

Colbury Care Limited

Colbury House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Colbury House is registered to provide accommodation and support for 58 older people who may also be living with dementia. The home provides long stay or short stay nursing care. On the day of our visit 35 people were living at the home. The home is located in a rural area two miles from the town of Totton, Southampton. There is no public transport nearby. The home has two large living rooms, a dining room and a kitchen. People's private

bedrooms are on both the ground and first floors. There is a passenger lift and stair lift to the first floor. The home has a garden to the rear of the premises and a patio area that people are actively encouraged to use.

Summary of findings

We undertook an unannounced inspection of Colbury House on 24 and 25 November 2014. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 11 August 2014 had been made.

At the last inspection in August 2014 we asked the provider to take action to ensure that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. To ensure that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard, to have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others who may be at risk. Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

There was a registered manager at the home. 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.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care and described the service as excellent. One health care professional said, "I have no concerns at all over the welfare of people living at Colbury House". People were supported to take part in activities they had chosen. One person said, "I can do whatever I want here. The staff are lovely people and work hard".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs. One health care professional said, "They (the staff) always contact us if they are unsure or need advice".

We observed staff talking with people in a friendly and respectful manner. The home had a personalised culture. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People who used the service told us they felt staff were always kind and respectful to them.

People told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "The home is managed well. If we have concerns we can speak to the manager or deputy manager about them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living at the home. Staff had completed training in safeguarding adults and were aware of their responsibility to keep people safe.

People were assessed before moving in to Colbury House. Assessment provided information to form the detailed care and support plan.

Medicines were administered correctly and the records were up to date.

Good



Is the service effective?

The service was effective. We observed warm and open interactions between staff and the people who lived at the home and their families. This approach helped staff to find out what mattered to a person so they could take account of their choices and preferences.

Staff received a structured induction which was based on best practice.

There were procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to other health professionals appropriately and staff supported people to follow the professionals' advice.

Menus were planned to meet people's dietary requirements and preferences.

Good



Is the service caring?

The service was caring. People said they felt well cared for. Relatives told us staff supported people in a very caring manner. Staff took the time to sit and talk to people. People's privacy and dignity was respected.

Staff treated people with empathy and asked people how they wanted their care to be provided.

Care plans showed people and their families were involved in the reviews of care.

Good



Is the service responsive?

The service was responsive. People had their individual needs assessed before admission to the home to ensure their needs could be met.

Family members were encouraged to visit the home and were seen on the day of our inspection. Relatives told us the home had an 'open door' attitude and they could visit at varying times of the day.

There was a comprehensive activities schedule in the home which included group and individual activities. Meaningful activities were taking place on the day of our inspection.

Good



Is the service well-led?

The service was well led. The registered manager had developed good working relationships and motivated staff.

Good



Summary of findings

Staff told us they received good support from the registered manager and could approach him at any time to discuss any concerns they may have.

The registered manager had suitable policies and procedures in place and systems for monitoring the quality of care and services.

Colbury House Nursing and Residential 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 checked 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 24 and 25 November 2014 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service and provider. We had received 10 statutory notifications since our last inspection. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with the registered manager, deputy manager and operations director. We also spoke with eight care staff, 11 people using the service and four relatives of people using the service. Following our visit, we telephoned three health care professionals to discuss their experiences of the care provided to people.

We pathway tracked four care plans for people using the service. This is when we follow a person’s route through the service and get their views on it. This allows us to capture information about a sample of people receiving care or treatment. We also looked at staff duty rosters, eight staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated July 2014.

We observed interaction throughout the day between people living at Colbury House and care staff. Some of the people living at the home were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

Is the service safe?

Our findings

At our inspection in August 2014 some care plans and risk assessments were inconsistent and did not always describe in sufficient detail how care workers should deliver care safely and manage identified risks. The needs of some of the people living in the home were not assessed and care and treatment was not always delivered in line with their individual care plan. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan detailing the improvements they would make by 30 September 2014. At this inspection we found improvements had been made.

