

Mr & Mrs T Pantling

Fairfield Country Rest Home

Inspection report

Fairfield Country Rest Home
Launcells
Bude
Cornwall
EX23 9NH

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Tel: 01288381241

Website: www.fairfieldcountryresthome.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fairfield Country Rest Home provides accommodation, care and support for up to 32 older people. At the time of the inspection there were 29 people living at the service. The home is based in a single storey building and is in a rural setting.

We carried out this comprehensive inspection on 2 August 2017. At the last inspection, in July 2015, the service was rated Good. At this inspection we found the service remained Good.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

People told us they were happy with the care they received and believed it was a safe environment. The atmosphere was calm and relaxed. People had good and meaningful relationships with staff and management and staff interacted with people in a caring and respectful manner. The registered manager and provider were committed to providing a high standard of care to people and ensuring they had a good quality of life. People's wishes in respect of their end of life care were known, documented and acted upon.

The provider, registered manager and staff had a comprehensive understanding of people's preferences and what was important to them. They used this knowledge to ensure people were supported and cared for in a way which reflected their personal wishes. Care was developed around individual's needs and took into account what was important to people's emotional well-being. People were able to make day to day choices about where and how they spent their time. There were opportunities to express opinions and suggestions about how the service was operated and these were acted upon.

Relatives were welcomed into the service and people were supported to maintain relationships with those who mattered to them. Relatives told us they were kept fully informed of any changes in their family members' needs. The registered manager supported people to have regular contact both inside and outside of the service.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. There was a stable staff team in place who knew people well. A relative told us; "I know all the staff names, there is consistency."

The premises were arranged to meet people's needs. People had access to quiet areas or were able to socialize with others in the conservatory or large lounge. The gardens were pleasant and accessible. Garden furniture was provided so people were able to sit outside if they wished. Bedrooms were well maintained and furnished to reflect people's preferences.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us staff always kept them informed if their family member was unwell or if a doctor was called.

Any risks in relation to people's care and support were identified and appropriately managed. Care plans contained information about people's individual support needs. Staff were skilled at recognising any changes in people's needs and action was taken to continue to ensure people's well-being.

There was a daily choice of menu and people told us they enjoyed their meals. When necessary food and fluid records were kept to help ensure people received enough to eat and drink.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

The management structure provided clear lines of responsibility and accountability. Staff had a positive attitude and told us they enjoyed their jobs and worked well together. People and relatives all described the management of the home as open and approachable.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Fairfield Country Rest 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 2 August 2017 and was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we 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.

During the inspection we spoke with seven people who were living at Fairfield Country Rest Home. We looked around the premises and observed care practices on the day of our visit. We spoke with the provider, the registered manager, four care staff and two visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We contacted two external healthcare professionals for their views of the service.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, and other records relating to the running of the service. Following the inspection we spoke with two more relatives and two members of the night care staff team.

Is the service safe?

Our findings

At the last inspection we rated the service as good in safe, at this inspection we found the service remained good. People and their relatives told us they were happy with the care provided and felt they were safe. Comments included; "We are very well looked after" and "I've been here 11 years and I've found nothing to grumble about."

People were protected from the risk of abuse because staff were knowledgeable about the action they should take if they suspected abuse. They told us they would report any concerns to the registered manager and were confident this would be acted upon. If not they told us they would raise their concerns outside the organisation. There was a safeguarding policy available for staff which included the contact details of the local safeguarding team.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered areas such as falls and mobility. Information guided staff on the actions they should take to minimise an identified risk. Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and additional guidance provided for staff to help minimise any risk.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Fairfield Country Rest Home. Staff responded quickly when people asked for support and appeared unrushed and patient in their approach. One person told us; "Staff come when you need them." Rotas for the week preceding the inspection showed the appropriate staffing levels were consistently met. As well as care staff the providers employed domestic and kitchen staff, a part-time activity coordinator and a gardener/maintenance worker. Rotas were organised to provide additional staff at busier times of the day such as meal times. The registered manager told us; "We have a good staff team and seem to retain staff very well."

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks and two references.

Medicines were managed safely. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the temperature was constantly monitored when in use.

