Bupa Care Homes (ANS) Limited

Warrens Hall Nursing Centre

Inspection report

218 Oakham Road
Tividale
Oldbury
West Midlands
B69 1PY

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16 March 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 March 2016 and was unannounced.

At our last inspection in January 2014 the provider was meeting all of the regulations that we assessed.

Warrens Hall is registered to provide accommodation for up to 40 older people who require nursing or personal care. On the day of our inspection 40 people lived at the home.

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

People living in the home told us that they felt safe and that they were supported by staff who knew them well. Staff had been trained to recognise different types of abuse and were confident that if they raised any issues then the appropriate action would be taken.

We found that both the registered manager and the staff group knew the needs of the people living at the home and how to support them.

The provider had a suitable number of staff on duty with the skills, experience and training in order to meet people's needs. Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently.

Medicines were stored and secured appropriately. People told us that they received their medicines on time and that staff responded to their needs in a timely manner.

Staff obtained consent from people before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and were able to give a good account of what a Deprivation of Liberties Safeguard (DoLS) meant for people who were subject to them.

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs and how to support people to maintain their independence. People were supported to access a variety of healthcare professionals to ensure their health care needs were met and were assisted to see their GP as and when required.

People living at the home and their relatives told us that they felt the staff were very kind and caring. People were supported to main relationships and develop new friendships. Relatives told us they found the registered manager and the staff group very welcoming and approachable.

Staff were aware of people's likes and dislikes and how people preferred to spend their day and what was important to them. People enjoyed taking part in a number of activities that were planned each week and were asked how they would like to spend their time.

People and their relatives told us that they had not had to raise any formal concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with satisfactorily.

People living at the home, their relatives and staff alike, all thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

There were a number of quality audits in place to assist the registered manager in assessing and reviewing the delivery of care in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to keep them safe from abuse and harm.

Staff were safely recruited to ensure their suitability and prevent people being placed at the risk of harm.

People received their medicines as prescribed and when they needed them.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to have enough food and drink and staff understood people's nutritional needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain good health and had access to a number of healthcare services.

Is the service caring?

Good

The service was caring.

People told us they were cared for by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

People's privacy and dignity was maintained.

Is the service responsive?

Good

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in a variety of group or individual activities.

People were confident that if they had any concerns or complaints that they would be listened to and acted on

Is the service well-led?

Good

The service was well led.

People spoke positively about the registered manager and staff group and considered the service to be well led.

Staff felt well supported and well trained to do their job.

Staff were confident that if they raised any concerns, that they would be listened to and dealt with appropriately.

There were a number of quality audits in place to enable the manager to assess the quality of the care provided.

Warrens Hall Nursing 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 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 16 March 2016 and it was unannounced.

The inspection was carried out by one inspector and an expert by experience. 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents,
safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

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 spoke with eight people living at the home, seven relatives, the registered manager, the deputy manager, three members of care staff, the chef, two activities co-ordinators, two administrative staff and a visiting health care professional. We also spoke with representatives from the local authority. We looked at the records of six people, two staff files, training records, complaints and compliments, accidents and incidents recordings, six medication records, and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home and were supported by staff who knew how to keep them safe from harm. One person said "The carers keep me safe by making sure I don't fall over when I'm moving about, like going for a shower". Another person told us, "To keep me safe they [staff] sometimes walk with me if I'm a bit unsteady". One relative told us, "I have no concerns about the care or safety of my relative" and another relative said "I feel [relative] is safe, we viewed lots of homes before we came here and this was the best by far".

People were supported by staff who had been trained to recognise signs of abuse and were aware of the reporting procedures to follow if they did suspect someone was a risk of harm. A member of staff told us "If I saw anything I would go to the manager. She is brilliant and would definitely listen to me". Another member of staff told us, "If I thought anyone was ill-treated in any way shape or form, I would report it. We are their voice". We saw that systems were in place to record any concerns and the registered manager was aware of their responsibilities in respect of reporting and acting upon any concerns. Where safeguarding concerns had been raised, we saw these were reported and acted on appropriately.

