Russell Green Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Russell Green Care Home is registered to provide accommodation for up to 18 older people requiring nursing or personal care, including people living with dementia. The service is also registered to provide personal care to people living independently in their own home.

We conducted an unannounced inspection of the service on 3 May 2016. There were 16 people living in the home and 17 people using the homecare service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, no one using the service was subject to a DoLS order or application.

Staff knew how to recognise signs of potential abuse and how to report any concerns. Staff were also aware of the MCA but the provider's use of 'best interests' decision-making processes to support people who lacked capacity to make some decisions was not consistently effective.

Action was also required to improve systems of communication and decision-making between the directors of the registered provider and the registered manager.

Staffing levels were sufficient to support people safely and effectively. Staff were appropriately recruited to ensure they were suitable to work with vulnerable people and received the training and support they needed to meet people's needs and preferences. The provider encouraged staff to study for advanced qualifications.

People were cared for safely and were treated with dignity and respect. People were able to access a range of healthcare professionals when they required specialist support and their medicines were managed safely.

People and their relatives were closely involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff worked with each other in a friendly and supportive way and reflected people's wishes and preferences in the way they delivered care.

People were supported to enjoy a range of activities and pursue their personal interests. Food and drink

were provided to a good standard.

People and their relatives knew how to raise a concern and were confident that the provider would respond positively in response to any feedback received. There were systems in place for handling and resolving formal complaints and the provider regularly assessed and monitored the quality of the service provided.

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.

Potential risks to people's health and well-being were assessed and preventive action taken where required.

Staffing levels were sufficient to meet the needs of the people using the service.

The provider had sound systems for the recruitment of new staff.

Medicines were well-managed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider's use of 'best interests' decision-making processes to support people who lacked capacity to make some decisions was not consistently effective.

Staff were given a wide range of core training and were encouraged to study for advanced qualifications.

People were provided with food and drink of good quality.

Staff liaised with local healthcare services to ensure people had access to any specialist care or treatment required.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and provided person-centred care in a kind and friendly way.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

A range of communal activities was provided and people were supported to pursue personal interests and remain active in the local community.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Action was required to improve systems of communication and decision-making between the directors of the registered provider and the registered manager.

The provider had an effective system for auditing the quality of service provision.

The provider sought a range of views on the quality of the service and took action in to the feedback received.

Staff worked with each other in a friendly and supportive way.

Russell Green Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

We visited Russell Green Care Home on 3 May 2016. The inspection team consisted of 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. The inspection was unannounced. Following our visit to the care home, our inspector also telephoned some of the people who received homecare from the provider to seek their views on this aspect of the service.

During our inspection we spent time in the care home observing how staff provided care and support to the people living there. We also spoke with nine people who lived in the home, two people who used the homecare service, ten visiting friends and family members, the registered manager, the two directors of the registered provider that operates Russell Green Care Home, two members of the care staff team, a senior administrator and the cook. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including two people's care records, information relating to the administration of medicines, the management of complaints and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People we spoke with told they us they felt safe using the service. One person who lived in the care home said, "I feel very safe here. More than when I was at home. They care 110% about me." Another person, who used the homecare service told us, "I definitely feel safe [with the staff]. They also give me advice on keeping myself safe when they are not there." A relative told us, "Everyone here is very professional and they treat our loved ones with the utmost respect. I know they are in safe hands."

Staff were clear to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Advice to people and their relatives about how to raise any concerns was provided in the information pack that was provided to people when they first started using the service. The manager and the directors of the registered provider demonstrated their awareness of how to work with other agencies should any concerns be raised.

We looked at people's care records and saw that a wide range of possible risks to each person's safety and wellbeing had been assessed and action identified to reduce them. For example one person had been assessed as at risk of choking and a number of preventive actions had been identified to ensure staff supported the person to eat and drink safely. Staff were aware of the assessed risks and management plans within people's care records and used them to guide them in their work. One member of staff told us, "Risk assessments can change on a daily basis. You can't just go in [to work] and expect it to be the same as yesterday. Any changes in a person's needs are mentioned in the communication book and in handover."

In the care home, the provider had conducted a risk assessment of each person's bedroom to ensure it was safe for the person to use. For example, that taps had temperature controls to prevent the risk of scalding and that wardrobes were secured to the wall to stop them toppling over. The provider had assessed the risks to each person if there was a fire or the building needed to be evacuated. Arrangements had also been made with other local care homes to provide people with temporary shelter, should this be needed in an emergency situation. In the homecare service, the provider undertook an assessment of each person's home when they first started using the service to identify any potential risks to the person or staff. Staff were also provided with a personal alarm and high visibility jacket to enhance their personal safety when carrying out care calls on their own.