Staff were competent in giving people their medicines. All those with responsibility for administering medicines had received the appropriate training and had their competencies assessed annually. Staff explained to people what their medicines were for and ensured each person had taken them before signing

the medication record. Some people had been prescribed creams or eye drops and these had been dated upon opening. This meant staff would be aware of the expiry date of the item, when the medicine would no longer be safe to use.

The environment was clean and well maintained. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. Checks on the water supply and electrical appliances were completed regularly.

The service held personal monies for some people. Receipts for any transactions were kept alongside records of any money spent or received. We checked the records for two people and found the amounts held tallied with the records.

Is the service effective?

Our findings

At the last inspection we rated the service as good in effective, at this inspection we found the service remained good. Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire safety, moving and handling, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The registered manager said they considered this the most important part of the induction. They told us; "Staff will feedback to me about their [the new employee], nature and how they interact with people." The induction ensured staff were familiar with the 15 fundamental standards of care as outlined in the Care Certificate.

Staff completed a range of training to help ensure they were able to meet people's needs across a range of areas. For example, moving and handling, infection control and health and safety. The registered manager told us they preferred to provide face to face training where possible as they believed this was more effective. The moving and handling training was geared to meet the specific needs of individuals living at Fairfield. The registered manager commented; "It enables us to meet that particular residents' needs." Staff told us the training was comprehensive and of a good quality. Comments included; "You always come out thinking you've learnt something" and "It's fun which makes you listen a bit more." Recent training sessions had covered the handling of medicines, the Mental Capacity Act and safeguarding.

Staff received formal supervision six times a year as well as an annual appraisal. Supervisions were used as an opportunity to refresh staff knowledge on various aspects of care and organisational working practices. Staff told us they felt supported by the registered manager and provider.

People's individual health needs were well managed. People had access to healthcare services such as occupational therapists, GPs and dieticians. One person's daily notes read; "[Person's name] wants to see a GP so I have called the surgery to get a visit." District nurses visited the service to support people with their health care needs. In addition there were regular visits from a podiatrist, remedial masseur and audiologist.

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. Management checked these records to help ensure people ate and drank enough for their needs. People were provided with drinks throughout the day of the inspection and at the lunch tables. Fresh fruit was also available every day.

We observed the support people received during the lunchtime period. Mealtime was unrushed and people were talking with each other and with staff. People told us they enjoyed their meals and were always offered

a choice. One person commented; "The food is very good. They do a lovely hot curry." Some people required assistance with their meals and this was done discreetly. Staff sat with people and spoke gently with them concentrating on their needs throughout the meal.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at the home was subject to a DoLS at the time of the inspection although applications to the relevant authority had been made for some people.

We checked whether the service was working within the principles of the MCA. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Mental capacity assessments were carried out appropriately.

Staff asked for consent from people before providing personal care. Staff explained to us what action they took when people were reluctant to accept help with personal care. They spoke of encouraging people and that it was sometimes necessary to; "Try again later." One commented; "I can usually persuade [person's name] to have a shower in the end."

CQC had received a concern in relation to the use of photographs on social media sites without gaining the permission of the individuals involved. We discussed this with the provider who assured us the photograph had been removed from the site as soon as they were made aware of the issue. They had since developed a policy covering the use of social media and the need to gain clear consent from people or their legal representatives before publishing any photographs.

Is the service caring?

Our findings

At our previous inspection we rated the service as outstanding in caring. At this inspection we found the service remained outstanding. People were provided with care and support which was developed around people's individual and specific needs. The registered manager, provider and staff knew people well and had a comprehensive understanding of what was important to and for them. The registered manager had been in post for over ten years and they, and the provider, were both clearly passionate about their roles and put people's well-being at the forefront. They spoke about people knowledgeably and with fondness. There was a stable staff team in place and many had worked at the service for a long time. A relative told us; "I know them all by name, there's hardly any change." This meant people had been able to develop good and meaningful relationships with the staff team.

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's emotional well-being. Staff were tactile in their approach with people, often taking people's hand as they spoke with them or putting a comforting arm around their shoulder. People responded to this well. People were highly complimentary about the care staff, comments included; "Staff are lovely, they're very nice to me." Relatives said; "We are very pleased" and "It's a home I wouldn't mind being in myself if I had to be."

