Coverage Care Services Limited

The Cottage Christian Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our inspection took place on 19 September 2016 and was unannounced. We carried out a focused inspection on 23 September 2015. We focused on the safe, effective and well-led domains at this inspection and we found the provider was meeting all requirements of the law. We rated the service as requires improvement in the three domains we inspected because we needed to see that improvements to staffing, consent to care and quality assurance systems were consistent and sustained over a period of time. During this inspection we looked to see if improvements had been sustained and found they had been.

The Cottage Christian Nursing Home provides accommodation, personal and nursing care for up to 40 older people. The service also caters for respite and end of life care. At the time of our inspection there were 40 people living at the home.

People told us they felt safe. People were supported by a staff team who knew how to keep people safe from harm and abuse. People's care records contained risk assessments and there were plans in pace to manage these risks. Staff had a good understanding of people's risks and how to manage them to ensure people's safety.

People were supported by sufficient numbers of staff to ensure their needs were met and they were safe. People received their medicines as prescribed and were given medicines by staff that were suitably trained. People's medicines were stored safely.

People received care and support from a suitably trained staff team who had been recruited safely. The registered manager had systems and processes in place to ensure that staff were kept up to date with their core training.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being followed. Staff had a good understanding of the MCA and how to apply this in practice. People's capacity was being assessed where appropriate and where required decisions were being made in the best interests of people. The registered manager had submitted DoL's applications to a supervisory body as appropriate.

People were supported to have sufficient to eat and drink. People were offered a choice of what they ate and drank. People's specific dietary needs were catered for and specialist professional advice was being followed.

People were supported to access healthcare services when they needed to. People were supported by a staff team who were able to recognise changes in people's health and well-being and knew how to report and respond to any changes.

People were supported by a staff team who were kind and showed compassion. People were supported to

make decisions about how their care and support was provided. People were also supported to make decisions about how they spent their leisure time.

People were treated with dignity and respect. People were encouraged to maintain their independence and were supported to maintain relationships that were important to them.

People were involved in the planning and review of their care where possible and relatives were invited to attend care reviews.

The provider employed a dedicated activities co-ordinator. People were supported to follow their interests and take part in a range of activities which they enjoyed. Activities were person centred and were tailored to meet individual needs.

People were supported by a staff team who knew peoples care and support needs well and had an understanding of people's likes and dislikes.

People and their relatives knew who the registered manager was and felt confident to approach them with any concerns or queries. People and their relatives knew how to make a complaint and felt confident that complaints would be effectively managed. We looked at complaint records and saw complaints were logged, responses recorded and actions taken to improve practices had been documented. We also saw there were learning objectives recorded for each complaint received.

People, relatives and staff were provided with opportunities to give feedback on the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

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's risks were assessed and risk management plans were in place. Staff understood people's risks and how to manage them.
People and their relatives told us they felt safe.
People were supported by a staff team who knew how to keep people safe from harm and abuse.
People were supported by adequate numbers of staff.
People received their medicines safely by suitably trained staff.
Medicines were administered as prescribed were stored safely.

Is the service effective?

Good

The service was effective.

People received support from trained staff that had the skills required to support people effectively.
People were asked for their consent to care and support and the principles of the Mental capacity Act were being followed.
People were supported to have sufficient to eat and drink, specialist diets were catered for and dietary advice was being followed.
People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who treated them with kindness, compassion and respect.
People were cared for in a dignified way and their independence was promoted.
People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People were supported by a staff team that knew their needs and

preferences.
People were supported to take part in activities they enjoyed.
Activities were person centred taking account of people's individual needs and preferences.
People and their relatives knew how to make a complaint and were confident that complaints would be dealt with appropriately. The provider had systems and processes in place to monitor and analyse complaints and information was used to drive improvement.

Is the service well-led?

Good

The service was well led.

