Mr. Liakatali Hasham

Kings Lodge Care Centre

Inspection report

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Date of inspection visit:
31 March 2017

Date of publication:
08 May 2017

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

Kings Lodge Care Centre is a care home with nursing for a maximum of 42 older people, some of whom are living with dementia and/or sensory impairment. There were 35 people living at the home at the time of our inspection.

The inspection took place on 31 March 2017 and was unannounced.

There was no registered manager at the time of our inspection but the home manager had applied for registration with the Care Quality Commission (CQC) and their application was being assessed. A registered manager is a person who has registered with the CQC 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.

At our last inspection in 22 January 2016, we found the provider was breaching legal requirements in relation to infection control and treating people with respect. Some areas of the home were not adequately clean and staff did not always follow good infection control practice, which presented a risk of infection. Some staff did not respect people's privacy or treat them in a way that maintained their dignity. The provider sent us an action plan setting out the action they planned to take to improve standards in these areas.

At this inspection we found the provider had taken action to meet these legal requirements. There was a cleaning schedule in place, which ensured the home was clean and hygienic. People were protected from the risk of infection because staff maintained safe infection control practice. Staff demonstrated compassion in their approach and treated people with dignity and respect. People had developed positive relationships with the staff who cared for them and relatives told us staff were kind and caring.

People felt safe at the service and when staff provided their care. There were enough staff on each shift to meet people's needs but staff were not deployed effectively at all times during our inspection. The manager responded promptly to address this issue, allocating an additional member of staff in one part of the home and introducing a checklist to evidence that appropriate checks were carried out.

Risks to people had been assessed and staff implemented measures to reduce these risks. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures. There were plans in place to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely.

People were supported by staff that had the skills and experience they needed to provide effective care. Relatives said staff knew their family members' needs well and provided consistent care. Staff had an

induction when they started work and access to ongoing training, supervision and support.

During our inspection we found some inconsistencies in the recording of mental capacity assessments. After the inspection, the manager provided evidence that appropriate procedures had been followed when decisions that affected people were made. Where people did not have the capacity to make decisions, relevant people had been involved in making the decision in the person's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe

People were supported to have a balanced diet and enjoyed the food at the service. People's nutritional needs had been assessed and were kept under review. The service had access to healthcare professionals if people developed nutritional needs that required specialist input. People's healthcare needs were monitored effectively and they were supported to obtain treatment if they needed it.

The service was responsive to people's individual needs. Care plans were person-centred and reviewed with the input of the person receiving care and their friends and families. Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their preferences. People had access to a range of activities and events. The service employed activities co-ordinators, who provided activities and opportunities for engagement based on people's needs and interests.

The provider had a written complaints procedure, which detailed how complaints would be managed. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. The complaints record showed that complaints were investigated and responded to appropriately.

Since taking up their post, the manager had encouraged people, relatives and staff to contribute their views about how the service could be improved. Relatives told us this had had benefits for their family members in how their care was provided. Staff said the manager had improved the support they received and communication amongst the staff team. People told us the manager knew everyone living at the home well and spoke with them regularly to hear their views.

The provider monitored the service to ensure appropriate standards were maintained. Senior staff conducted audits to ensure key areas of the service were being managed safely and effectively. There was an action plan for the service, which was reviewed regularly to ensure any areas identified for improvement were addressed. The provider used surveys to seek feedback from people, relatives and professionals who had a regular involvement in people's care. Where people had made suggestions for improvements, we saw that these were acted upon by the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff available to meet people's needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

The service was clean and hygienic.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities and events.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

There was effective communication between staff at all levels.

The provider had implemented effective systems of quality monitoring and auditing.

Kings Lodge Care Centre

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 was 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 31 March 2017 and was unannounced. The inspection was carried out by three inspectors and a specialist nursing advisor.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned a Provider Information Return (PIR) on 10 March 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we spoke with nine people who lived at the home and two relatives. 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 tell us about their experience directly. We spoke with nine staff, including the manager, deputy manager, nursing, care and catering staff.