One person told us, "I'm hoisted in and out of bed and I feel safe when they are doing this". Staff were able to tell us the risks that people were exposed to on a daily basis, and described in detail how they managed those risks. People's files held risks assessments that were reviewed on a regular basis and updated if there were any changes. We saw one person had been identified as being at risk from falls. In response to this, a sensor mat was put in their room to alert staff to when they got out of bed. A member of staff told us, "As soon as it goes off, we go straight to the room". Staff told us that as soon as they came onto shift, they would be notified of any changes in people's care needs or any additional risks to them. Another member of staff described to us how they supported one person who was at high risk of choking. They were aware of the signs to look for and actions to take, should they need to prevent such an event from occurring. A nurse told us, "We complete all risk management paperwork on the day of admission and then pass all the information onto staff at handover".

We saw where accidents and incidents took place, they were recorded and regular observations put in place to monitor people's recovery. Each incident was recorded and investigated individually. The registered manager told us, "If anyone has had more than two falls in a month, I'm finding out why". Where one person had fallen, we saw that contact had been made with the physiotherapist in order to support the person. Monthly assessments of accidents and incidents took place to see if there were any trends. We saw where one person was admitted with a pressure ulcer, a care plan was put in place for staff to follow, including regular turns to improve the integrity of their skin. Once this had improved, regular monitoring took place to ensure the improvement was maintained.

People told us they thought there were enough staff to meet their needs. One person told us, "I think there are plenty of staff to look after me, it's the same at evenings and weekends". We observed staff were present in communal areas and supporting people at mealtimes. We saw that for people nursed in bed, staff responded to their call bells in a timely manner. Each member of staff had their own pager which identified

which room was calling and staff were able to see when the call had been responded to. A relative told us, "I've always felt there were enough staff; I've never felt it was an issue". Another relative told us, "They are occasionally short staffed, due to staff sickness – so staff are stretched". A member of staff told us, "We could do with more staff, perhaps one, especially when people are quite poorly. It doesn't impact on the residents, but it impacts on the staff". Another member of staff said, "It's okay [staffing], we work as a team and support each other". Another member of staff told us, "We have enough staff; if you are allocating the work properly then we are fine". We discussed this with the registered manager and she confirmed that staff sickness was covered by existing staff or bank staff. We saw that when we arrived one member of staff had rang in sick. Arrangements were made for their shift to be covered by a bank member of staff. The registered manager told us, "Our staffing levels are based on numbers but if dependency levels change we will look at it".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work.

One person told us, "I have my pills every day" and another person told us, "The nurses give me my medication more or less at the same time every day. If I'm in pain the staff will give me something to relieve it like paracetamol or something like that". A relative told us, "When nurses give my relatives medication they are patient and make sure my relative has swallowed the tablets". People told us they received their medicines on time, the way they liked it. They told us that if they were in pain, then pain relief was offered and we observed this taking place. During the medicines round, we saw people being supported appropriately to take their medicines. The nurse talked to people whilst administering medicines and offered reassurances where required.

We saw that medicines were stored and secured safely and audited regularly. We noted that people were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff told us their practice was observed to ensure they remained competent in administering medication. Staff were able to describe to us in detail, the circumstances in which they would administered particular medicines which were only to be given 'as or when required', for example if someone became agitated or distressed. We saw for one person that their protocol for one particular medicine was missing. The member of staff was able to describe to us the circumstances in which it would be administered. By the end of the inspection, the protocol had been rewritten.

We noted that for one person who required blood tests to be completed on a regular basis in order to modify their levels of particular medicine, that this was done and noted appropriately in their records.

Good

Is the service effective?