Throughout the day staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and made sure they were aware of what was happening and where they were. We heard staff telling people; "I'll just pop this next door then I'll be right back." Staff complimented people on their appearance and admired their outfits. We remarked on one person's hair style and they told us the hairdresser had been off so staff had supported them to style and brush it. This was clearly important to them. A relative commented; "The personal care is as good as it can be."

On the day of our inspection there was a calm and friendly atmosphere in the service. Staff interacted with people in a caring and respectful manner. For example, we observed a member of staff helping someone in a wheelchair back to their room after lunch. When the person started to speak with us the member of staff stopped and came round to the side of the wheelchair to support the person with the conversation. They were patient and gentle and ensured they established eye contact and engaged positively. As they left we heard the person request assistance with a personal task. The member of staff replied in a reassuring tone; "Whatever it is, we can sort it out." An external healthcare professional commented; "When passing rooms when staff are attending to the residents I always hear respectful (and sometimes humorous!) conversations."

People were given opportunities to express their views about how the service was organised on a daily basis. For example, resident meeting minutes showed people had decided as a group to say grace before lunch. Those people who did not want to take part had agreed they had no objection to others doing this. The meeting minutes following our last inspection showed people had been fully informed of the findings and had discussed any suggestions made at the time and decided whether or not to implement them. This demonstrated an open approach and a willingness to facilitate discussion to ensure the service was

operated to suit people's preferences.

Staff worked to ensure people felt valued. For example, one person who lived at Fairfield took responsibility for delivering newspapers to people's rooms. Two others proof read meeting minutes to check for any typographic errors. The registered manager told us they took pleasure and pride in these responsibilities. They commented; "He gets quite cross if the newsagent gets the delivery wrong!"

People were supported to maintain their mobility and independence. The activity co-ordinator facilitated regular yoga sessions and we saw several people and a relative participate in a session on the day of the inspection. People clearly enjoyed this and at the end of the session one person exclaimed; "Oh, that's better!" Weekly hand eye co-ordination activities were also held and there was equipment available to support this.

The registered manager and provider told us about one person whose needs meant they needed a specialized bed to help keep them safe. They told us they were concerned the person was uncomfortable using this bed and did not feel it was meeting their needs or protecting their dignity. They were clearly frustrated by the situation but were determined to do everything possible to improve the person's quality of life. They were making arrangements to discuss the situation further with other healthcare professionals and family to try and identify more suitable equipment. The manager was also trying to source additional support for another person. They told us; "They have no family to fight their corner." This demonstrated a willingness to advocate on people's behalf when they identified their quality of life was being compromised.

People were able to make choices about their daily lives. People told us they were able to get up in the morning and go to bed at night when they wanted to. An extra shift between 8.00pm and midnight had been introduced which meant staff numbers had been increased at this time. This helped ensure people were supported according to their preferences in the evening. The registered manager told us; "People can go to bed when it suits them, not staff. Some like to stay up and watch a film and we have made sure there are enough staff on duty to do that."

People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. The registered manager told us; "I tell staff to walk round the building at the start and end of the shift so they can see everyone." A relative said; "Staff are in and out all day with cups of tea."

People also had access to large, well laid out gardens. There was a level well-tended path which circled a lawned area. Seating was placed at intervals along the path to enable people to stop and rest and take in the extensive views. One person was out walking their dog despite the poor weather on the day of the inspection. This person had a key to enable them to access the gardens independently and at any time they liked. Some bedrooms looked out onto the gardens and one person had bird boxes placed outside their window. They told us birds had nested and they enjoyed watching them come and go.

People were encouraged to continue to access the local community and have time away from the service. A mini-bus was available and people were regularly asked if there were any events they would like to attend. Some had visited various flower festivals and craft fairs. The registered manager and provider told us people sometimes changed their minds about going out at the last minute. The provider commented; "We keep offering though, it's important." Some preferred not to go out and the provider went on weekly shopping trips to pick up any personal shopping people wanted such as toiletries or magazines.

