me." Another person had been supported to set up a computer, printer and scanner to enable them to peruse their interest in photography. There were opportunities for people to spend one to one time with the activities co-ordinator if they preferred this. A few people enjoyed having dinner with the activities co-ordinator in the smaller lounge, where they could have a one to one conversation. The activity co-ordinator told us that by doing this some people had become less insular and had gained confidence.

The activities co-ordinator told us that they felt well supported in their role by the staff and management of the home. They said that they had the flexibility and freedom to explore ideas with people. They told us, "The atmosphere in the home is really good. I am passionate about my role because I see the difference it makes and how little things can have a big impact." Activities at the home were reviewed monthly with as much input from people and their family members as possible. People had been supported to make a collage of pictures showing the activities they had been involved in. The activity co-ordinator told us they were, "Memories of days that people had enjoyed." One person's family member told us when they saw the collage, "I was so glad to see the pictures. They are some of the best I have seen of my mum

The home kept a record of complaints and actions taken. They also looked for themes to identify areas needing improvement. One person's family member told us, "If you had something to say they would soon fix it. They all work hard." Another person's family member said, "I had reason to make a complaint. They worked on it, I feel comfortable raising any concerns."

Good

Is the service well-led?

Our findings

A long-standing manager had left the service last year, a temporary home manager had been in place and or a time the deputy manager was acting manager. Now a permanent manager had been appointed and was in post, they are not yet registered with the Care Quality Commission. The manager told us that they would soon be applying to be registered with the Care Quality Commission.

The new manager had been in post for two months and had recruited an extra staff member for administration support. They told us that they had recently completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and had identified and was currently working on improving the recording of best interest decisions at the home. The home manager told us that they were currently being supported by a more experienced manager with the quality assurance of the home.

People, their relatives, staff and visitors told us that there had been lots of changes at the home. Nearly all of this feedback was positive. One family member we spoke with told us, "There has been lots of changes, but now I feel that things are settling down. Overall, I am very, very happy."

One staff member described the manager as, "Nice and easy to talk to." Some people's relatives told us that they had not yet spoken with the new manager and did not know them. We saw that the manager held a weekly 'manager's surgery' one evening per week for family members to pop in and chat on a one to one basis if they wished. This was advertised in the reception area. There was also a group monthly relative's meeting. The home was participating in the upcoming Care Home Open day. There was a banner outside the home inviting people from the local community to attend. Some people relatives told us that they planned to attend and bring their extended families. One staff member told us, "It's an opportunity for people to meet up. For older people, people's families and the community to be together. It's great when older people mix with kids."

In the reception area the home had put a 'have your say' touchscreen in a discreet area. This enabled anybody to give instant feedback about the home. There were also paper forms available entitled 'review us' available for people who preferred this method. In each person's room there was discreet information on how to provide feedback. It was entitled, 'We value your feedback'. People had been consulted on upcoming improvements being made to the home, the manager told us that people had choose fabrics and carpets. There was also new chairs and new lighting planned and in response to feedback plans for a garden café area.

The home also displayed their CQC rating from their previous inspection. The provider had a 'kindness in care' award in place. We saw that there were certificates in the reception area, acknowledging staff who had achieved these.

There was a welcoming atmosphere at the home. One family member we spoke with told us that they had been made to feel welcome. They said, "I like the home, It's really nice here."

One senior member of staff told us that the management of the home felt supported by the provider. They told us, "There is always someone you can call if there is a problem. We get a lot of help and feel supported. People are always popping in, it's nice to have support around you."

There was a provider wide computerised system used for assessing the quality of the service. The information on the system is used to inform managers meetings. The information is reported on for the whole home, however they can be displayed by person, showing trends over a six-month period. This meant that senior staff were able to quickly review trends and patterns when reviewing people's care. We looked at these records for the previous three months during our inspection. The system was not fully operational and the next step was to complete a home wide action plan from the information that had been gathered. The manager told us the first one of these will be completed in April.

There were other audits and checks that were used at the home to monitor the quality of the care provided. We saw that some of these audits had highlighted areas were improvements needed to be made. For example, improvements to some areas of the environment and consistency in some record keeping. This showed that the audits and checks were being effective.

There were audits of complaints received, falls, pressure area care, spot audits of people's medication, staffing levels, care files, staff files and staff training. The manager undertook a documented twice daily walk around of the home. We looked at some of these records and from time to time they showed areas of improvement had been identified and actions that had been taken. For example, a sensor matt was not working and this had been quickly identified and replaced. Another senior member of staff undertook a clinical review of people's care needs. The housekeeping team kept records of the areas of the home that have been cleaned. These were checked by the manager.