Our findings

One person told us, "I am perfectly satisfied with my care. They are very, very good and treat you as an individual. It is surprising how much they do know about you". Another person told us, "The carers must be trained well as they know what they are doing and I feel confident around them". A relative told us, "I've observed them providing care and support for my [relative] and I've no issues at all. I've watched them use the hoist, always two of them and they are very good". Another relative told us, "They [the staff] adapt to people, they take as much care and attention to people with families and those without, I only have praise for the place".

Staff told us they received regular supervision and an annual appraisal and felt fully supported in their role. Staff told us that they benefitted from an induction that prepared them for their role and provided them with the essential knowledge required when they first commenced in post and we saw evidence of this. We saw that staff received training which was regularly updated and which equipped them with the skills they needed to support people appropriately. One member of staff told us they had recently attended refresher training in manual handling and described to us how they had used their new skills to change the way they supported a particular individual. They said, "I enjoyed this [training]. Because of it we changed the way we did things with one person and we saw an immediate improvement". Another member of staff told us, "I've done my first aid training and end of life training; it was great".

We discussed training with the registered manager. We saw that within the organisation the staff group at the home had the highest percentage rate of trained staff. The registered manager was very proud of this achievement and was keen to support her staff in their learning. She showed us the additional training she had introduced for staff in respect of mental capacity and understanding dementia. This meant that people living at the home would benefit from being supported by staff who received up to date training to meet their particular needs. Staff were encouraged to complete workbooks on each subject and were then questioned on their learning during supervision or in small groups. The deputy manager told us that staff benefitted from learning this way and then discussing what they had learnt, adding, "It's a great conversation starter". We saw that as staff had completed each workbook and discussed it with their manager, they had signed to say they understood the content. The deputy manager told us, "After training, we will discuss the subject to make sure it has sunk in".

We saw that there were systems in place to ensure that communication was effective across the home and staff spoken with confirmed this. One member of staff told us, "Communication is good – the nurse always makes sure you are listening at handover". Another member of staff said, "If there's anything the matter we pass it straight onto the nurse and they pass it on at handover". Staff confirmed that if they were off shift, they were provided with an update of any changes once they returned to work.

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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where there were DoLS in place, best interests meetings had taken place and the correct paperwork had been completed. Staff spoken with had a good understanding of MCA and DoLS and what it meant for people living in the home. They were aware of the people who were being deprived of their liberty, the reasons why and how this affected the way they supported them. We observed that one person ask why they couldn't leave [they wanted to visit a relative]. The member of staff responded to them, not by restricting the person from leaving, but by telling them their relative wasn't at home today and they didn't want them to have a wasted journey. The person was satisfied with this response, which was followed up by an offer of a cup of tea, which the person agreed to.

People were complimentary about the food and drink that was on offer at the home. Throughout the day we noted that drinks were available for people. One person told us, "The food is very good and if there was anything you didn't like it would be altered without any fuss. They always give you a choice". Another person told us, "The food is very good, I am a bit finicky but they sort me out". A relative told us, "My relative is unable to make choices at meal times but they show them pictures of food on the menu and this way they can make their choice. The food always looks healthy, fresh and appetising". At lunchtime we observed that people chose where they wanted to eat their meal and how they wanted their food. There were two options available and for those people who wanted gravy with their dinner this was put in a gravy boat and poured over to accommodate people's individual tastes. The cook told us, "Even if someone has their meals pureed, we will present the food separately, with a gravy boat, to make it look more appetising". Condiments were also placed on tables for people to use. We saw for once particular person a plate guard was used to assist them when they were eating their lunch, which helped maintain their independence.

We spoke with the cook who was able to tell us people's preferences and also their dietary needs. She told us, "Staff will tell us straight away if someone's needs have changed" and we saw evidence of this. For example, we saw when one person had lost weight, this had been identified and the cook was given instructions in order to provide this person with a calorie rich diet. This person had also been referred to the Speech and Language Team [SALT] and their care plan and risk assessment was updated and instructions followed, including regular weight checks.