People and their relatives knew who the registered manager was and felt confident to approach them with any concerns or queries.
People, relatives and staff were given opportunities to provide feedback.
The registered manager had systems and processes in place to monitor and analyse the quality of the service and information from quality checks was used to drive improvement.

The Cottage Christian Nursing and Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 19 September 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor, who was a nurse 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 our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We looked at this information as part of our planning. We also reviewed statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We contacted the local authority safeguarding team and service commissioners to gather information they held about the service and looked at a recent Healthwatch report. We considered this information when we planned our inspection.

During this inspection, we spoke with ten people who used the service and four relatives. We spoke with three care staff, the activities coordinator, the cook and the deputy manager. We were unable to speak with the registered manager at the time of the inspection as they were on annual leave. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at seven people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at four staff records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records and the provider's self-audit records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, "I am kept well and safe here, I have no worries". Another person told us, "I know I am safe at all times". One relative told us, "We do not worry about [person] we know they are safe and well cared for here. If there was a problem we know we will be immediately alerted, we have no concerns at all". A staff member we spoke to told us, "People are definitely safe and well cared for".

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse and were confident to report any concerns relating to people's safety. During the inspection we saw staff using safe moving and handling practices to support people to transfer and people were provided with appropriate equipment to help to keep them safe, such as walking fames, pressure relieving equipment and crash mats. One staff member said, "I have no issue reporting bad practice". Staff we spoke with were able to tell us how to recognise the signs of abuse and had received appropriate training in how to keep people safe. Staff understood the providers policy's for keeping people safe and knew how to report and record any concerns relating to people's safety. One staff member told us, "If I reported something and it wasn't acted on by the manager I would go higher, to head office or CQC". We saw the registered manager had a system which was used to record and monitor accidents and incidents and this information was being analysed to prevent accidents and incidents from re-occurring.

People's individual care plans contained detailed information about their risks and how to keep people safe. For example, falls risk assessments had been completed for people at risk of falls. We saw that where risks were identified staff ensured safety equipment was in place to ensure people were kept safe. For example we saw, where required people had beds with adjustable heights and crash mats in case of a fall from a bed. We saw care plans were regularly updated to reflect changes in need or risk. For example, where people's continence needs had changed this had been recorded, a continence advisor had been contacted to seek advice and the risk management plan had been updated to reflect the change of need and risk. We saw checks of mattress pressures were being completed where people had pressure relieving equipment in place to manage the risk of pressure sores developing. Staff were able to tell us about people's risks and how to manage these. For example they were able to tell us how often certain people should be repositioned. We spoke to the deputy manager about this issue and they advised us they would look into it.

People received support from sufficient numbers of staff. A relative we spoke with said, "The staffing levels are always pretty good and I am here every day at different times, if they are down they get someone in pretty quickly usually from their staff pool – they sometime have to use agency staff". A staff member we spoke with said, "Staffing is good, the registered manager always makes sure we have enough staff". Throughout the inspection we saw there was enough staff to respond to people promptly. The registered manager had sufficient systems in place to manage staff absence. During the inspection the deputy manager told us they were a staff member short but we saw that this absence had been covered promptly. People were supported by sufficient numbers of staff and the registered manager had systems in place to ensure people were supported appropriately in the event of staff absence.

People were supported by staff who had been recruited safely. Staff we spoke with told us they we subject to suitable pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. One staff member told us, "I was not allowed to start until all the checks were complete". Records we looked at confirmed this.

People received their medicines as prescribed. One person we spoke with told us, "They [staff] make sure I get my medication at the right time". The provider was using an electronic system for administering medicines. The software ensured that medicines could not be missed as it alerted nursing staff if a medicine had not been administered to a person. The system was effective at reducing the number of medicines errors. We looked at the system and saw that people were getting their medicines as prescribed. We saw that where people required medicines on an 'as required basis' there was detailed instructions as to how and when the medicines should be administered. For example, we saw that people who were at risk of seizures had protocols in place as to how and when particular medicines should be administered. People received their medicines by staff who had been suitably trained and had been assessed as competent. Regular spot checks were being completed on staff who administered medicines. People's medicines were stored safely for example in a lockable trolley that was stored in a locked room and at the correct temperatures. People's medicines were managed appropriately and people received their medicines safely.