People who used the service and their families told us they felt safe and secure in the home. One person told us, "I can't find fault with anything. It's a lovely place to live". Another person living at the home said, "Oh yes I do feel safe here. I feel at home". One relative told us, "It's a good place. It's had its ups and downs a bit lately but now it is good. I know when I leave here my relative will be well cared for". During our visit there were sufficient staff to support people when required. Call bells were answered promptly and people's needs were attended to in a timely manner. Another relative we spoke with told us, "My relative is happy and so am I."

People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. A relative spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member.

Interactions between people living in the home and the staff were warm and friendly. We saw safe care practices, for example staff supporting people safely to get out of their seats and moving with walking frames with friendly and encouraging conversation and respect for the individual.

We looked at staff rotas over the previous four weeks. Two nurse's, and 10 care staff worked during the day and at night there was two nurse's and four care staff on duty. During the staff were supported by the registered manager and deputy manager. The registered manager told us staffing levels currently met the needs of the people however staffing levels could be increased as people's needs change. The registered manager was able to show us

that recently one person using the service required one to one support during the day and night. Staffing rosters showed that staffing numbers had been increased to ensure the person's individual needs were met safely. The care team were supported by ancillary staff which included cooks, a domestic supervisor and domestic assistants, a maintenance man and an activities coordinator.

We spoke with staff and the registered manager about safeguarding procedures. These procedures are designed to protect adults from abuse and the risk of abuse. Staff had received safeguarding training and were able to tell us the action to take so that people were protected. Training records showed staff undertook safeguarding training on an annual basis. Staff had the knowledge and understanding of what to do if they suspected abuse was taking place.

Recruitment practices were safe and relevant checks had been completed before staff worked

unsupervised at the home. Staff records showed that Disclosure and Barring Service

(DBS) checks had been completed before staff started working in the home. DBS carry out a

criminal record and barring check on individuals who intend to work with children and adults.

Records also showed that a minimum of two previous employment checks had been received and

checks confirming people's identity had been obtained. Checks to confirm qualified nursing staff

were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practise in the UK must be on the NMC register.

Recruitment of new staff had been undertaken however some posts were still vacant. The registered manager explained that staff usually covered for each other. Occasionally they used a local agency. We saw on the staff rosters that staff worked overtime to cover any shortfall and agency staff also were employed to cover shifts within the home.

The induction programme for new staff members consisted of basic training delivered in a variety of ways. For example, e-learning and classroom based training. The registered manager told us basic training was an important part of the

Is the service safe?

induction process and used to evaluate people's level of competency, and to ensure that care was delivered safely. One member of staff explained that she had been well supported from the beginning and had received basic training in moving and handling, fire awareness, first aid, safeguarding adults and basic care.

There were policies and procedures in place for medicines handling and storage. There were arrangements in place in relation to record of medicines received into the home. Medicines administration records were clearly and correctly completed. Medicines were safely administered to people. We reviewed a sample of the records which showed that medicines had been administered as prescribed. The registered manager carried out a medication audit on a monthly basis. The medication audit showed that where errors had been identified, appropriate actions had been taken to reduce future errors. We reviewed physical quantities of medicines (including controlled drugs) in relation to records and found these to be accurate.

Risk assessments had been completed and discussed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. People who

had identified risks associated with their care had assessments completed and care plans in place to inform staff how the risk was to be managed. These included moving and handling, falls, nutrition, pressure area care and continence. For example, one person was looked after in bed. There was a risk assessment and plan in place for staff to help the person change position every two hours to prevent pressure areas. Staff knew about the risk assessment and how the identified risks were to be managed. Records confirmed that position changes had been completed as required.

Falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and specialist equipment put in place to reduce the risk. In one person's care plan it was noted that they were at risk of falling if they had been sat for over an hour. The care plan indicated that the person should be encouraged to stand, with help every 10-15 minutes. During our visit we observed staff talking with the person and encouraging them to stand for a few minutes.

The home was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. One person commented, "This home is lovely and clean".

Is the service effective?

Our findings

At our inspection in August 2014 staff had not received appropriate professional development in respect of supervision and appraisal. This was a breach of Regulation 23 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan detailing the improvements they would make. At this inspection we found improvements had been made.