People told us that if they felt unwell, they were able to ask to see their doctor. One person told us, "They'll call the doctor out to me if I'm not well" and a relative said, "They keep us informed if [relative] is ill" and went on to describe a particular ailment their relative suffered with and how the staff responded to this by involving the person's doctor. Another relative told us, "After a fall some time ago the GP asked that my relative has at least one walk a day and I know the carers do this every day". People told us they were supported to access other health care professionals in order to promote good health and wellbeing, such as the optician, dentist and physiotherapist and we saw evidence of this in people's care records. Where one person had very recently been admitted to the home, we saw referrals to a number of healthcare professionals that were completed within the first few weeks of their arrival. One person told us, "When I came here I couldn't walk at all but they staff have helped me and now I can get around on my own with my walking frame. That's great of the nurses and carers to do this for me". At relative told us they felt reassured as, "The staff keep a close eye on [relative's] diabetes". Staff were able to describe to us people's specific health care needs. A member of staff told us, "We have access to multi-disciplinary services if we require any additional support and the practice nurse from the GP surgery visits twice a week".

Good

Is the service caring?

Our findings

People told us that the staff who supported them were kind and caring. One person told us, "They [the staff] treat us very well and they have a bit of a giggle with us". They added, "They [staff] do listen and if there's anything the matter or if you feel a bit low you can sit in your room, they are very aware". Another person told us, "They couldn't do any better, they are really very good" and a relative told us, "Whenever I visit, I find them genuinely very nice and very welcoming". Relatives actively sought us out to tell us how impressed they were with the staff at the home. One relative commented, "It's not a care home, it's a family home, run by wonderful, caring people. Staff look after my relative as if they were a member of their own family".

We observed that all staff in the home spoke with kindness to people. One person told us, "The girls are very good and kind to me. They come and talk to me because I'm always in my room and that's my choice". Another person told us, "Sometimes the carers come and chat with me and put cream on my hands and massage them for me which is very nice and when they brush my hair it's lovely, it makes me feel good". We saw that staff addressed people as they entered the room, or passed them in the corridor and people responded positively to this. When staff spoke about the people they supported, they demonstrated concern for people's well-being. We observed staff compliment people on their appearance as they passed by for example, we heard a member of staff say to one person, "You're looking very nice and fresh this morning". A relative told us, "My [relative] is blind. Whenever staff enter the room, they always say her name and touch her hand when they walk past. It's the little things they do that mean a lot". We heard a member of the housekeeping staff chatting with one person who was nursed in bed. They complimented them on the appearance of their room and all their plants and flowers and offered to change the water in the vase so that her flowers lasted longer.

We saw that two people sat together at lunchtime and clearly enjoyed each other's company. The deputy manager told us that one of the people had recently been admitted to the home. They told us, "I did the pre-assessment of [person] and thought they would fit right in and would also be good company for [person] and I'm glad to say it's worked out that way, they get on really well".

We observed that staff obtained people's consent before supporting them. Throughout the day we heard conversations between staff and people living at the home, that started with staff saying, "It's your choice, what would you like to do/eat…". Where support was required, we observed that staff were discreet, encouraging and respectful.

We saw for one person, flash cards were available to assist them to communicate with staff and staff spoken with described how they used them. Staff were also able to describe how they communicated with a number of other people in the home and how they were able to read their gestures. They told us how they recognised if people were in pain and the signs they would look out for. A member of staff told us, "I can tell if [person] is in pain, in the way they hold themselves".

We saw that people were involved in their own care planning and supported to make their own choices about their daily living. People told us they got up and went to bed when they wanted. One person told us,

"They treat you as an individual. They treat you with dignity". A relative told us, "If I'm visiting and they are providing personal care, they will say, 'can you just wait outside a moment' until they have finished". We saw that people were dressed appropriately for the time of year and appeared well cared for. One person told us how it important it was for them to look nice and how they were supported to do this, adding, "A lady comes and does my hair". We observed that people were encouraged to be as independent as possible. At mealtimes, plate guards were provided to assist people to retain their independence when eating their meals. Staff discreetly offered people the choice of wearing a clothes protector prior to eating their lunch. Staff were able to describe to us how to maintained people's dignity and respect when supporting them, for example by covering people with a towel whilst providing personal care. We observed staff referring to people by their preferred names and knocking on their bedroom doors and checking it was ok to enter before walking into the room.