We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection, we received feedback from one relative and one social care professional via email.

Good

Is the service safe?

Our findings

At our last inspection, we found the provider was breaching legal requirements in relation to infection control. People were not adequately protected from the risk of infection because some parts of the home, including the kitchen, were not adequately clean. Staff were not able to follow good infection control procedures because the hand wash basins in sluice rooms were dirty and inaccessible.

At this inspection we found the provider had taken action to address these concerns. All areas of the home were clean and hygienic. There was a cleaning schedule in place, which was regularly checked for completion. Monthly infection control audits were carried out, which indicated appropriate standards were being maintained. The kitchen had been subject to a food hygiene inspection in May 2016 and found to be meeting food hygiene regulations. The hand wash basins in sluice rooms were accessible and clean. Staff told us they were now able to wash their hands before leaving the sluice room.

People told us staff were available when they needed them. They said staff responded promptly when they used their call bells. One person told us, "Staff are always around when you need them." Relatives said there were enough staff to keep their family members safe. One relative told us, "They have staff wandering the corridors. There is always someone around." Another relative said, "There are definitely enough staff on. They make time to talk to her."

Staff told us that there were enough staff on duty on each shift to provide the care people needed. One member of staff told us, "There are enough nursing staff and carers to deal with the dependency of residents. We get agency if need be." Another member of staff said, "We make sure everybody is cared for well. Some days are busier than others, but everything gets done." A third member of staff told us, "There are enough staff for us look after people well."

The manager told us that staffing levels were planned according to people's needs. The manager said people's needs were assessed using a dependency tool, which was reviewed each month. Although there were sufficient staff on the rota to meet people's needs, staff were not deployed effectively in meeting people's needs on the day of our inspection. Staffing numbers on the ground floor were sufficient to ensure that people received the care they needed at all times. However there were insufficient staff at times on the first floor to ensure people were monitored regularly. The manager responded promptly to address this issue when we advised them of our concerns. The manager allocated an additional member of staff to the rota on the first floor and introduced a checklist to evidence that regular checks on people had been made.

People told us they felt safe when staff supported them and provided their care. One person said, "I feel very safe here; the staff always help me when I need it." Relatives told us their family members were cared for in a safe environment. They said staff maintained their family member's safety when providing their care. One relative told us, "I feel she is 100% safe" and another relative said, "They keep her safe when they are hoisting her." A third relative said of their family member, "She feels very safe. They are very careful with her. She'd had a lot of falls at home; that doesn't happen now."

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. The manager had notified CQC and other relevant agencies about incidents where necessary. Staff told us that whistle-blowing had discussed with them at supervisions and team meetings. One staff member said, "We have been told about whistle-blowing. I know I can contact social services if I need to." Another member of staff told us, "There is a whistle-blowing hotline we can ring."

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

Risk assessments had been carried out to identify any risks involved in people's care, such as inadequate nutrition or hydration, pressure ulcers or choking. Where risks had been identified, staff had implemented measures to reduce the likelihood of them occurring. For example pressure relieving equipment had been obtained for people at risk of pressure ulcers and repositioning regimes had been implemented. Food and fluid monitoring charts were maintained where necessary to address the risk of inadequate nutrition or hydration.

The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly. Equipment used in the delivery of care, such as hoists and slings, was regularly checked to ensure it was safe for use. The provider had contingency plans to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely. Staff made sure people understood what their medicines were for and regularly checked whether they required pain relief. There were protocols in place for medicines prescribed 'as required'. Where people were given their medicines covertly, appropriate procedures had been followed, including consultation with the person's family and healthcare professionals, to ensure the medicines were being given in their best interests. Where people wished to manage their own medicines, staff carried out a risk assessment to identify any risks involved and support the person to do so where possible.

Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. The member of staff administering medicines during our inspection checked the medicine administration charts carefully to ensure they were administering the correct medicine in the right dosage to the correct person. The staff signed for the medicines after the person had taken the tablet. There were no gaps in staff signing the medicine administration charts. The member of staff told us, "We check every day that staff have signed properly to show the medicine was given."

Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. A senior member of staff carried out a medicines audit each month and an external pharmacist checked the management of medicines annually. The provider's own audits and the pharmacist's report indicated that staff were managing medicines safely.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and training they needed to provide effective support. People told us staff were competent and efficient. One person said, "The staff are very good. They are efficient and do what they say they are going to do." Relatives said they were confident in the skills of the staff who cared for their family members. One relative told us, "I have every confidence in the staff. The nurses are brilliant." Another relative praised the efforts of the manager and staff team in improving the standard of care provided to their family member. The relative said they had noticed a "greatly improved level of care" when they visited.

Due to vacancies on the staff team, agency staff were employed on most shifts. The provider recognised the importance of good continuity of care and had made efforts to recruit permanent staff. The manager told us that recruitment was proving a challenge to the service and that they were continuing to work with the provider's head office in organising recruitment campaigns. The manager said the service employed regular agency staff, which meant they had developed a good understanding of people's needs and the working practices of the service.

Staff had an induction when they started work, which included shadowing an experienced colleague. Staff told us the induction process was thorough and had prepared them well for their roles. They said they had attended all elements of core training during their induction, including health and safety, moving and handling, infection control, fire safety and first aid. Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as dementia care and mental health. One member of staff said, "the in-house training is very good and I've learned a lot."

Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. The manager told us that a programme of staff appraisals would begin in May 2017. Nursing staff had access to clinical supervision and the training they needed for their roles, such as venepuncture, catheterisation, diabetes, use of syringe drivers and palliative care. Nursing staff said they had the support they needed to record evidence of continuing professional development and complete their revalidation. One member of nursing staff told us, "I had clinical supervision last month with the manager. We looked at my weaknesses and strengths. I strive for excellence. I would like to do some more training and I have spoken to the deputy about it."

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). 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.

During the inspection we found inconsistent information in some people's care plans regarding their mental capacity assessments. Following the inspection, the provider supplied evidence that appropriate procedures were being followed when decisions that affected people were made. Staff had carried out mental capacity assessments concerning specific decisions, such as medicines and the use of bed rails. Where assessments indicated the person did not have the capacity to make the decision themselves, there was evidence that all relevant people had been consulted about and involved in making the decision in the person's best interests, including healthcare professionals, relatives and appropriate staff from the service. The provider's Head of Nursing and Compliance confirmed that the provider's policy was to "complete a mental capacity assessment on each resident on admission and where required apply for DoLS in line with current guidelines. Where required we also complete a more detailed mental capacity assessment for decision specific reasons and hold a best interest meeting where required."

Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff. Staff had attended training in the MCA and DoLS and demonstrated a good understanding of how the principles of the MCA applied in their work. One member of staff told us, "We assume everyone has capacity unless it's been proved otherwise." Another member of staff said, "We have to act in someone's best interests if they don't have capacity." Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

People enjoyed the food provided and were supported to maintain adequate nutrition. Relatives told us their family members' dietary needs were met and their preferences known by staff. One person told us, "The food is good." A relative said of their family member, "She enjoys the food. She particularly loves the desserts." People told us they could have alternatives to the menu if they wished and kitchen staff confirmed they would prepare alternatives for people on request. We observed during our inspection that people who requested alternatives to the menu were provided with these.

People's nutritional needs had been assessed and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. Referrals had been made to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. Guidance given by healthcare professionals had been included in people's care plans. There was effective communication between kitchen and care staff regarding any changes to people's diets following input from healthcare professionals.

We observed that mealtimes were an enjoyable experience for people. The provider had identified mealtimes as an aspect of people's care that could be improved and had implemented measures to improve people's experience. These measures included the provision of additional staff support at mealtimes to ensure people received any assistance they needed. Relatives said they were able to join their family members for meals if they wished. People had access to snacks and drinks throughout the day and staff encouraged people to maintain adequate levels of nutrition and hydration.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Care plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about their health or well-being. A healthcare professional told us staff had a good awareness of people's health needs and implemented any guidance they put in place. The outcomes of appointments with healthcare professionals were recorded in people's care plans.