People were supported to eat, drink and maintain a balanced diet. One person told us, "We have a good choice of food here. We always get two choices for lunch but if I don't like what's on the menu the chef will cook me something I like". Another person said, "I always get enough to eat and drink. There are cold drinks available all day long and snacks. If I want a hot drink all I have to do is ask". Staff monitored the food people ate and staff were aware of people's special dietary needs as plans were in place in people's care records that stated these dietary needs.

People were able to access appropriate health, social and medical support when they needed it. Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. A local GP attended the service every week to conduct a surgery and to see anyone who wished to see a doctor or anyone the service were concerned about. One person told us, "I haven't been very well so the staff have been taking me to the doctors and the hospital for all my appointments". On the day of our inspection a visiting optician was in attendance. They told us they visited the home regularly and carried out eye examinations as needed. Another purpose of the visits was to carry out any 'minor' repairs that were needed to people's glasses.

Assessment and monitoring tools were used to enable the staff to identify changes in people's health and wellbeing. People's weight was regularly monitored and staff understood the action they needed to take if a person's weight had changed. Records we reviewed clearly indicated instances of weight gain or loss and care records showed actions that had been taken to address any concerns. For one person who had lost weight the GP had prescribed fortified fluids and food supplements to help them to gain weight.

Staff had access to the information they required to meet each person's needs and preferences because care records contained plans that were personal to each individual. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of each person's preferences. One staff member told us in detail about a person's interests. The person was present and nodded in agreement.

Staff asked people for their consent before personal care was given, during support at meal times and when helping people to the toilet. A relative said, "I see staff speaking to people about the care they are giving and always asking if it is ok to do it". One person said, "Staff always ask me if it's ok to wash me, they don't do anything without my permission".

Some people were living with dementia which meant they required support to make important decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff we spoke with were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could effectively result in causing harm to them".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No-one living at the home was currently subject to a DoLS, however the registered manager and staff understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The registered manager had meetings with all staff individually every eight weeks. Training, personal development and people living at the home were discussed. Staff had undertaken learning in areas specific to people's needs such as, person centred planning, safe handling of medication and moving and handling. One

Is the service effective?

member of staff said, “I enjoyed the dementia awareness training I did. It gave me a good insight to a very complex condition. It means I can try to ensure that I can meet people’s needs and give the best possible care in a kind, understanding and compassionate way”.

The registered manager told us, “Most of our training is e-learning (computer based learning) but if e-learning is

not meeting training needs we can ask for in-service support where trainers can visit and discuss ground floor issues such as behaviours that challenge and moving and handling”.

New staff received a structured induction which was based around achieving the Skills for Care Common Induction Standards. These are the national standards people working in adult social care need to meet before they can safely work unsupervised.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff at the home and about the quality of care they provided. People told us, “The care here is good, I feel listened to” and said, “The staff are kind, thoughtful and helpful”. One relative told us they didn’t have any concerns about the quality of care provided in the home. Another relative told us, “My relative is well looked after, well fed and is really happy here. They were very stressed when they were in hospital before they came here but now they are relaxed and settled”.

Some people who lived at the home could not easily express their views about the care they received. The home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. At the time of our visit nobody living at the home required an advocate. People were treated with respect and given the time they needed to communicate their wishes. People were treated in a caring and kind way. Staff were friendly and patient when providing support to people.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. People who used the service confirmed that the staff knew the support they needed and their preferences about their care. One person told us, “The staff ask me what I want. They know how I like to do things”.

People who could share their experience of the home with us said they were included in making all decisions about the care and support they received. One person told us, “The staff understand that I know what feels best for me, they listen and help me”. Another person said, “The staff ask me how I want them to do something for me”. People were involved in making decisions about how their care was delivered.

Relatives spoke positively about the care provided at the home. They said they were included in supporting their relatives to make decisions about their care. They told us staff in the home were kind, caring and compassionate. One relative said, “The staff are very good, they are like family, they go above and beyond what you’d expect”. Staff engaged positively with people and people enjoyed talking with the staff.

We observed how people in the home were supported as they had their midday meal. Staff spent time talking with people and engaged with them in a meaningful way. People who needed assistance with eating were helped by staff in a calming reassuring way. Staff were careful to ensure people made choices of what to eat and staff were careful to give quantities of food that were easy to manage. This helped to make the mealtime a pleasant and sociable occasion.