People told us that the provider employed sufficient staffing resources and organised them effectively to ensure their needs were met. One person who used the homecare service told us, "They are very rarely late and they never miss a call." Another person said, "They are very good. They arrive on time. I can't fault them in any way." A relative of someone who lived in the care home told us, "I never hear buzzers go unanswered. The staff are always very efficient and responsive." Another relative said, "I feel there is enough staff on. People don't have to wait too long for attention." Reflecting these comments, during our visit to the care home we saw that staff had time to meet people's care and support needs without rushing. For example, we

saw that people who required assistance to move around the home were supported by staff in a patient and unhurried way.

Almost all care staff worked flexibly in both the care home and the homecare service. People told us that this approach was beneficial to them if they had to move from one part of the service to another. For example, one person said, "I used to have homecare from [the company] before I came into the home. I knew a lot of the staff from when they visited me in my own home [which] made the transition easier for me."

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the service.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. In the care home, we observed a member of staff administering medicines and saw that they offered each person their medicines in a discreet and unhurried way. We also saw that one person was offered an 'as required' medicine but decided that they didn't want it on this occasion. Their decision was accepted readily by the staff member. In the homecare service, most people had been assessed as being 'self-medicating' and made their own arrangements to order, store and dispose of their medicines. Some people received a prompt from staff to take their medicines at the right time and staff signed a written record to confirm that this had been done. Regular audits of medicines management were conducted by the provider and also by the local pharmacy that supplied most of the medicines administered in the service. These audits were reviewed by senior staff and follow up action taken where required.

Requires Improvement

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs effectively. One person said, "I know I am in safe hands." Another person said, "I cannot fault them in any way, shape or form." One person's relative told us, "They care for [my relative] as well as I could, if not better." Commenting on the quality of care and support provided to people using the service, a local health professional told us, "The standard of care is pretty good, I have no concerns. If one of my relatives had to go into a home I'd be happy for them to come here. And people speak highly of the homecare service."

Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing people with care and support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Describing their approach to providing people with personal care, one staff member told us, "I always say what I am about to do and check if they are happy before I do it."

The registered manager and the directors of the registered provider were aware of the need to use 'best interests' processes to assist in the support of people who lacked capacity to make significant decisions for themselves. However, we found inconsistencies in the use of this approach. For example, we saw staff had identified one person as requiring bedrails and these had been fitted to their bed. Staff had assessed this person as lacking mental capacity and it was recorded in their care file that the decision to fit bedrails had been taken by a close relative. However, from the documentation held by the provider, it appeared that the relative did not have legal authority to make this decision which meant the person may have been deprived of their legal rights under the MCA. We raised this concern with the one of the directors of the registered provider who told us they would ensure a valid best interests decision was taken in the particular instance we had highlighted. They also acknowledged that further work was needed to improve understanding and application of best interests decision-making processes within the service as a whole.

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. At the time of our inspection, no-one using the service was subject to a DoLS order and the provider had no applications pending.

New members of staff participated in a structured induction programme accompanied by a period of shadowing experienced colleagues before they started to work as a full member of the team. One member of staff told us, "The induction gave me the information I needed and if there was anything I didn't feel confident about I could get a bit of extra support from a senior." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a detailed record of staff training requirements and arranged a range of internal

and external training courses including safeguarding, fire safety and 'dignity in care'. One member of staff said, "We have a lot of training. It's very informative and keeps you up to date." Another member of staff told us, "I had training in dementia. It has given me a better understanding." Several members of staff had studied for nationally recognised qualifications and the directors of the registered provider told us that this was something they actively supported for staff at all levels in the service. Confirming this approach, one member of staff said, "I did my NVQ. I was encouraged to do it."

Staff received regular supervision from senior staff or the directors of the registered provider through a combination of observed practice and individual supervision meetings. Staff told us that they found this approach beneficial. For example, one staff member said, "The seniors observe us every day and if they feel we are doing something wrong they tell us." Another member of staff told us, "I have supervision every three months. If anything is not quite right [in the way I am doing my job] it gets me back on my toes."