Good

Is the service effective?

Our findings

People received effective support from a trained staff team. The deputy manager told us about sessions that took place regularly to enable staff to practice getting out of the builing in the event of a fire. They told us, "Its good practice, it's different when it comes to doing it for real". Another staff member told us how they had requested a specific training course and the request had been granted. The activities co-ordinator told us how they attended a local activities coordinator network where they were able to meet regularly with other activities coordinators to share best practice and get ideas about useful training sessions. They said, "It's really useful". The registered manager had systems in place to ensure people were kept up to date with training. Staff who did not hold a National Vocational Qualification (NVQ or equivalent) were required to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff told us that they were provided with regular support and supervision from their manager. They also told us they had annual appraisals. They told us they had regular one to one sessions where they were able to discuss their performance, raise concerns or ideas and discuss training needs. People were supported by a staff team who had the skills, knowledge and appropriate support to deliver care.

People were supported by staff who sought their consent to care and support. One person we spoke with said, "[Staff] is so kind to me and always asks me first, I love [staff]". One staff member told us, "We ask people if it's ok before carrying out care and support, if they cannot tell us we will help them by using non-verbal gestures". We observed the care that people received throughout the inspection and saw staff asking people for their consent before care and support was provided. For example, we saw people were asked if they would like an apron putting on before they ate. People consented to care the care and support they received.

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. We saw the provider carried out appropriate assessments of people's capacity. For example, we saw where people lacked capacity; a capacity assessment had been completed and contained information on the specific decisions that people were not able to make for themselves. Decisions that were required to be made in people's best interests had been recorded and the appropriate individuals, had been consulted with and actions that should be taken in the person's best interest were recorded. Staff were knowledgeable about the specific decisions that needed to be made in the best interests of people and of the decisions that people were able to make for themselves.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed that a person was being deprived of their liberty. Staff were

able to tell us when a person's liberty might be being restricted and told us that they would report any concerns relating to people's liberty being restricted to the registered manager.

People enjoyed the food, we heard one person say, "Wonderful, thank you". People were supported to have sufficient to eat and drink and were offered choices. People told us they could ask for something to eat and drink when they wanted to and they enjoyed the food. One person told us, "I do enjoy the food it is tasty and well cooked and there is always a choice, if I need or want anything it is done". A relative we spoke with said, "[Person], loves the food here and it always looks and smells good". We spoke with the cook who said, "If people wanted something different I would do it". They told us how a person had requested an alternative to what was on the menu that day and we saw the person was given this alternative. People were offered additional helpings of food and drink at mealtimes if they requested and were offered drinks throughout the day.

We observed lunchtime and saw that tables had been laid with cutlery, condiments and floral decorations. We observed people who were being supported to eat and drink were supported at a pace they were comfortable with. We saw two people who were eating their meals in their rooms were finding it difficult to feed themselves, staff responded promptly to offer support. Care staff were observed asking people if they were enjoying their meals and interacting with them throughout. People's specific dietary needs were catered for. A relative we spoke with said, "[Person] has to have a special pureed diet, they really like the food and I find the meals are both good and varied". For example, we saw people having a softened or pureed diet as recommended and people who lived with diabetes were offered low sugar diets.