We were told that no one in the home currently had an advocate. Staff spoken with were aware of advocacy services and were able to tell us how these services had benefitted people in the past.

Good

Is the service responsive?

Our findings

People told us that prior to moving into the home they had been involved in the development of their care plans and we saw evidence of this. They told us they were asked how they would like to be supported and their requests were taken note of. One person told us, "I was involved in my care plan and some reviews", adding, "I am able to hang on to my religion, I am supported to do that". Another person told us, "They talk to me about what I need then it's written in a folder after I have signed it". A Relative told us, "There are regular reviews, and we asked for a meeting when [relative] became very confused. They got the doctor in and did some tests. It's all sorted now". Another relative told us, "My relative has dementia; the family have been involved in her care plan". The registered manager told us, "If people have the capacity they will take part in their review and if they want their relative involved, it is their choice. It's the resident who comes first".

A member of staff told us, "We ask people, 'how would you like to be supported?' They build up their own routine. If they don't have the capacity to tell us, their family will give us a little journey of their life and how they like things done". The described how one person enjoyed listening to religious services on the radio on a Sunday and how they preferred to be supported in silence when listening to this. Another member of staff told us, "We have new care plan paperwork now, it's more person centred, it is better". They told us, "We ask for people's life history on the day of admission. We will always involve the person in their care plan, even if they can only communicate using gestures".

Staff spoken with were able to provide us with a good account of the people they supported. They knew their likes and dislikes and details about their life history. For example, a member of staff told us, "[Person] loves to watch his television, especially the sport. When he's in a good mood he gives you the loveliest smile" and "[Person] loves to be in the sun so I took her outside recently, wrapped her up, but she enjoyed it and wanted her sun bonnet on".

One person told us, "Staff come and talk to me about things I like doing, like sewing and painting". Another person told us, "There are lots of activities that are arranged for us, they talk to us about what we would like them to do for us, like bringing in animals or singers or trips out". Another person said, "There's an activities person and we all join in together. I like doing arts and crafts, I like using my hands and it's therapeutic as well. We don't take it too seriously".

We observed that there were a number of activities that took place in the home. We saw that for people who were nursed in bed, efforts were made by staff to spend time with them, giving them hand massages or talking to them. There was an activities programme in place which included, exercise to music, sing a long, bingo, hair and beauty, coffee mornings and various events were marked such as Pancake Day, Valentine's Day and St David's Day. A member of staff told us, "For Valentine's day people enjoyed making cards. One gentleman made one for his wife of 60 years – it was beautiful". We saw that people had been making decorations in time for Easter and a number of Easter bonnets were on display.

We spoke with both members of activities staff. They described to us how they consulted with people either in a group or individually, in order to assess what activities they would like to participate in. They told us,

"We have a monthly programme [of activities] but it depends on the day what the residents would like to do so we are really flexible". We spoke with a representative from Sandwell Leisure Trust who had been invited to produce a 12 week programme of exercises for the people in the home. Arrangements had been made for one of the activity co-ordinators to take over this activity once the 12 week programme was completed.

A person told us, "They have meetings periodically with us and relatives" and relatives spoken with confirmed this. We saw evidence of residents and relatives meetings that took place every three months. Minutes of the meetings were recorded and actions noted and acted upon. The registered manager told us, "We have quite an open door policy, we do know all our relatives. If there are any issues, we know about it fairly quickly".