The importance of supporting family relationships was recognised. Care notes showed one person could sometimes behave in a way which was upsetting for their family member. The notes stated staff were to; "Discuss everything with [relative] step by step." One relative told us; "I'm very grateful for the straightforward information they give."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. A conservatory was also available if people wanted more privacy. The registered manager told us this area could also be used for birthday teas or other special occasions when people might have a number of visitors. We observed staff greeted visitors on arrival and made them feel comfortable.

Some people visited family regularly including overnight visits and going on trips out. The registered manager helped ensure there were arrangements in place to enable this to happen, for example checking families had access to any equipment they might need to facilitate visits and protect people's health.

The registered manager and staff knew people well and had an understanding of what was important to them. One person had been admitted to hospital where, due to anxiety issues around food, they stopped eating. The registered manager made several visits to the hospital, each time taking in items of food to try and encourage the person to eat. They also spoke with hospital staff about the kinds of foods the person preferred. The person had returned to Fairfield following their hospital stay and staff worked to support the person to eat enough to maintain their health despite their reluctance. The registered manager told us of one occasion when the person had said they would like some fresh plaice. They had made a special trip to purchase the fish and cooked it as the person liked it. They commented; "We go above and beyond to get her anything she wants even if she only eats a mouthful."

Another person could become anxious at night and disliked having their door closed. The registered manager explained to us why this was the case and demonstrated an empathy, knowledge and understanding of the person's background and personal preferences. A sign in the person's room read; "Please when I'm awake please leave my door open as I love to see you."

The lounge was arranged to encourage people to socialise together. Chairs were arranged in small intimate groups and the television had been positioned in a corner of the room so it did not dominate the environment. We saw some people were watching the television and others were chatting together or reading the newspaper. This demonstrated that attention had been paid to ensure the lay out of the room met people's individual preferences.

Some people were no longer able to read newspapers although this had been an activity they had previously enjoyed. Arrangements had been made to make talking local newspapers and recorded local stories of interest available to people throughout the week. The equipment to access this service could be used either in people's own rooms or in the shared conservatory.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A relative told us; "We prettified it, there was nothing wrong with it but we wanted to make it pretty." Staff always knocked on bedroom doors and waited for a response before entering. All of the rooms were en-suite and bedroom doors had nameplates on them with pictures which had a significance for the individual.

The environment was clean and pleasant, there were flowers in shared areas and plenty of attractive art work on the walls. Photo boards were used to display pictures of people enjoying activities. There were

plenty of large clocks and boards displaying the day and date. This supported people, who may have had some memory difficulties, to keep track of the passage of time.

People's wishes in respect of their end of life care were known, documented and acted upon. For example, the registered manager told us of two occasions when people had expressed specific wishes regarding what happened to them following their death. Due to circumstances at the time of their death the registered manager had needed to make additional efforts and arrangements to try and ensure the individuals' living wishes were respected and acted upon. An external healthcare professional commented; "[Registered manager] has the best interest of her residents at heart and will always go the extra mile for them."

Is the service responsive?

Our findings

At the last inspection we rated the service as good in responsive, at this inspection we found the service remained good. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Fairfield Country Rest Home. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them.

People who wished to move into the service had their needs assessed before moving in, to help ensure the service was able to meet their needs and expectations. A relative told us they had spoken with management about their family members' needs before they went to live at the service. People initially moved in on a months' trial. The registered manager told us this was to ensure they were able to meet people's needs as well as making sure people were happy with the way in which care and support was delivered. They commented; "We get to know them and they get to know us."

Care plans gave details about each person's needs. This covered a range of areas including mobility, breathing, washing and dressing and communication. The care plans were reviewed monthly or as people's needs changed. There was little information about people's life histories. This kind of information can help staff to engage meaningfully with people. We discussed this with the registered manager who told us they had asked families to provide this type of background information earlier in the year. Where families had responded they were starting to collate the information to add into people's care plans.

The registered manager used a traffic light system to categorise people according to their vulnerability. Care plan files were clearly marked to indicate the level of care and support people needed. This was reviewed daily to help ensure the information was accurate and staff were aware of any change in people's needs.