People were supported to maintain their health. We saw that people had access to a range of health professionals such as, GP's, opticians, dentists, physiotherapist's speech and language therapists, diabetic nurses and chiropodists. One person said, "The staff see that all my appointments are kept". The GP surgery was located next to the home which meant GP's were able to respond quickly if required, we observed visits during the inspection in response to a person's decline in their health and wellbeing. We saw the activities co-ordinator speaking to people about their optician appointments that would take place that day. People's records contained information on health care appointments to include and action at was required to be taken to support people to maintain their health. We saw that recommendations from other health care professionals were being followed. For example people who required thickener added to fluids had this provided and people who required a soft or pureed diet were provided with one.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, caring and compassionate. One person we spoke with told us, "The staff are so wonderful, they are so kind". A relative we spoke with told us, "[Person] is very well cared for and the staff are excellent, caring, understanding, efficient and nice with it". They went on to say, "This place is not just a home it has got something special and some warmth to it". We observed positive caring interactions between people and staff and we saw that staff took the time to talk with people whilst carrying out care and support. For example, we saw a staff member talking to a person who was reading out what was on the menu. The staff member held a conversation with the person about the different foods that were on the menu, what they liked or didn't like and different foods and sauces that could accompany meats and fishes. This showed that staff interactions were not purely centred on the tasks they were carrying out. We saw the cook came into the dining room and asked people if they were ok and if they enjoyed their meals. We observed laughter and easy going conversation between people and staff and the environment was calm and relaxed. The cook said, "They [people] deserve the best, so if they want something I will do my best to get it for them". The activities co-ordinator told us, "I feel I am actually doing something for the people". A staff member said, "I try to make people feel like they are at home". A staff member told us about how they had supported someone who had passed away. They told us how they had provided care and support in a way that reflected the person's preferences when they had had passed away. Staff took the time to interact with people in a kind a caring way.

We saw people were offered a range of choices throughout the inspection. The deputy manager told us how they had specialised equipment designed to fully recline to enable people to have the option of a shower as opposed to a bath or wash if they preferred. They also said, "People can get up in the morning when they like and go to bed when they want to". During the inspection the optician was visiting, we saw people being asked whether they wanted to come out of their rooms to see the optician, or whether they preferred the optician to visit them in their bedrooms. During mealtimes we observed people eating both in the dining areas and also in their bedrooms. The deputy manager said, "Some people will choose to eat in their rooms". We saw people's personal spaces were personalised. For example we saw people had personal items in their rooms such as ornaments and photographs. People were able to have choice and control over how they lived their lives.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person told us, "When staff wash me and help me they are usually good and I never feel awkward or embarrassed". A relative we spoke with told us, "[Person], is always clean and well presented and the staff are very conscious of [person's] need for privacy. [Person] enjoys being in their room and that is respected". We observed staff knocking on people's doors prior to entering to administer medicines. We saw there were nominated dignity champions. The deputy manager said, "They ensure the principles of treating people with dignity are upheld". One staff member told us about people who were able to mobilise independently but chose to spend some days in bed watching television. They told us how they respected people's choices to spend their time as they liked. People were supported by staff who showed respect and cared for them in a dignified way.

People were encouraged to be independent. "One relative told us, "[Person] is always encouraged to walk to the toilet [themselves]". One staff member told us, "We don't take over, so they [people] are encouraged to do things for themselves, we offer support". We carried out observations throughout the day and saw people had equipment in place to enable them to eat independently or mobilise independently where possible. For example, during lunchtime, we saw a staff member had noticed that a person was struggling to feed themselves. The staff member asked the person if they wanted support but the person declined. The staff member gave the person advise on how to adjust their plate guard and cutlery to enable the person to continue feeding themselves independently. People were supported by staff who encouraged them to be independent.

People were supported to maintain relationships that were important to them. A relative we spoke with told us, "We have just arranged for [person] to have a phone fitted in their room which will be a lifeline for [person] as [person] loves to chat on the phone". The deputy manager told us, "It's open visiting". We observed family and friends visiting at various times during the day.

Good

Is the service responsive?

