East And West Healthcare Limited

Meadowview Care Home

Inspection report

Rear of 1072 Manchester Road
Castleton
Rochdale
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Tel: 01706711620

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09 March 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Meadowview Care Home is situated in the Castleton area of Rochdale. The home provides single room accommodation and personal care for up to 39 people. Four bedrooms have inter-connecting doors which may be unlocked if occupied by couples. There were 32 people accommodated at the home on the day of the inspection.

At the last inspection of September 2015 the service did not meet all the regulations we inspected and were given a requirement action. This was because the administration of medicines was not safe. There were no protocols for 'as required' medicines and poor recording of any creams administered. The service sent us an action plan to show us how they intended to meet the regulations. At this inspection we saw the improvements had been made and the regulations were met. This unannounced inspection took place on the 06 and 09 March 2017.
The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent

professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

There were suitable activities to provide people with stimulation if they wished to join in.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

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.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Meadowview 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 was an unannounced inspection and was conducted by two inspectors on the 06 March 2017.One inspector completed the inspection on the 09 March 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with three people who used the service, a senior care staff member the registered manager, the cook and two care staff.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medicines administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said, "Yes I do feel safe. We get looked after here.", "I feel really safe." and "It is nice here. I feel safe."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff we spoke with were aware of abuse issues and said, "I have reported abuse once. We had one gentleman and a staff member forced him into the wheelchair. I did report it and he got suspended, nobody needs to be like that.", "I am aware of the whistle blowing policy. I would report it if it was poor practice. If it was the manager or they didn't do anything about it I would go to the CQC or local authority." and "I would go straight to my manager and report it. There were safe systems to help protect vulnerable adults.

On the first day of the inspection there were two senior care staff, three care assistants, a cleaner, a cook, a maintenance person, a kitchen assistant and a laundry assistant. The registered manager was not on duty. The registered manager was on duty on day two of the inspection. We saw from looking at the duty roster that the skill mix and numbers of staff were normal for this service. We heard staff answering the call bells promptly. Staff told us, "We are all right at the moment. I think everywhere gets sickness but it is good, it is manageable", "Normally there are enough staff here to meet people's needs. We get time to sit and have a chat with people." and "It is alright and if someone phones in sick they try and get another one in as soon as." People's needs were met by adequate numbers of skilled staff.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, slings, hoists and the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw that staff entered any faults in a booklet which was signed off when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

People who used the service told us, "I get my medicines when I am supposed to" and "They sort my prescription out for me."

We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked by the registered manager to ensure they continued to safely administer medicines.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions. One or two staff members had signed they had checked medicines into the home. We did see that on one occasion that only one member of staff had signed the controlled drugs register although we could see no error had occurred. It is best practice for one person to sign for the administration of controlled drugs and one person to witness the administration to prevent possible abuse or errors with these stronger medicines. There was a controlled drug cupboard and register. We checked the drugs against the number recorded in the register and found they were accurate.

Medicines were stored in a trolley in a locked room. Dressings were stored in separate cupboards. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. The medicines fridge had a lock applied during the inspection. This ensured only people qualified to administer the drugs had access to them.

The medicines system was audited by management monthly. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines. This is considered to be best practice guidance for the administration of medicines.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines. Staff who applied the medicines signed the records which were duplicated in the plans of care.

We looked in the trolley and saw it was a bio-dose system. The trolley was clean and tidy and not overstocked. There were sufficient supplies of medicines. Any medicines that required returning to

pharmacy were done so in a tamper proof box and staff signed to say they had witnessed the disposal.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics like tripping hazards, faulty or broken equipment and the outdoor space.

During the tour of the building we noted everywhere was clean, tidy, well decorated and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. There were two industrial type washing machines and dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There was a system of dirty clothes in and clean clothes out of the laundry to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons. We observed staff used the equipment when they needed to.

Good

Is the service effective?

Our findings

People who used the service told us, ""I can't remember what I had but it must have been good as I ate it", "Yes the food is good but I don't eat much as I have a small appetite" and "The food is very good and you get a choice."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. People could take their meal in their room if they wished. We saw that the one person who required help with their meal was assisted to take their diet in an individual and dignified way. Tables were attractively set and people had a choice of condiments to flavour their food. The dining rooms contained sufficient seating for all although some people remained in their rooms if this was their choice or were on bed rest.

There was a choice at each meal and other foods available at any mealtime. There was a four weekly menu cycle. People could choose from any of the usual breakfast foods such as cereals or eggs on toast. There was a choice of the meal at lunch time, which was the main meal of the day and a choice of a lighter tea. Hot or cold drinks were served with meals, at set times during the day and upon request.

