Trust Care Ltd

# Wrawby Hall Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 unannounced inspection was undertaken on 11 January 2017 by one adult social care and one pharmacy inspector. The service was last inspected on 1 September 2015, when it was found to be compliant with the regulations that we looked at and an overall quality rating of 'requires improvement' was awarded.

Wrawby Hall is registered with the Care Quality Commission (CQC) to provide accommodation for up to 34 older people who may be living with dementia. Accommodation is provided over two floors. Secure gardens are provided at the rear of the property and a car park is available at the front. The service is situated off the main road that runs through Wrawby. People have access to local amenities. There were 30 people living at the service on the day of our inspection.

This service has a registered manager in place. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were some minor shortfalls in the operation of systems at the service which were addressed by the medicine fridge being reallocated to make sure staff monitored the temperature of this effectively. We made a recommendation about the medicine shortfalls that we found.

We observed the staffing levels on the day were adequate to meet people's needs. We received some feedback from visitors and a member of staff felt staffing levels at peak times could be improved. This was discussed with the registered provider and a director who informed us they would increase the staffing levels on an afternoon by having ancillary staff or bank staff on duty. The management team assured us staffing levels provided at the service would be kept under review.

Staff received training about protecting people from harm and abuse. Safeguarding issues were reported report to the local authority and Care Quality Commission.

Staff received training, supervision and appraisals which helped to support them and develop their skills.

Health care professionals told us staff contacted them and followed their guidance appropriately to maintain people's wellbeing.

People's nutritional needs were assessed and monitored and their preferences and special dietary needs were catered for. Staff encouraged and assisted people to eat and drink. Advice was gained, as necessary from GP's and dieticians to ensure people's nutritional needs were met.

Staff supported people to make decisions for themselves. People chose how and where to spend their time.

Staff reworded questions to help people living with dementia understand what was being said.

Activities were provided and visiting was encouraged at any time. People visiting the service were made welcome.

A programme of redecoration and refurbishment had taken place and further improvements were scheduled. Pictorial signage was present to help people living with dementia find the bathrooms and toilets. Bedroom doors were numbered and named and some people had pictures present to help them find their bedroom. General maintenance occurred and service contracts were in place.

There was a complaints procedure in place. This was explained to people living with dementia or to their relatives so they could raise issues if they wished. People living at the service, their relatives and staff were asked for their views. Feedback received was acted upon. This helped the management team to maintain or improve the service provided.

The registered manager and senior staff undertook a variety of audits to monitor the quality of the service. The minor issues we found with the medicine systems had not been identified by the auditing process and the staffing levels provided were to remain under review.  We were sent an action plan which told us what action had been taken to make sure the issues we found during our inspection would not occur again.

## 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.

Minor shortfalls found in the medicine systems were addressed.

People told us they felt safe living at the service.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

Staffing levels provided were being kept under review to ensure there were enough staff provided to meet people's needs, in a timely way.

### Is the service effective?

Good

The service was effective.

Staff were provided with training, supervision and appraisals to maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People privacy and dignity was respected.

Staff were knowledgeable about people's needs, and they listened and acted upon what people said.

There was a welcoming atmosphere within the service.

### Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and

delivered in relation to their care.

Staff responded appropriately to people's needs, they listened to what people said and acted upon it.

A complaints procedure was in place. Issues raised were dealt with.

## Is the service well-led?

Good

The service was well led.

Minor issues found were acted upon straight away. The management team had an 'open door' policy in place and were responsive to feedback. Where issues or shortfalls were noted these were addressed.

People living at the service, their relatives and staff were asked for their views and these were acted upon.

Auditing of the service was in place to help monitor the quality of service provided.

# Wrawby Hall 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. This inspection checked whether the registered 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 11 January 2017 and was unannounced. It was undertaken by one adult social care inspector and a pharmacy inspector.

We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in both dining rooms. We observed a member of staff giving out medicine. We looked at a variety of records; this included three people's care records, risk assessments and everyone's medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, training, supervision, appraisal and recruitment.