Any changes in people's needs were quickly identified, recorded and action taken where appropriate. For example, at the beginning of June staff had noticed one person was beginning to have problems with chewing and swallowing food. This had been recorded and highlighted to the registered manager. A member of the local Speech and Language Therapist team (SALT) had attended and carried out an assessment. The person's care plan and risk assessment had been updated as a result and directed staff to provide a pureed diet and ensure staff with the appropriate training were to support the person with eating. This demonstrated staff were supported to adapt the delivery of care to help ensure people's needs were met.

Daily verbal handovers between shifts provided staff with clear information about people's needs and kept staff informed as people's needs changed. A 'care problem book' was used to highlight any particularly important information. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people.

Daily records were kept for each individual. The information in these was brief and focussed on tasks. There was limited information about people's emotional well-being and mood or whether they had taken part in

any activities. We discussed this with the registered manager who agreed they would speak to staff about the need to record more personalised information to give an overview of people's day to day experience of the service.

People had access to a range of activities throughout the week including music sessions, bingo and chair aerobics. There was a large selection of board games, well-kept books and magazines available. In the lounge area there was a keyboard, a table football game and equipment to use in hand eye co-ordination exercises. People were encouraged to maintain any interests or hobbies they had taken part in before moving into residential care. For example, one person had responsibility for tending the plants in the conservatory. On the day of the inspection six people took part in a gentle yoga session in the afternoon. The provider organised an annual garden party which families were invited to. An external healthcare professional told us; "There are always activities on whenever we visit and an animated buzz from the communal areas."

People and their families were given information about how to complain. People told us they knew how to raise a concern and they would be comfortable doing so. One commented; "I'd speak to the governor!" A relative said; "If there was anything I didn't feel was right they would know about it." We saw a selection of recently received thank you cards. One read; "We cannot thank you and the staff enough for the wonderful care."

Is the service well-led?

Our findings

At the last inspection we rated the service as good in well-led, at this inspection we found the service remained good. One of the providers worked full time at the service and was well known to staff, people living at Fairfield and their relatives. They described the service as; "A family run service. It is a business but I don't like to call it a business. This is people we are dealing with." The registered manager carried out the medicines round each morning and told us this was very important to them. They explained; "I get to see everyone and check on how people are on a daily basis."

The registered manager had an office close to the front door. They told us this was so they were able to see who was coming and going and relatives would be able to locate them easily. During the inspection we observed visitors come to the office to speak with the registered manager. Staff described the registered manager and provider as approachable and friendly. One commented; "You couldn't wish for better bosses, I'm not afraid to speak to those two at all."

Staff meetings and separate meetings for people and their families took place twice a year, or more often if any specific issues needed to be discussed. The staff meetings were an opportunity for staff to voice any questions or put forward any suggestions. The registered manager told us they welcomed and encouraged ideas from staff.

There were clear lines of responsibility within the service. The registered manager and provider both had well defined roles and oversight of various aspects of the running of the service. The registered manager was supported by two supervisory care workers who were able to cover administrative and managerial duties when necessary. Senior care workers were responsible for running the shift. There was a key worker system in place. Key workers have responsibility for overseeing the delivery of care for named individuals.

There was a positive culture within the staff team who told us they enjoyed working at the service. Comments included; "I love it, everyone gets on with everyone else" and "I can say anything and it's always listened to. There is always someone to ask." One member of staff had been nominated for an apprentice of the year award in 2016 by the service training provider.

People and their relatives were asked for their views of the service annually by means of a questionnaire. The results were collated to give the provider an overview. Suggestions for improvement were listened to and acted upon. For example, feedback from a survey had stated that certain areas of the premises were dark. As a result the provider had installed additional lighting in these areas. We looked at the results for the most recent survey and saw these had been positive. When asked if they had confidence in the management 100% of relatives had replied, 'Yes.'

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Audits were carried out on areas such as medicines, personal monies and falls.

The registered manager had systems in place to help ensure they were kept up to date with any changes

affecting the care sector. They received regular email alerts from relevant organisations to inform them of any developments. They were the lead for a local care home forum. This gave managers in the area the opportunity to share and discuss examples of good working practices. The provider had been invited to have an input into parliamentary discussions on care reform. This demonstrated a commitment and enthusiasm for helping to ensure the service was up to date with any developments in the sector.