On the day of the inspection we saw lunch was either pork steaks or lamb chops, carrots, mashed potatoes, peas and gravy, with apple crumble and carnation milk for dessert. Tea was vegetable soup, egg, chips and beans with peaches and cream to follow. The cook said if a person did not like what was on offer they would make something else.

The kitchen had achieved the five star very good rating from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a cleaning rota and a good supply of fresh, frozen, dried and canned foods. This included fresh fruit which was made available daily.

People's food choices were recorded in the plans of care as was any special diets or pureed food. The cook was given the information so knew what people liked. For people who were at risk of malnutrition we saw that fortified milk shakes were offered and full fat milk and cream used to provide more calories.

Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or speech and language therapists (SALT). People's weights were recorded regularly to ensure they were not gaining or losing weight.

The cook had allergen advice to make sure people were not given any foods they may react to.

Two staff members said, "I did have an induction. I was one to one with a senior showing me hands on although I had done the job before. I went through the fire procedures and other policies and procedures. I had a two week induction and they showed me how to do everything" and "Yeah I had an induction. They

showed me things like the fire exits, the call bells, policies and procedures and I was shadowed for two weeks. I felt safe to do the work." New staff received an induction which included two weeks mentoring by an experienced member of staff. The staff members files we looked at and staff we spoke with had previous experience in working in care homes and therefore did not need to complete the care certificate. However, we saw that the care certificate documentation was available for new staff who had not worked in the care industry before, which is considered to be best practice. We saw the homes induction paperwork was completed by staff members. This included familiarising themselves with the home, the fire procedures, key policies and procedures, meeting people who used the service and the staff team. The service employed their own trainer who refreshed new staff on topics such as safeguarding, moving and handling, infection control and fire awareness. Staff were encouraged to undertake a diploma in health and social care following induction and their probation period lasted 12 weeks. New staff were supported to have the confidence and competence to work at Meadowview.

Staff told us, "We get enough training to do the job. We have our own trainer at each home", "I completed all the mandatory training (listed what had been completed)" and "In the last 12 months I have completed training for infection control, moving and handling, food hygiene, COSSH, fire safety, medicines, DoLS, safeguarding and the mental capacity act."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding and fire awareness. Some staff had received further training in the care of people with dementia, end of life care, nutrition and behaviours that may challenge. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care. We saw that refresher and further training was planned for future dates. Staff were sufficiently well trained to perform their roles.

A member of staff said, "We get supervision. It's one to one and we get the chance to bring up our training needs and any other business." We saw from the staff files and a supervision matrix that staff received formal supervision approximately every two months and an annual appraisal. This enabled staff to discuss their training needs and performance.

From looking at three plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and district nurses. Each person had their own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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).

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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw from three plans of care that people had a mental capacity assessment which was reviewed regularly. Where people lacked mental capacity a best interest meeting was held. On the first day of the inspection a best interest meeting was held for a person who used the service. Best interest meetings included professionals and family members if appropriate to determine if the home was the right place for the person to remain. There were nine people who had a DoLS in place and four more were awaiting a local authority decision. We saw there was information about independent mental capacity advisors and advocates available. These are people who act on behalf of a person to protect their rights.

We saw that people had signed their plans of care when they could to agree to their care and treatment. We also observed staff asking people who used the service for their consent before they carried out any personal tasks.

We toured the building during the inspection and visited all communal areas, seven bedrooms and the bathrooms. Bedrooms we visited had been personalised to people's tastes. We saw people had family photographs, personal furniture and ornaments to help the room feel more homely.

The communal areas were well decorated and had sufficient seating for people accommodated at the home. The communal areas were homely in character and a television was available for people to watch if they wished. We saw that activities were provided in the lounges. Some people preferred to remain in their rooms. There was signage to aid people with dementia and tactile objects on the wall, for example, locks, bells, light switches and puzzles. This was designed to give people with dementia some interest as they went around the building.

There was a lift to access both floors and there were hand rails along the corridors to help people move independently if they could. There was a choice of bath or shower and baths had a hoist to assist people with mobility problems. The garden was accessible for people to use in good weather and contained chairs and tables for people to relax and socialise.

There were hoists and slings to help mobilise people and other equipment we saw included frames to help people walk. Staff told us they had been trained to use any equipment.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are very kind", "The staff are very pleasant and kind" and "The staff are really nice."

We asked staff if they would recommend the home to a family member. They said, "My relative came here. I put [my relative] in respite somewhere else and we didn't like where he was. He needed full time care so he came here", "The care is good here but I do not think I would like to look after a relative. Not because of the care but because I would not want to concentrate on a relative. They all deserve good care" and "I did, I had my relative come here when they needed it". Staff had the confidence in the care at the home to admit family members.