We spoke with the registered manager, a director of the service, three staff and the cook. We gained the views of spoke with three people living at the service; and three visitors. We spoke with two health care professional to gain their views.

Some people living at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were

supported by staff and provided us with evidence that staff understood people's individual needs and preferences.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "I feel safe here with the staff." Another person said, "The staff are here for me I feel safe."

One relative we spoke with said, "[Name] is safe here and well cared for, there are enough staff, there are plenty around when I am here on a Wednesday afternoon. However, two relatives we spoke with told us they felt the service needed more staff on duty at peak times. They told us; "There is not enough staff at certain times, for example, mealtimes if staff are all in the other dining room. Although, I do feel [Name] is safe here now" and "There is not enough staff, they need more, and they are advertising. They have really nice staff and need more like them. In the bottom lounge if they have to take mum to the toilet two staff do this so there is no-staff left in the lounge. Mum has never come to any harm I feel she is safe here."

We spoke with staff about the staffing levels provided. Two staff told us they felt there were enough staff provided, however, a third said, "We have five staff on in a morning, four carers and a senior. From four pm we have three care staff and a senior. The manager works nine to five and the laundry assistant helps. We have 30 people, with us having so many people needing two carers, we could do with someone else, especially at peak times, and for example evenings if people need two staff, it would be nice to have an extra person." The staffing levels provided at the service were monitored by the registered manager and directors. We discussed the feedback we had received with the registered manager and with one of the directors of the service. We also inspected the staff rotas to look at the staffing levels provided. During our inspection the management team told us they would review the staffing levels provided. We received an action plan following our inspection which confirmed there would be an increase in ancillary staff, which would free up the care staff at peak times of activity. The registered manager additionally informed us bank staff would be used to make sure more staff were on duty. The information from the registered provider stated the management team would continue to monitor and review the staffing levels provided and increase these, when they felt the need arose.

Staff we spoke with knew they must protect people from abuse. We saw there was a safeguarding and whistleblowing (telling someone about concerns) policy in place. Safeguarding issues were reported to the local authority safeguarding team and to CQC. Staff we spoke with told us they would report safeguarding issues to the management team straight away. A member of staff said, "I would report safeguarding issues straight away."

At our last inspection in September 2015 we identified concerns about medicines. During this inspection, we checked to see what improvements had been made. We looked at a total of 16 Medicines Administration Records (MARs) and spoke with the senior care assistant responsible for medicines as well as the registered manager.

Medicines were stored securely in a locked treatment room for which access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that required extra checks and special storage arrangements because of their potential for misuse); they

were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found records were not always completed in accordance with national guidance. The temperature had been recorded twice in the eleven days prior to the day of inspection and no further records were available. Storing medicines outside of the recommended range may reduce their effectiveness.

MARs contained photographs of service users to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. People who were prescribed 'when required' medicines had basic protocols in place to guide care staff when and how to administer these medicines safely. Documentation was available to support staff to give people their medicines according to their preferences.

People's medicines were stored in two locations; some in the drug trolleys and some in a separate treatment room. On the day of inspection, we saw evidence of new supplies of medicines being used before old ones. One person had missed one dose of an anti-depressant on the morning of our inspection as staff were unaware of extra stock being held in the treatment room.

Some people were being given their medicines covertly (disguised in food or drink). We checked care records and found appropriate assessments had been undertaken and decisions made in accordance with The Mental Capacity Act.

Some people were prescribed patches; however, there were no patch charts in use. This meant it was unclear to staff where and when patches had been applied. This increased the risk of harm from duplicate application or irritation caused by not rotating the site of application in accordance with the manufacturer's recommendations. Body maps and topical MARs were in use, and these detailed where creams should be applied.

The registered manager showed us medicines audits (checks) which had been carried out since 17th March 2016. A medicines reconciliation audit had identified issues which had been acted upon and improvements made. Staff had received medicines management training and their competencies assessed regularly to make sure they had the necessary skills.