People who were visiting the home told us that they were able to see their relatives whenever they wanted. They told us there were no restrictions on the times they could visit them. One visitor said, “We come any time, the staff always make us welcome”. Throughout our inspection we saw the staff in the home protected people’s privacy and dignity. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People were appropriately dressed and their clothing was arranged properly to promote their dignity.

People confirmed the staff respected their privacy. One person told us, “The staff always knock and ask before coming in my room and they ask me if I want the door open or closed as they leave”. People said they were confident the staff kept private information about them confidential. One person told us, “The staff don’t talk about other people in front of me, so I don’t think that they talk about me in front of other people”. Staff showed they understood that it was important to respect people’s confidentiality. They said that this was included in their training.

People were supported to be as independent as possible and were encouraged to do as much for themselves as they were able to. Some people had special equipment to maintain their independence. At lunch time we observed three people eating dinner using specially adapted cutlery. The cutlery was designed to help people who may have difficulty in using everyday equipment maintain their independence. One person told us, “I have such difficulty with normal knives and forks but these are such a blessing.” Staff were aware of the equipment people required and ensured this was provided.

Is the service responsive?

Our findings

People's needs were fully assessed to determine whether the service could provide them with the support they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, medication, communication and with their night time routine. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. One person said, "The staff know all about me and what I like to do. They know I sometimes like a lay in, especially at the weekends so they don't disturb me". Another person said, "One of the care workers shares my hobby and interests. It's good that they have the same interests as me.we often chat for ages".

Care and support plans were up to date and included current information on how a person's care and support should be delivered. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People's needs were evaluated, monitored and reviewed each month. We saw that each care plan was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person the way the person wanted and how to provide the appropriate level of support.

A meeting known as '10 am stand up meeting' took place every morning involving the registered manager and all heads of departments including kitchen, maintenance and care staff. Items that were discussed included what would be happening that day including visits by GP or other health professionals, events over the coming week and any changes to people's care and support needs. Staff were aware of people's current care needs and were able to arrange a change to care and support where necessary.

Staff were responsive to people and their requests. One person was supported to sit upright so they could have drink. Staff told us, "We respond to residents as we go. They have a choice and we respond to that. We always up-date the daily notes and report any concerns to the nurse" Staff told us that when they reported a change or concern about a person it had been dealt with immediately.

During our inspection we observed people involved in activities. In the afternoon a singer provided entertainment

in one of the lounge areas. People were smiling and actively engaged in the singing. This was a very popular event. 19 of the 35 people living at the home attended. People told us they enjoyed the activities and were supported in their individual chosen activity. People were consulted about the activities they would like to take part in, including quizzes, reminiscence and craft sessions. People told us they were able to choose whether to join in or not. Where people chose to stay in their room the activities organiser would spend 'social care' time with them talking, reading, playing cards or offering any other support they needed.

Staff told us they had regular one to one supervision meetings with the registered manager. This gave them opportunities to discuss the running of the home as well as their own professional development. Staff told us the registered manager was approachable and they felt able to speak to him about anything. One member of staff said, "I feel valued now. In the past the only supervision we would have was if we had done something wrong. Now it is a meeting where I can express my concerns if I have any and it isn't one way traffic".

There was a passenger lift to help people to access accommodation on the upper floor of the home and wide corridors and doorways in the newer part of the home which gave people space to walk or to mobilise independently with equipment they used. Corridors and doorways in the older part of the building were however narrow. The registered manager told us plans had been submitted to refurbish the older part of the building to bring it up to the standard of the rest of the home.

Staff told us they sought feedback about the home from people's relatives who were invited to complete a customer satisfaction survey. The registered manager had recorded people's feedback in a survey to people living at the home and their relatives in June 2014. People were asked to comment on their experiences of different aspects of the service. Eleven recorded they were very satisfied with the care they or their relative received whilst 11 people recorded they were satisfied. 13 people recorded they were very satisfied with the food and snacks at Colbury House and 8 people stated they were satisfied. Overall two people were overly satisfied, 15 people satisfied and 6 satisfied with the home.

The complaints procedure was on display around the home in written and pictorial format. It was also in the

Is the service responsive?