From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and chiropodists. A relative told us, "The management of [my relative's] skin care is very good, overseen by the [district] nurses." Staff told us that they worked closely with local services to ensure people's healthcare needs were met. Talking of the people who lived in the care home, one member of staff told us, "We get to know each person and if we notice someone is unwell we report it to the seniors who are very prompt in getting the GP or district nurses to come in." Confirming this approach, one visitor said, "If [my friend] needs a GP it's as good as done that day." Talking of people who used the homecare service, a member of staff said, "We have to watch and listen and [if we have any concerns] we alert our manager and the relatives. Sometimes we will contact the district nurses directly."

People living in the care home told us that they enjoyed the food and drink provided. One person said, "I like the food. There's always so much of it – no wonder we are always full! They weigh us regularly which is a good thing." One person's relative told us, "[My relative] eats well here. They have good meals." During our inspection visit we spent time talking to kitchen staff and observed people eating lunch and snacks. We saw that people were served freshly prepared food of good quality. There was a rolling four week menu with a range of hot and cold choices available at breakfast and teatime, with hot and cold drinks available throughout the day. Although there was only one main course option at lunchtime, the cook told us, "If anyone doesn't like what's on the menu, I will do something else." On the day of our inspection we saw that one person was having chicken in a white wine sauce as an alternative to the main course option on the menu. One person told us, "I know they would cook an alternative if I wanted it. It will be nice whatever it is." The cook told us that she encouraged people to provide feedback on the food and drink provided. She said, "We took liver off the menu following a few complaints. We have chicken lasagne instead." The cook also told us that one person had asked for treacle sponge and she had now added this to the menu.

Kitchen staff maintained a very detailed list of people's individual likes and preferences. For example, we saw that, for breakfast, one person liked 'Weetabix with cold milk'. Another person liked 'cornflakes with warm milk'. Kitchen staff were also aware of the nutritional assessment that care staff completed for each person and used this information when preparing food and drink. For example, the cook knew which people had specific allergies or food intolerances and who needed to have their food pureed to reduce the risk of choking. People were weighed regularly and food and fluid intake monitoring charts were used whenever staff had concerns that people were not eating or drinking enough to stay healthy. One relative told us, "They look after [my relative] well. They have put on weight since they came here, which is good."

Some people who used the homecare service were assisted by staff to prepare meals and snacks. Again, people's individual needs and preferences were recorded to a high level of detail. For example, in one

person's care plan stated, "I need my carer to prepare a breakfast of my choice and stay with me [whilst I eat it] as I enjoy the company." Staff told us they always tried to offer people a choice of what to eat and drink. One member of staff said, "They choose. If it's the main meal I will bring out three options and if they don't like any of them, we'll find something else." Staff were also aware of the risk of dehydration faced by some older people, particularly in the warmer summer months. One person told us, "They are always encouraging me to keep drinking."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring. One person said, "I really cannot fault anyone or anything here. They are so kind, caring and thoughtful." Another person told us, "The carers do genuinely care. Nothing is ever too much." A relative said, "It's a real home with real very, very caring people."

People also told us that staff supported them in a warm and friendly way. One person who used the homecare service said, "The staff are always friendly and amusing. They've always got something to say!" Someone who lived in the care home told us, "I feel very lucky, we all got on so well here. It's a lovely home and a great place to live." Describing their relationship with one of the people they supported, a member of staff said, "They like me to be a bit cuddly. Touching and hugging gets a response. But other people wouldn't want that." Another staff member told us, "In homecare, sometimes we are the only person they see. I try to be a friend as well as a carer." Staff were also welcoming and supportive to people's friends and relatives. One visitor told us, "They always make me feel welcome. Whenever I visit they bring me refreshments. I can have meals here and they won't even let me pay for them." Another person said, "As a visitor you feel part of them, not a hindrance at all."

Throughout our inspection we found evidence of the provider's commitment to person-centred care and to giving people choice and control over their lives. Reflecting on the support they had provided in the care home on the morning of our inspection visit, one member of staff said, "Two people wanted a lie in today. I said I would come back in half an hour and check if they wanted longer. At the end of the day, it's their home." Another member of staff told us, "Before I finish a care call I always make sure everything the person might need [before the next call] is left within reach. Drinks, the TV remote, the telephone and their call aid if they have one." One person who lived in the care home told us, "Staff make sure I still continue to do as much as I can for myself, which is good really. I decide what to wear each day. They just help by getting my clothes out ready for me." Another person who used the homecare service said, "They encourage me to try to do things for myself. We do the washing up together. They wash and I dry." One visitor to the care home told us, "[My relative] goes to bed at around 8pm and that's her choice. People can go to bed and get up just when they like. I come and go at all times of day and I see that."