We recommend the organisation should take the following action to improve aspects of the service provision: Ensure that fridge temperatures are recorded daily in accordance with national guidance. Review the process of stock management to ensure that adequate supplies of medicines are available to meet people's needs.

We looked at the procedures in place for recruiting staff, these remained robust. This included potential staff providing references, attending for an interview and having a disclosure and barring check (police check) undertaken. This helped to protect people from staff who may not be suitable to work in the care industry.

We reviewed the care files of three people who used the service. Risks that promoted people's wellbeing and safety such as the risk of choking, drinking unsuitable liquids, falls, or receiving tissue damage due to immobility were seen to be in place. This information was reviewed as people's needs changed. We saw people were assessed for walking aids, the use of wheelchairs, hospital beds, pressure relieving mattresses

and cushions. Staff ensured that the assessed equipment was used to help maintain people's wellbeing.

The registered manager undertook audits of accidents and incidents that occurred. We saw for the people that we case tracked advice was sought from relevant health care professionals to help to reduce the chance of these issues re-occurring.

During our inspection we undertook a tour of the premises. We saw staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. We saw that cleaning chemicals used were carried around by the cleaner so they were not left unattended. We found that issues regarding items being stored in boiler rooms and round the boiler in the laundry room had been addressed following our last inspection.

General maintenance was undertaken. Service contracts were in place to maintain equipment. Water checks, electrical and gas checks were in place and contracts were in place for waste disposal. Staff had access to emergency contractors' phone numbers. The registered manager or directors could be contacted at any time by staff for help and advice in the event of an emergency. People had personal evacuation plans in place staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems and staff undertook fire training to help them prepare for this type of emergency.

Good

# Is the service effective?

## Our findings

People we spoke with said the staff were effective at looking after them and confirmed their needs were met. One person told us, "I am well looked after." Another person said, "I am looked after well." We received the following comments about the food; "The cook knows my needs well, I am a vegetarian but eat fish," and "The food is alright, some things I don't like so I get something else." Relatives spoken with during the inspection said the service was effective at meeting their relations needs.

A health care professional who was visiting the service told us, "The staff know the service users. They give people a hand if they need a hand."

During our inspection we observed staff providing support to people in the communal areas of the service. it was evident staff understood people's needs, likes, dislikes and preferences in relation to their care. They encouraged people to do what they could for themselves to promote their independence. Where people needed assistance, this was provided by staff. For example, one person who was walking independently started to get tired and became unsteady on their feet, we observed staff immediately attended to them to assist them to sit down in the lounge.

Staff training records confirmed regular training was undertaken on a variety of subjects; for example; moving and handling, safeguarding people from abuse, first aid, infection control, dementia, equality and diversity, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, food hygiene, pressure area care and dementia awareness. The registered manager told us the training for new staff who had started work at the service was being completed. We saw their training was on-going although we saw essential training for diet and nutrition had been booked to take place in March 2017, which we felt was not timely. Following our inspection we received information from the registered provider which confirmed this training had been brought forward and was now taking place before March.

Staff working at the service told us the training provided helped them to maintain and develop their skills. They confirmed they received regular training updates throughout the year which had to be completed. A member of staff said, "I have just done safeguarding, infection control, fire, moving and handling training. There is plenty on offer, we are always studying something."

We saw there was a programme of supervision in place for staff along with a yearly appraisal of their skills. This allowed the registered manager and staff to discuss any performance issues or further training needs. The staff said the training provided; supervisions and the yearly appraisal helped them to feel supported.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that three DoLS had been granted, and 14 applications for people who met the criteria for DoLS were awaiting authorisation by the local authority.

We saw where people had been assessed as lacking capacity to consent to care and make their own decisions, best interests meetings were held to discuss their care, relatives and other relevant people had input into these discussions. This helped to protect people's rights.

Staff we spoke with told us they had undertaken training about the principles of the MCA. They could describe how they supported people to make their own decisions. We saw staff offering choices to people and we saw they supported people to make choices for themselves. For example, staff asked people where they wanted to go, what they wanted to eat and drink and how they wished to spend their time. A member of staff said, "We always assume people have capacity to make their own decisions, unless there are formal decisions for example, DoLS in place, we go from there."