Our findings

People were supported by a staff team who knew their needs and preferences well. One person we spoke with said, "If you know [staff], then you know me as they know everything about me, [staff] is wonderful". People's needs or requests for help were responded to promptly. One person said, "I have only got to ask for something and it is done for me or I am helped". Another person told us, "The staff come to help me as soon as I ask or for them". A relative told us, "Nothing is too much trouble here and the staff are excellent and respond quickly to any requests". Another relative said, "I know they are responsive to [person's] needs". We looked at people's care records and saw each person had detailed records of their likes, dislikes, personal history and preferences. Staff were able to tell us about people's care and support needs and how they liked their care delivered. There were good internal communication systems in place to enable staff to effectively share information relating to people's changing needs. For example a daily handover meeting was held to provide information about people's changing care needs to staff coming on shift. This meant that staff were kept up to date with people's changing needs or risks.

People were involved in the planning and review of their care where this was possible. Relatives were invited to take part in the planning and review of their family members care. The deputy manager said, "We undertake care reviews approximately every six months or sooner if needed, people tell us if there is anything they want changing and family member are invited to attend the care reviews". We looked at people's care records and saw they were regularly updated. For example we saw reviews of pressure care, dependency and nutritional needs were reviewed on a monthly basis. A staff member told us, "We have enough staff now so on occasions when we have three trained nurses on shift it means I have the time to review and update my care plans". People's changing needs were being regularly reviewed and people and their relatives were invited to be involved in the review of care.

People were supported to engage in activities they enjoyed and preferred. The provider employed an activities co-ordinator to ensure that people could access a wide range of activities and were supported to follow particular interests. Activities were arranged taking account of the needs and preferences of each person. We spoke with the activities coordinator who told us, "I do more one to one sessions with people to ensure I am meeting people's needs, they are very much individualised activities". They told us how they ensured the activities met the individual needs of people, for example they told us about a person who enjoyed reading and they had arranged for a volunteer from the library to deliver and collect books they enjoy reading. They told us how some people really enjoyed sing along sessions and so they arranged for a singer to attend the home or they held the session themselves. We observed the activities co-ordinator singing along with people. People appeared to be enjoying themselves and nursing and care staff came into the room and were singing along with people and dancing to the music. We saw one person had additional care hours for social activities. We saw the person was taking part in activities they enjoyed and were taken out of the home to engage in community based activities. We observed a staff member assisting a person to operate the television controls as the staff member knew that the person enjoyed watching a particular programme at a particular time of day. This showed that activities were arranged in a person centred way and every effort was made to ensure people could follow their interests and hobbies. The deputy manager told us about ways in which they were attempting to take account of a people's cultural needs by looking at

ways of introducing cultural foods in a way that met people's dietary requirements, such as pureed diets or thickened fluids in an attempt to stimulate people's appetite and meet their cultural requirements. They told us that this had been a challenge due to the particular foods that were typically eaten within the culture but they were striving to try and meet this need as best they could whilst taking into account the specialist diet the person required. This showed the home was keen to meet people's cultural needs.

People's communication methods were considered and adjustments made to enable them to communicate their wishes and preferences. For example, staff were communicating with people in their preferred language. There were simple phrases and greetings in people's rooms to enable staff to be able to communicate effectively with people and in a way which they preferred. Staff were able to tell us about people who were unable to communicate verbally and how they use non-verbal gestures to help people to communicate their needs and wishes. We observed staff explaining the ingredient contents of each pudding choice at lunchtime to assist people to make informed choices about what they wanted to eat. For example, we saw a staff member explaining what 'eves pudding' was and the ingredients that were used to make the pudding.

People and their relatives knew how to raise a complaint and the provider had a system in place to ensure complaints were appropriately investigated and used to drive improvements. People and their relatives told us how they would raise a concern and were confident that their concerns would be appropriately investigated. One person we spoke with said, "The registered manager is very good, I know if I had a problem or a worry they would sort it out". The deputy manager told us, "The registered manager makes sure visitors are aware of how to raise concerns". We saw the providers complaints and compliments process was clearly displayed in the reception area. We looked at records relating to complaints and saw that each complaint had been investigated and action taken to solve the problem and prevent it from happening again. There were systems in place to encourage feedback from people and their relatives. The provider held regular resident and relatives meetings which gave people the opportunity to raise issues or concerns and make suggestions for improvement.