Good

Is the service caring?

Our findings

At our last inspection, we found the provider was breaching legal requirements in relation to treating people with dignity and respect. Some staff used language that did not promote people's dignity. Some staff did not respect people's privacy and entered their rooms without invitation.

At this inspection we found the provider had taken action to address these concerns. People told us staff were kind and caring. They said staff treated them with dignity and respect. One person told us, "Staff are caring. They meet any requests I have and they look after me. They are very kind. They very much treat me with dignity." Another person said, "The girls [staff] are very good and do their very best. They are very patient and kind." A third person told us, "The staff are so lovely. We have a laugh and a joke with them, which cheers us up." Training records demonstrated that staff attended training in promoting equality and valuing diversity.

Relatives and visitors said staff were caring and compassionate in their approach to supporting people. A relative told us, "The care [family member] gets is brilliant. They certainly treat her with respect. All her carers are caring." Relatives said staff made time to chat with their family members and make people feel valued. One relative told us, "They engage with her all the time. They make cakes for people's birthdays. They make people feel special." A regular visitor to the home told us about an incident in which the manager and staff had shown skill and compassion when supporting a person who had become distressed. The visitor said the manager and staff had reassured the person and found solutions to their concerns, which had alleviated their distress. The visitor told us, "It was dealt with in such an excellent manner. I was so impressed by the way [manager] and her two colleagues dealt with this situation. They were superb."

People told us their friends and relatives could visit whenever they wished and that staff made their visitors feel welcome. One person said, "My family can visit any time and they always get a warm welcome." Relatives told us the service had a welcoming atmosphere. One relative said the atmosphere had been improved by the manager's focus on ensuring a caring approach from staff. The relative told us, "This has led to a more relaxed, feel good atmosphere, with more one to one time spent with residents and families as required."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Feedback from a relative stated that the staff team "contribute to a feel good atmosphere." It was clear that people had developed positive relationships with the staff who supported them. Staff were proactive in their interactions with people, making conversation and paying them compliments. The manager led by example in their approach to engaging with people. The manager took the time to speak with people throughout the day and clearly knew them well. Relatives told us staff encouraged them and their family members to be involved in planning their family member's care. They said their views were listened to and incorporated where possible.

We observed that staff supported people to maintain their appearance, including people who were reluctant to receive care. For example a member of staff told us that one person was often reluctant to

receive support when they got up. They said staff supporting the person were aware of this and waited until the person was more likely to agree to support. Staff supported people to be independent where possible. People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent, for example when eating and mobilising.

We received positive feedback about the support provided by staff to people at the end of their lives and their relatives. A healthcare professional told us, "Kings Lodge staff have always been very supportive of palliative care patients and have cared for them appropriately. They refer for support in a timely fashion and then follow the guidance of the palliative care team. They deliver appropriate end of life care for patients and also supportive care to the next of kin."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved into the service to ensure staff could provide the care, support and treatment they needed. Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. Care plans were reviewed regularly to ensure they continued to reflect people's needs. Relatives told us they were encouraged to be involved in their family members' care plan reviews.

Relatives said staff had been creative in thinking of ways in which their family member's care could be tailored to their individual needs. One relative told us, "They have come up with a lot of ideas to make things easier for her." We observed that staff were attentive to people's needs. Staff regularly checked whether people were comfortable and assisted them where they expressed discomfort.

The staff we spoke with knew the people they cared for well and were aware of their preferences about their care. For example one member of staff told us one person needed support to maintain adequate hydration due to a medical condition. The member of staff said the person rarely drank a whole drink and preferred to drink small amounts regularly. We observed the member of staff encouraged the person to drink at regular intervals to maintain their hydration levels.