Staff knew people as individuals and used this knowledge to support them in a way that met their personal needs and preferences. For example, one person used a body cream regularly and liked this to be cold when it was applied. Reflecting this preference, staff stored the cream in the medicines fridge and gave it the person whenever they requested it. One member of staff told us that one person they supported in the homecare service had taught them how to make porridge and they now made it every time they visited this person and two other people as well. One person told us, "I can get out independently on my mobility scooter. The staff charge it up for me and look after it. They are so thoughtful and kind."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. In the care home we saw staff knock on people's doors before entering and people who used both elements of the service told us that staff were discreet when supporting them with their personal care needs. One person said, "The carers show us respect." One staff member told us,

"Their bedroom is their space. You go in there and respect that space like it's their own home." One visiting relative said, "Another good thing is that there is a lock on the inside of the bedroom door to keep people safe and private if they want to be."

People's personal care records were stored securely. However, during our inspection visit to the care home we observed that the daily care monitoring logs and handover books used by the care staff team were kept in a communal area of the home and were not stored securely. This meant that people's personal confidential information could have been accessed by other people living in the home or their visitors. We raised this concern with one of the directors of the registered provider who took immediate steps to address the issue and ensure all personal information was stored securely.

People were provided with information on local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager was aware of the services available locally and told us she would not hesitate to contact them should anyone using the service need this type of support in the future.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into the home or using the homecare service, the registered manager told us that either she or one of her deputies would normally visit the person to carry out an initial assessment. People who were looking for a care home were also offered an opportunity to visit the home and spend the day there, to help them with their decision. The registered manager said that it was important to be sure that the service could meet the person's needs and she sometimes turned down referrals when she felt this was not the case. Once it was agreed that someone would move into the care home, or start using the homecare service, senior staff prepared a personal care plan in discussion with the person and their family.

We looked at people's care plans and saw that these were written in the first person and addressed a wide range of needs and wishes. For example, one person's plan detailed their preference for milk and one sugar in tea and stated, "I can get anxious during personal care." Care plans were reviewed regularly and people and their relatives had the opportunity to be involved. One person told us, "I am always kept well-informed [about my care plan]." A family member told us, "I have been invited to attend the regular review of [my relative's] care plan which was very thorough. I am always kept fully involved in everything." Staff told us that they used the information in each person's care plan to ensure they provided individualised care and support that met each person's particular needs. One staff member said, "The care plans are very detailed but easy to follow. It helps you know what to do with each person, particularly when they are new."

Staff knew and respected people as individuals. One staff member told us, "It's important to have respect. I can learn so much from [the people who live here]. I used to love listening to my grandparents and it feels a bit like that here." Another staff member said, "It's important to find something you can chat about together. I work with one person and we both lived in [location]. We talk about that and other places we have lived in." This approach was clearly appreciated by people. For example, one person who used the homecare service said, "I enjoy their company. It gives me something to look forward to. It's the only visit I really get." Another person told us, "I don't feel like a number with these people."

In the care home, staff organised a variety of group activities to provide people with stimulation and entertainment, including bingo, arts and crafts and singalongs. During our inspection visit we observed a number of communal activities taking place, including a morning session of music bingo and an afternoon game of skittles. These were clearly enjoyed by the people who lived in the home, many of whom participated with enthusiasm. One relative told us, "There's always something going on."

In addition to these daily activities, the provider organised an annual programme of events in the care home which included visits from a musical theatre company and regular movement to music and reminiscence classes. Photos taken at some of these events were on display in the home, allowing people to share their memories with each other and with visitors. A local hairdresser visited the home and staff provided people with manicures and hand massages. One person told us, "The hairdresser comes every week and we get our hair done. Today I have had my nails done which is a nice treat. The girls here do them for us."

The provider supported people living in the care home with their diverse spiritual needs. A local vicar hosted regular services in the home which staff said were well-attended and enjoyed. One person told us, "I am able to take communion on a regular basis. The minister comes regularly and I like to be able to do that." In addition, the provider had arranged for a local Roman Catholic priest to visit some people on a one-to-one basis to ensure their particular spiritual needs were met.

People who lived in the care home received support from staff to maintain hobbies and interests and to remain active in the local community. One person told us, "I have a daily newspaper delivered and do the daily crossword to keep my mind active." Another person remained a member of a local bridge club they had joined before they moved into the home. Several people went out regularly to the local shops and for walks in the village. One person told us, "I have my own iPad which I use to keep in touch with friends and do internet shopping. [The staff] encourage me to be as independent as possible." Staff also encouraged people using the homecare service to maintain their personal interests. Talking about one of the staff who supported them, a person said, "We talk about gardening together." One staff member told us that they sometimes helped people who used the homecare service to do their shopping or attend medical appointments, particularly if they had no relatives living nearby.