We saw people had their nutritional needs assessed on admission. This information was reviewed regularly and as people's needs changed to make sure their dietary needs were met. We spoke with the cook confirmed special diets were provided. We saw drinks and snacks were available to people at any time. Staff understood people's dietary likes, dislikes and preferences. We observed if people had a poor appetite or were reluctant to eat and drink their nutritional intake was monitored by staff and advice sought from relevant health care professionals to help to maintain their wellbeing.

We observed lunch in one of the two dining areas. The food served looked appetising and nutritious. Staff observed if people were not eating their lunch and sat with them to provide gentle encouragement and prompting. Different choices of food were offered to people if they were not eating well. Staff assisted people with patience and kindness. People chose where they wanted to eat. The dining room's had a relaxed feel and there was a sociable atmosphere with background music playing. One of the two dining rooms was provided for people who required more assistance from staff, which helped to maintain people's dignity and dietary needs.

We saw there was some signage provided throughout the service to help people find their way around. People's bedroom doors had their names and a room number on them, some had a picture or photograph on the door to help people locate their room. Since our last inspection some redecorated and refurbishment had taken place. A fire place had been provided in a lounge to provide a focal point and to help the lounge feel homely. More pictures had been provided to aid reminiscence in the communal areas of the service.

We saw some toilet doors, both in public areas and in peoples 'en-suites' were painted in a bright colour to aid the orientation of people living with dementia. The two communal lounges had chairs around the edges of the room; some seating was provided in smaller groups which allowed people to talk to others sitting by their side. There was a "conservatory" upstairs which provided a quiet area. This space was due to be turned in to a bar and social area. A secure garden was provided at the rear of the service. There was a car park at the front of the service for visitors to use.

Good

# Is the service caring?

## Our findings

People living at the service told us staff were caring and they felt cared for. We received the following comments; "The staff are nice, they are alright. They treat me well" "There is good banter between residents and staff." And, The staff are lovely, there is a little bit of banter. The staff are here for me."

Relatives we spoke with confirmed staff were caring. We received the following comments; "The staff are nice and helpful, they are good and do their best. They are much more attentive now," "The staff are very nice and they are helpful," and "The staff here now are caring, they are treasures."

A visiting health care professional told us people were cared for appropriately. They said, "The staff appear to be caring." They confirmed they had never seen anything that had worried them whilst they were visiting people living at the service.

We observed staff offered help and assistance to people when this was required. Staff took their time to speak with people and they gained good eye contact with them which helped to aid effective communication. Staff were seen to rephrase questions to help people living with dementia to understand what was being said, they gave people time to think and respond.

We saw staff spent time with people to reminisce about the past and they knew people's likes, dislikes and preferences in relation to their care and support. We observed the staff used gentle and appropriate touch to help to reassure people who were living with dementia if they looked anxious or upset. This helped to relieve people's anxiety.

The director of the service, registered manager and staff asked people if they were alright or if they needed anything. They listened to what people said and act upon it. We saw people were addressed by their preferred name. Staff knocked on people's bedroom doors before they entered. We observed care was provided to people in their own bedrooms or in bathrooms and toilets with the doors closed. This helped to maintain people's privacy and dignity.

Staff we spoke with said they enjoyed working at the service. Staff told us they cared for the people who lived at the service. A member of staff said, "I treat people as I would wish to be treated." The registered manager told us the staff covered each other's absence and annual leave commitments because they wanted to people to receive continuity of care. The registered manager told us they also worked shifts to make sure agency staff were used as little as possible, so that people received their care from staff who understood their needs and knew how to provide their care.

There was a 'key worker' system in place. This is where named staff are allocated to be the main contact for a person and their family. They also help the person keep their room tidy and provide other support, for example spending time with them or undertaking shopping for them. This helped people to feel supported.

Staff we spoke with told us they understood the need to maintain people's confidentiality. A confidentiality

policy was in place to help advise them about this. We saw information was provided to people about local advocacy services that could be requested to people support people to raise their views.