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, polite and had a good rapport with them. We did not see any breaches of privacy or witness anyone being treated in an undignified manner.

Staff told us they knew people well and had worked at the home for some time. This helped staff treat people as individuals. Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. There was also information about what a person was capable of doing which helped them remain independent. There was a record of a person's spiritual or religious needs and we were told people who wished could attend a minister who came to the home if they wished to practice in this way.

We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends.

Some staff had attended end of life care training (palliative care) and other staff were enrolled on a course. This meant that staff should be aware of how to support people and their families if their condition deteriorated. However, on the care plans we looked at people's end of life wishes were minimal and it would be good practice to develop this further.

Good

Is the service responsive?

Our findings

A person who used the service said, "I don't have any complaints but staff would listen to me if I did." Staff we spoke with were aware of what to do if a person complained.

There was a suitable complaints procedure located in the hallway. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission and Rochdale Borough Council. We saw there had been two complaints since the last inspection. We looked at the complaints file and saw that the registered manager responded well to complaints to find a satisfactory resolution. Two examples we saw included one person's room being redecorated and one person being moved to another room they preferred.

People who used the service told us, "I liked to pay pool and snooker. I sometimes get to go and have a game" and "We don't get out a lot but my daughter comes and takes me out." A member of staff said, "We do things like play bingo, cards or paint nails. We have a singer that comes in every fortnight. We do one to ones with people as well."

Each person had an activities profile which had been completed by the activities coordinator. This gave staff the details of what people liked to do, family background, hobbies, where they worked and what they liked to eat and drink. The document also recorded who had attended each event and there were photographs of people, some enjoying the events they attended. People also provided feedback on the activities they participated in.

Activities provided included special events like a Christmas fair, outside entertainers, one to one sessions, going to a garden centre and shopping, ball games, bowls, play your cards right, birdwatching, bingo, armchair exercise, pamper sessions, baking and cake decoration, arts and crafts, barge trips and trips to places of interest.

The service also held reminiscence sessions for people who had dementia or wanted to join in. They used a pack provided by an external organisation which was changed every two months to keep it interesting. There was also a free juke box on each floor which contained many songs to suit people's different musical tastes and a vending machine where people could buy small items such as toiletries and underwear.

Staff said, "We have handovers although you really do pick it up and changes and you notice any deterioration. Like a sense. You just notice. We have handovers every morning and evening" and "Staff handovers each day tell us what is going on." Staff were kept up to date with any changes or appointments people who used the service may have at staff handovers.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission

assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

All the people we spoke with thought they were well looked after. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people had done or how they had been to keep staff up to date with information.

Good

Is the service well-led?

Our findings

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

We asked people who used the service how they thought the service was run and if the registered manager was approachable. People who used the service told us, "The manager is very nice and you can talk to her if you wish" and "Yes I know who the manager is."

Staff said, "There is a good staff team and we all help each other out. The manager is lovely. Firm but fair. She is approachable", "The manager is really approachable. She offered me compassionate leave when I needed it" and "Yeah I could go to her with any problems even problems at home. People who used the service and staff thought management were approachable and supportive.

People were able to attend meetings regularly. Topics included items like food, activities and if people were happy with their support. People were given a chance to speak and bring up topics of their own if they wished. People were also asked to give their views in surveys. At the last survey people were asked questions around the environment, staff attitude and care, admissions documentation and information, visiting, activities, privacy and dignity and food. All the results were positive and we saw the registered manager took action where required. For example one family member said they were not sure if they had seen a service user guide so was issued with another. Comments made included, "My relative receives good care" and "The care staff are always nice." People were given the opportunity to have their say about what they wanted from the service.

Staff were also invited to attend regular meetings. Items on the agenda included activities, completing fluid and diet charts, positioning charts, the on call rota, night time cleaning and checklists, key worker duties and staff were invited to add topics to the agenda. At the end of the meeting staff were asked if they had anything they wanted to add. Staff were encouraged to bring up ideas to help run the service.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We looked at some of the policies and procedures which included confidentiality, record keeping, business continuity plan, management of behaviours that may challenge, safeguarding, end of life care, mental capacity and DoLS, complaints, health and safety, infection control, medicines administration and whistle blowing. Policies and procedures were updated regularly and available for staff to follow good practice.

The registered manager conducted audits to check on the quality of service provision. The manager looked at infection control, the environment including cleanliness, safeguarding, mental capacity and DoLS applications, complaints, activities, nutrition and medicines. We saw that where the manager found any issues this was recorded and any action that needed to be taken for improvement. There was also a regular audit of the plans of care and the competencies of staff to administer medicines. Regular audits helped the registered manager maintain or improve standards.