People had access to a range of activities and events at the home. One person told us, "We have plenty to do." Another person said, "We're being pampered today. A lady is coming to do our make-up." People could choose to join in group activities such as quizzes, word games and bingo and entertainers visited the home regularly. The home employed activities co-ordinators to plan and deliver activities. An activities co-ordinator told us they took people's individual needs into account when planning activities. They said they visited people who stayed in their rooms to offer hand massages or manicures, which ensured they were not excluded from activities. The activities co-ordinator told us they planned to introduce exercise classes designed for wheelchair users.

The manager told us they planned to increase the involvement of the service in the local community, which would give people opportunities to form new relationships. The manager said people from the home would be supported to attend events and that the local community would be invited to events held at the home. A bar was being built in the home at the time of our inspection which the manager said would provide a place for people to socialise with friends and families. Members of local church groups visited the home to give services for people who wished to attend.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

The manager promoted an open culture in which people, relatives and staff were encouraged to contribute their views and these were listened to. We heard feedback from many people about the positive impact the manager had had since taking up their post. One relative told us, "She has been a really positive influence. She has had lots of good ideas and what I like about her is that she gets things done." Another relative said, "The present manager has got the home the most stable. She understands what needs to be done. She has a sympathetic ear."

People told us the manager had ensured they got to know everyone living at the home and spoke with them regularly. People said they knew the manager well and a relative told us, "She makes a point of seeing every resident each day. She's very calming." The manager told us they aimed to empower staff to provide person-centred care that was responsive to people's individual needs. We saw evidence that the manager had held a number of meetings with staff at which the provision of effective person-centred care was discussed. Relatives told us this had had benefits for their family members in how their care was provided. One relative said, "We have seen vast improvements in the way the care home is managed and maintained and how care is delivered, carers now work together in support of each other, residents and families."

Staff told us the manager had improved the support they received and communication amongst the team. They said this had improved the care people received. One member of staff told us, "I feel so positive about this home. We have a good team and the manager has been very supportive from a personal and professional point of view. This home is the best it has been since I have worked here." Another member of staff said, "If I have any concerns I can speak to the manager. She has an open door policy." A third member of staff said, "The manager is very approachable. She tells us what is happening and asks us how we are."

All staff groups met on a regular basis to discuss the needs of the people they cared for. Staff told us the manager encouraged their suggestions about how the care and support people received could be improved. They said they felt more involved in the development and improvement of the service as a result. Staff meeting minutes demonstrated that the manager had sought the views of staff about improvements that could be made. The manager told us they made regular observations to assess staff practice and identify any areas for improvement in how care was delivered.

The provider had an effective system of quality monitoring and improvement. Senior staff conducted regular audits to ensure key areas of the service were being managed safely and effectively. For example audits were carried out to monitor standards in infection control, health and safety and medicines management. Monthly clinical audits ensured people received the nursing care they needed and the provider's compliance manager carried out regular audits of staff training, supervision, care plans and reviews. Accidents and incidents were recorded and reviewed by the manager or deputy manager to ensure appropriate action had been taken to prevent a recurrence. There was an action plan for the home, which was reviewed by senior managers to ensure any areas identified for improvement were addressed.

The provider used surveys to seek feedback from people, relatives and professionals who had a regular

involvement in people's care. The completed surveys contained much positive feedback about the care people received, the management of the service and the competency and approach of staff. Where people had made suggestions for improvements, we saw that these were acted upon by the provider. For example two people said they would like a wider choice of meals. As a result of this feedback, a discussion had taken place with the chef and more variety had been offered on the menu, including extra choices of dessert.

The management team had established effective links with health and social care professionals to share information and to ensure they adopted best practice. The standard of record-keeping was generally good, although we found some records were not up to date. Staff maintained detailed daily records for each person, which provided important information about the care they received. In the majority of records we checked, records such as repositioning and food and fluid charts were accurate and up to date. In a small number of cases, the daily records had not been fully completed. We advised the manager of this during feedback, who ensured staff took action to update the records appropriately.