We observed visitors to the service were made welcome. They were able to help themselves to drinks and were offered refreshments by the staff. This helped visitors to feel welcome at the service. Staff we spoke with told us relatives and friends of people living at the service were invited to stay for meals; this helped to maintain a 'family' atmosphere at the service. A relative told us, "He is well cared for and loves it here, he is so relaxed. We come to visit and make tea. We are happy here, and we are welcome when we come."

End of life care was provided for people. We saw positive feedback from relatives had been received in letters and thank you cards about the care and support they had received at this time. General letters of thanks were on display at the service. The positive comments that had been received were shared with the staff.

Good

# Is the service responsive?

## Our findings

During our visit people told us staff supported them and responded to their needs. We received the following comments from people; "If I am not well the staff would get the GP for me," "You only have to ask for help and staff are there," and "The staff are there when I need them."

Relatives we spoke with told us the staff were responsive and confirmed they were kept informed about changes in their relations needs. We received the following comments; "I am fully involved with care plans. The staff get the GP timely if she is unwell," "They [the staff] get the GP when [name] is poorly or get an ambulance; they are on the ball with that. The nurses are in regularly," and, "If mum is not well they keep us informed."

We saw evidence that confirmed before people were offered a place at the service an assessment of their needs was undertaken. This ensured that people, or their representatives could discuss the care and support needs required. It also allowed the registered manager to make an informed decision about if their needs could be met by the staff at the service. We were informed that people were encouraged to visit the service to see if they felt it was the right place for them before they moved in.

If people received support from social services prior to their admission a copy of their care plan was gained from the local authority. We saw information from discharging hospitals was provided to staff regarding people's current needs. This information was used create peoples individual care plans and risk assessments. We saw that people's needs were monitored and reviewed as their needs changed which helped to ensure people received the care they required. Staff we spoke with told us currently everyone's care records were being reviewed by the registered manager. We spoke with the registered manager about this and they confirmed they were making the care records more personalised and detailed to provide clearer information for the staff.

People's care records contained phone numbers for doctors, district nurses and other health care professionals. The records confirmed if people were un-well staff contacted health care professional for advice. Staff we spoke with confirmed they acted upon any advice they received to help to maintain people's wellbeing. We spoke with a visiting health care professional who told us, "The staff know the service users, they give us a call if they need a hand and report to the manager if there are any issues."

We saw risk assessment were in place for known risks to people's wellbeing. We looked at some people's risk assessments we saw detailed information was in place about the risk of falls, choking, drinking substances and leaving the premises. Where necessary, the directors of the service reviewed the risks present for people with the staff to make sure, where practicable, the risks to people's wellbeing were being controlled to the best of their ability.

We observed equipment was provided to help maintain people's wellbeing. For example, people were assessed for the use of walking aids the help prevent falls and for the use of pressure relieving mattresses and cushions to help prevent pressure damage to their skin.

A staff handover occurred between shifts. We observed this and saw that information about people's wellbeing, state of mind, health and changes in their wellbeing were discussed along with any advice gained from visiting health care professionals. This helped to make sure staff coming on duty understood people's current needs. We observed when staff were working they prioritised people's care, for example, if people were trying to get up unaided we saw staff attended to provide support.

People were encouraged to continue with their hobbies and pursue the life they chose. One person we spoke with said, "I do get involved with any activities that are going on. We had a nice Christmas party. My daughter visits and I go out." Another person said, "I like to knit scarves. I am carrying on with my hobbies. A relative we spoke with said, "Every other Friday there is a singer, the residents all sing their hearts out. Dad loves Karaoke. He lives his life the way he wants to."

There was an activities co-ordinator at the service and a programme of activities in place, which included pampering sessions, quizzes, bingo and arts and crafts. Recently there had been a pantomime performed at the service, a trip to Cleethorpes for fish and chips had been held in summer and every Monday and Tuesday two people were taken out for lunch. One person was supported to go out with their family to church. We saw staff undertook spontaneous activities with people to make sure their minds were stimulated.