‘service user guide’. A copy of which was in peoples rooms. The service had received three complaints since our last inspection. The provider had regularly engaged with the person who had made the complaint and had also met them to discuss their concerns. An action plan had been drawn up from one of these meetings for the service to follow with a suggested timescale for the complainant and the provider to meet again to make sure that the complainant was happy that their concerns had been dealt

with. One person told us they would feel comfortable making a complaint and said, “The staff are approachable. They are aware of their responsibilities.” One relative told us they had made a complaint which they said had been appropriately dealt with by the manager. Another relative told us about a concern they had raised and they had been “very impressed” with how quickly it had been responded to. People’s complaints were dealt with appropriately.

Is the service well-led?

Our findings

At our inspection in August 2014 we found that systems were in place to regularly monitor and check water temperatures, nurse call systems, bed rails, security, door closures, and emergency lighting. Records were unclear and did not demonstrate when systems had failed or where issues had arisen. The registered person did not protect people who use the service, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage the risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of a regulated activity. This was a breach of Regulation 10 (1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan detailing the improvements they would make. At this inspection we found improvements had been made.

People told us they felt the home was well managed and they were asked for their opinions on the service they received. A relative told us, "I do feel my comments are listened to". The manager or deputy manager toured the home throughout the day interacting with people and staff. People told us the manager was very approachable and felt comfortable raising any concerns they had. The manager told us they did a 'daily walk around' to check everything was okay with the premises and to make sure people could speak with them if they needed. People and relatives confirmed this. People living at the home made positive comments about the home and how it was managed and led. People told us, "The home is very well organised and run". "The registered manager and deputy manager are on the ball". "It is a very happy, lively home" and "It is a very nice place to live".

The service had a registered manager in post who was supported by a deputy manager and other senior staff. People using the service and staff were comfortable and relaxed with the registered manager and deputy manager. Both demonstrated a good knowledge of all aspects of the service, the people using the service and the staff team. Staff told us the management team was approachable and they felt confident to raise concerns. One staff member

said, "Since (manager) took over staff morale has improved. He is accessible and approachable". Another staff member told us, "These two (manager and deputy manager) like to be involved in everything".

The management team listened to staff concerns and took action to improve the service, both for staff and the people living in the home. Regular staff meetings gave staff the opportunity to communicate their concerns. During our visit we saw evidence that some of the issues raised in those meetings had been addressed. For example, staff had raised a concern that shifts were often changed without giving seven days' notice. Rotas were now prepared four weeks in advance. Another concern had been a lack of activities at weekends. The provider had recruited another staff member to provide weekend activities. The manager told us, "It is important for staff to take ownership of any issues."

The registered manager made himself available on one morning each week for a 'surgery.' This was to provide people with the opportunity to see him and discuss any issues. The registered manager told us, "It's a facility that is in place for people to come and talk and raise any concerns they may have, however we operate an open door policy and are accessible at any time. People living here rarely use it however relatives do use it regularly. One relative told us, "I know about the 'manager's surgery' and have used it in the past when I've needed to. However the manager or his deputy are always available if I need to talk to them".

Staff meetings were held and these provided an opportunity to discuss practice issues and keep up to date with new procedures. The registered manager undertook monthly audits. These monitored various aspects of the service such as health and safety, care plans, training and development, medication and maintenance. A compliance visit was undertaken monthly by the organisations director of operations who checked the 'self audit' and spent time in the service speaking with people and reviewing the quality of the service.

Falls and other incidents were recorded and monitored through a monthly falls and accident analysis. The registered manager's quality assurance system included monitoring and analysing accidents and incidents. The records we looked at showed that when the registered manager identified possible causes, they took action to minimise the risk of a reoccurrence. For example, one person was assessed and was at high risk of falls. The

Is the service well-led?

person's medication was reviewed and slowly reduced. The person's physical health had now improved. Risks were looked at on an individual basis and their needs were met and potential risks were reduced as much as possible.

Quality assurance systems were effective at ensuring improvements within the home. For example, medication

audits and checks had improved the management of medicines. Care plan audits had improved the level of record keeping with the home. Audits of accidents and incidents had identified training needs that had been addressed and led to improvements in the quality of care provided at the home.