In addition to their own bedroom, people who lived in the care home could choose to spend time in one of the communal lounges or the attractive garden which had a variety of seating areas and a summer house which some people used to host visits from relatives or friends. However, we noted two unusual aspects of the facilities available to the people living in the home. There was no dining room and people ate from lap trays or occasional tables in one of the communal lounges, in the summer house or in their own room. Additionally, there were no showers, or even shower attachments on the baths. We discussed these issues with one of the directors of the registered provider who told us staff used to put up communal dining tables at lunchtime but this had been discontinued as people preferred to eat individually. In respect of the showers, the director told us that this was explained to people before they moved in and no-one had ever complained about it. During our inspection visit we discussed both these issues with the people who lived in the home but no one expressed any concerns about the restricted dining and bathing choices available to them.

Information on how to raise a concern or complaint was provided in the information booklet that was given to each person when they first started using the service. People told us they knew how to make a complaint and were confident that this would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "I have never had a concern or a complaint. The service is very good and I am very happy." One relative told us, "If I had a niggle or a complaint I would go to the office and see [the directors of the registered provider] straight away and I have every confidence it would be sorted. However, I have never had the need to because there's never anything to complain about. The provider maintained a log of formal complaints and we saw the small number that had been received had been managed effectively.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us how highly they thought of the service. One person said, "Nothing is ever too much trouble and they are always prepared to go the extra mile." Another person who had used both elements of the service said, "I used to have home care from [the provider] before I came in here. They were all very good to me in my own home and when I knew I needed full care, this was the only place to come." One relative told us, "If I tell you I looked at 15 care homes prior to choosing this one, you will understand how special this one is!"

As part of our inspection, we spent time with the registered manager and the two directors of the registered provider that operated the service. The directors both worked in the service on a daily basis and took a lead on office administration and other aspects of the management of the service. The registered manager took a lead on care issues and worked full-time as a member of the care staff team, without any allocated office time. Although the registered manager told us she was comfortable with this arrangement, it meant there were some important aspects of the running of the service that she was unaware of. For example, she did not know that one of the directors of the registered provider represented the service on the local authority's infection control group, limiting her ability to disseminate updates to the care staff team or implement any changes to best practice that had been recommended by the infection control group. Although most people we spoke with said they valued the daily presence and 'hands-on' role of the directors, further work was needed to improve systems of communication and decision-making to ensure the registered manager had the necessary knowledge and authority to manage the service effectively.

Throughout our inspection we saw that staff worked with each other in a friendly and supportive way. One member of staff said, "We all work together. It's like a family." Another staff member said, "There's a positive atmosphere in the staff team. We all try to help each other." There were regular staff meetings and we saw that a wide range of issues were scheduled for discussion at the next meeting, including a new approach to recording staff supervision sessions. Staff knew about the provider's whistle blowing procedure and were aware of the organisations they could contact if they had any concerns about the running of the service that could not be addressed internally.

The provider conducted a range of regular audits to monitor the quality of the care provided to people. We saw that this system worked effectively and that action had been taken to address any issues identified. For example, a recent audit of care planning arrangements had noted a positive improvement in the way daily care records were completed, following action identified as being required in an earlier review. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been reported and managed correctly.

The provider undertook regular surveys to measure people's satisfaction with the service provided. Questionnaires were sent to people and their family and friends and to local healthcare professionals. The provider had published the results of the most recent survey in a 'quality assurance booklet' that had been widely distributed throughout the service. Feedback from those who responded was extremely positive with

92% of people who lived in the care home and 100% of people who used the homecare service saying they would recommend the service to others. People had also provided suggestions for service improvement and the provider had reviewed these carefully and taken action in some areas. For example, some people had asked for a noticeboard with staff names and photographs and this had been accepted and implemented by the provider.

The provider organised regular meetings with the people who lived in the care home and their friends and relatives to discuss any issues or suggestions relating to the running of the service. We reviewed the minutes of the last meeting and saw that people had been given the chance to discuss a wide range of issues including menu planning and activities provision. The provider also created other opportunities for people to be involved in the running of the service. For example, in response to a suggestion that CCTV cameras should be installed in the home, the provider had conducted a wide-ranging consultation with people, their friends and relatives and staff. The majority of respondents had indicated they did not want cameras installed and this decision had been respected by the provider.