People told us that they had no complaints about the home or the care they received, but were confident that if they did complain that they would be listened to and it would be dealt with to their satisfaction. One person told us, "I've never had to complain, they wouldn't make you feel it would be a problem if you did". A relative said, "I've only ever had to complain once and it was resolved". We saw that information on how to make a complaint was available in the reception of the home. We saw that no complaints had been received but the registered manager had a system in place to record any complaints, concerns or compliments. A number of compliments had been received about the service and were recorded and responded to. We also saw where concerns had been raised verbally with the registered manager, they had been recorded, investigated and acted upon and where appropriate, lessons were learnt.

Good

Is the service well-led?

Our findings

People living in the home, visiting relatives and staff all spoke positively about the registered manager. She was described as 'wonderful', 'approachable', 'supportive' and 'helpful'. A relative told us, "The home is well run and managed to my satisfaction, I have no recommendations for change" and another relative said, "I feel the staff and the home are well managed; they are well supported. I can't think of anything I'd want to change". A member of staff told us, "It is a well-run home. If I didn't think it was I wouldn't have been here for 10 years!" A relative told us, "Whenever we visit, I always find the manager very pleasant and she always speaks". The deputy manager had been in post at the home since November 2015 and worked there two days week. Staff told us how well she had fitted into the home and we observed that she had a good rapport with the registered manager, people living there and the general staff group. One member of staff, when discussing the deputy manager, told us, "[Deputy's name] has fitted in and is very good. You can go to her about anything".

We saw that staff were well motivated and they told us they enjoyed their work. There was a relaxed atmosphere in the home, and people and staff enjoyed a laugh and a joke with each other during the day. All staff spoken with were complimentary about their colleagues and the support they received from each other. A number of staff had worked at the home for many years, which meant that people living there benefitted from being supported by a group of people who knew each other well and worked well together as a team. One member of staff told us, "It's a lovely job, very rewarding. Everything is good here, I love my job". Staff told us they received regular support and if they had any concerns they could discuss them with the registered manager. A member of staff told us, "If I have to speak to [registered manager], she will always listen".

We saw that the registered manager had introduced a system whereby staff were given the opportunity to recognise their colleagues' achievements. A member of staff told us, "We all vote for each other and the one with the most votes gets a voucher. It makes you feel appreciated, not just by the residents and the manager, but by the people you are working with. To get that recognition is a great thing".

Staff told us they were aware of the whistle-blowing policy and were confident that if they raised any concerns they would be listened to. One member of staff said, "If I saw something I would whistle-blow if I needed to. That could be my Mom or Dad. I'd stand up in court and tell them".

Regular staff meetings took place which gave staff the opportunity to raise any concerns or issues they may have. Staff told us they were able to contribute to these meetings and were listened to. One member of staff told us they had asked for mealtimes for people to be protected. It was highlighted that this was an issue during mealtimes as visitors at the weekends would ring the doorbell and staff would have to stop supporting people with their meals in order to answer the door. Staff told us the registered manager had listened to their concerns and it had been agreed that mealtimes would be protected and we saw notices on display advising visitors of this. People living at the home were also aware of this and told us they thought it was a good idea. The member of staff told us, "This change has made a difference; the person I'm supporting is my priority".

We saw that there were a number of audits in place in order to assess the quality of the care provided. New care plan paperwork was in place and care plan audits had been planned for the next few months to ensure the paperwork was transferred over correctly and that people's files held the correct and up to date information about their care. We saw for one person, who had originally been admitted to the home as a short term placement over 12 months ago, their paperwork was still in the format of a short stay placement. Previous care plan audits had not identified this error. However, arrangements were made for this to be completed immediately.

We saw a quality audit report that provided the manager with a variety of information regarding the people who lived at the home. It highlighted those people who had pressure sores, lost weight or had any other highlighted health issues. We saw that this information was used to identify any additional support a person might need and action plans were attached to these reports and acted upon. This information was then reported back to head office to evidence that the manager had acted on the information provided.

We saw that surveys were sent out to people and their families twice a year and the responses received were positive. A relative told us "I have completed surveys and been invited to residents meetings". Another relative told us, "I'm happy to raise any concerns with the manager because she will listen and put things right for us". A person told us "I think it's a good home with very good carers".