There was a complaints procedure in place, which was available to people and their relatives. People we spoke with told us they were able to raise issues or make a complaint. One person said, "Yes, I would say if I had a complaint." Another person said, "No, I would not tell them [the service] but I would speak with my daughter and she would deal with it." Relatives we spoke with confirmed they would raise issues and one of them said, "I am not complaining but I do put my point across. I have spoken with the registered manager as I feel if they [the staff] wrote issues down communication could be better." Everyone we spoke with told us issues raised would be appropriately dealt with. We looked at the complaints that had been received we saw they were investigated and the outcome of the issue was recorded.

Good

# Is the service well-led?

## Our findings

People we spoke with told us they were satisfied with the service provided. One person we spoke with said, "The service is run alright for me." Another person said, "The place seems to be managed well."

During our inspection we received the following comments from relatives; "It is a well-run service. I always attend resident and relative meetings. I am given a questionnaire yearly to fill in. You don't have to sign them if you don't want. Our views are listened to," and, "I feel welcome and feel part of the family. However, I have spoken with the registered manager because I feel communication would be better between the staff and the manager. But I am not complaining."

The registered manager and registered manager acted swiftly to address the minor shortfalls we found during our inspection relating to medicines and comments received about the staffing levels provided. These areas we were assured were to be kept under review.

We observed the registered manager and registered provider promoted an open and transparent culture at the service. There was an 'open door' policy in place so that people, their relatives, visitors or staff could speak with the registered manager or directors of the service at any time. We saw people and their visitors were aware of this. Since our last inspection the registered manager of the service had changed. We asked staff for their views about the management of the service. A member of staff said, "There has been a change of manager since last time. The new manager is very 'hands on'. They cover shifts and in a morning they will do the medicines and walk the floor. This is very helpful." This confirmed the registered manager worked with the staff to observe how care was provided to people which helped them monitor the quality of service provided.

We found there was a business contingency plan in place. This detailed the action staff must take if an emergency occurred to disrupt the normal flow of business. For example, if a fire occurred or if there was a gas or electricity supply failure. This helped staff understand what action they must take to protect people's wellbeing.

The records we looked confirmed general maintenance, servicing and repairs were undertaken to ensure the home remained a pleasant place for people to live in. We saw that equipment was serviced and maintained to ensure it remained in working order and was safe to use. A director of the company informed us about the programme of redecoration and refurbishment that had occurred and about their plans for further improvements to be made at the service to enhance the environment for people.

We saw a variety of audits were undertaken which covered areas such as; medicine management, care records, infection control and the environment. We looked at the results of the audits that had been completed and saw that if issues were found action plans were put in place to record how the issue found were to be resolved. Evidence we requested was provided to us and the registered manager sent in notifications to the Care Quality Commission as required by law.

There were policies and procedures in place to guide the staff. These covered areas such as; safeguarding vulnerable adults, infection control and maintaining confidentiality. The registered manager told us they kept up-to-date with important changes in legislation and they reviewed guidance on best practice. They explained they discussed these issues with the directors of the company and with other registered managers within the company at meetings that were held. The updated guidance or information was then shared with staff during their supervisions and at staff meetings within the service. This helped to keep staff informed.

Staff we spoke told us staff meetings took place, they told us they did not have to wait for meetings if they wished to speak with the registered manager or management team because they could speak with them at any time. The staff told us their views were listened to and were acted upon. There was also a box provided for staff to provide feedback to the management team anonymously about issues, if they wished to do so. Minutes of staff meetings were available for those who could not attend the meetings which helped to keep them informed. A member of staff we spoke with said, "We are invited to staff meetings, we can raise our views."

People using the service and their relatives were asked for their feedback about the service at meetings as well as through the use of questionnaires. We looked at the minutes of the meetings that had been held for people living at the service and their relatives. We saw issues such as the food and activities provided were discussed.

There were a number of compliments and thank you cards displayed at the service. These were shared with the staff to provide feedback for them in relation to the care and support they had provided to people.