Good

Is the service well-led?

Our findings

During our last inspection we rated the service as requires improvement for three domains. In safe as we needed to see improvements in staffing had been sustained. In effective as we needed to ensure sustained improvements to ensure that people's capacity was assessed and staffs understanding of their responsibilities in working in people's best interests. In well led as we needed to ensure that improvements to the systems and processes for monitoring and checking the quality of care had been sustained. . During this inspection we found that improvements had been sustained and were consistent.

People and their relatives were complimentary about the home and people liked living there. A relative told us, "I visit regularly and keep an eye on things but there is a consistently high standard here, I would recommend".

People and their relatives were encouraged to give feedback through regular residents meetings, an annual survey or through the providers complaints and compliments process. The deputy manager told us, "We try to accommodate suggestions". They told us how there had been a suggestion about entertainment and food options and how these suggestions had been implemented. The deputy manager said, "The annual satisfaction surveys are returned to our head office and are analysed, we then get an action plan back. We normally know what the issues are likely to be as we have already picked up on them through our internal processes".

Staff felt involved in the development of the service. Staff told us, "We can give feedback and it is acted on. I haven't suggested anything but I know other staff have, for example someone suggested we needed more towels and this was provided". Another staff member said, "Anything that needs to be addressed is dealt with there and then".

People, relative's and staff knew who the registered manager was and felt they were approachable and a visible presence in the home. The deputy manager told us that the registered manager completed a tour of the home at the start and end of their shift, to visit people and check they were ok. A staff member told us, "I don't feel uncomfortable to approach the registered manager, they ask if there is anything we need". Another staff member said, "The registered manager is lovely, definitely approachable and always has an open door". Staff we spoke with told us they completed an annual staff survey to gain their feedback and they were also encouraged to give feedback through team meetings or one to one supervision sessions.

Staff felt supported by the registered manager. One staff member told us, "The registered manager is very good, I have supervisions and I am able to give feedback about the service and how I am feeling". They told us how they had requested some dementia friendly resources such as dolls and how the registered manager was looking into this.

The registered manager and staff had a good understanding of their roles and responsibilities. For example the registered manager was appropriately notifying us of certain events they are required to such as serious incidents. They had completed the provider information return (PIR) and we saw the ratings certificate from

the last inspection displayed appropriately in the reception area.

There were good internal communication systems in place to enable staff to keep up to date with service developments or the changing needs of people. These included a daily handover and team meetings. The deputy manager also told us there were regular managers and senior carer meetings, and telephone sessions between the day and night staff.

The provider had systems in place to monitor the quality of the service. There was a documented audit cycle detailing when specific checks should be carried out throughout the year. Regular internal checks were carried out and information from these checks were regularly analysed. The information from these quality checks were used to drive improvement. For example, we saw actions to update particular instructions for medicines which were to be given on an as and when basis had been completed. External audits were completed and we saw actions identified had been addressed. For example a recent Healthwatch visit had highlighted an action to install wi-fi to help to improve people's communication with friends and relatives. We saw that this had been done. Complaints were investigated, actions were taken and learning objectives were recorded and shared with staff. One staff member told us about a recent complaint, they said, "We learned to make sure that things are documented". We saw the provider completed monthly audits and checks which had been mapped in accordance with the Care Quality Commission standards.

Staff we spoke with also told us how they were kept informed of any feedback from people or their relative's along with any actions they needed to take to improve the standard of care or develop the service. For example, one staff member we spoke with told us they had been informed of the last CQC rating and the actions that were required to improve the service.

The service had been awarded the investors in people standard in February 2016. The Standard defines what it takes to lead, support and manage people well for sustainable results. The Service was also working toward the gold standards framework for end of life support. This framework is designed to improve end of life care in care homes and other settings.