

Maria Mallaband 17 Limited

# Birch Heath Lodge

## Inspection report

Birch Heath Lane  
Christleton  
Chester  
Cheshire  
CH3 7AP

Tel: 01244434321

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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

The inspection took place over two days on the 17 and 20 January 2017 and the first day was unannounced.

The service provides accommodation with both personal and nursing care for up to 38 people and is located within a detached property in a residential area of Christleton close to local amenities. The service is based in two units: Birchwood is in the main house and Greenwood in the extension. Access to Greenwood is via the outside court yard. At the time of our visit there were 36 people using the service.

The previous inspection took place on the and we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. On this return visit, we found that improvements has been made to meet all of the relevant requirements.

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

People told us the staff were kind, caring and treated them well. Staff had time for people and treated them with respect. People received care in a dignified manner that protected their privacy and promoted their independence.

Staff knew people well and responded to their wishes promptly. People had been involved in planning the care and support they received from the service. Their needs had been identified, assessed and reviewed on a regular basis. People's care plans were very detailed and which meant that staff were able deliver a personalised support.

The service worked with other healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted them to ensure that any recommendations in relation to their health were met.

A range of activities were on offer for people to participate in if they wished. People were given the opportunity to maintain links with their local community and to attend events outside of the service.

People received their medication safely and action taken to minimise any risk to a persons health and wellbeing. People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse or poor care. Staff knew how to report any concerns and they felt confident the service would address these appropriately.

Staff had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. We saw that staff recruited had the right values and skills to work with people who

used the service. Staff rotas showed that the staffing remained at a levels required to ensure all peoples needs were met and helped to keep people safe.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff told us they worked as part of a team and that the service was fantastic place to work. Staff said they felt supported, that morale was good and they were very happy in their work. Staff received the training and on-going support that they required to be confident and competent in their roles.

People had confidence in the management team and met them on a regular basis. People who used the service and staff reported that the manager was approachable, supportive and available as required. People felt listened to and told us they had confidence that any concerns they may have would be addressed.

The registered provider and the registered manager continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording, managing and investigating complaints, safeguarding concerns and incidents/ accidents were managed well.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm and received support from staff who knew how to keep them safe. The building was well maintained and provided a comfortable environment.

Risks to the health, safety and well-being of people were addressed yet enabled people to remain independent.

The service had safe and robust recruitment procedures that ensured people were supported by suitable staff.

The service had good systems in place to safely support people with the on-going management of their medicines.

### Is the service effective?

Good ●

The service was effective.

People received support that met their needs, expectations and kept them well. Care and treatment was provided with appropriate consent and was in a persons best interest.

Staff received induction, on-going training and support to ensure they had the skills and knowledge to deliver the very best care.

People were provided with a choice of meals which met their personal preferences and they were supported to maintain a balanced diet and adequate hydration.

### Is the service caring?

Good ●

The service was caring.

People and their relatives praised the kindness and compassion of the staff that supported them. Staff took a real pride in the care and support that they delivered.

Staff had an understanding of people's needs and worked with

them to ensure they were actively involved decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received support that was responsive to their individual and changing needs. Staff supported people to be as independent as possible and always placed people at the centre of their work.

There was a recognition of the importance of meeting a persons emotional well-being through the provision of meaningful social activities and opportunities.

People were actively encouraged to give their views and raise concerns. People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, their relatives, staff and visiting professionals were positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and improvements made where identified . this ensure the safety and effectiveness of the care and support people received.

# Birch Heath Lodge

## 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 over two days on the 17 and 20 January 2017 and the first day was unannounced.

The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed all the information that CQC held on the service. This included any notifications, complaints or whistleblowing. Prior to the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also spoke with the local authority's safeguarding and strategic commissioning teams who expressed no concerns about the service.

Over the course of the inspection we spoke with nine people who used the service, and three relatives. We also had the opportunity to speak with six members of staff. We looked at the care records relating to eleven people who used the service, which included, care plans, daily records and medication administration records. We had the opportunity over the two days to observe the interaction between people who received support and staff on duty.

The registered provider had records available that related to the management of staff and the service. We looked at these and it included four staff files, training records, and minutes of meetings, maintenance records, appliance test certificates and quality audits.

# Is the service safe?

## Our findings

People who used the service spoke to us about feeling "Safe", "Secure" and "Free of harm". They commented that the staff and the living environment contributed towards this and that they had "No concerns to report".

The registered provider had a safeguarding procedure in place which staff were aware of and followed. Training records showed us that staff had received training in safeguarding. Any problems that arose were dealt with openly to ensure that people living at the service were protected from further risk of harm. The registered manager was aware of the local authority guidelines and the duty to report low level safeguarding concerns. These are situations where there have been minor risks occurring as a result of an isolated case of poor practice.

The registered provider had policies and procedures to ensure that staff were aware of how medication should be ordered, stored, administered and disposed of in line with current guidance. These were available for staff alongside the medication trolley for ease of reference.

Some people were prescribed a medicine to take as they 'as required' (PRN). There were guidelines (protocols) to help staff give these medicines in the way the doctor intended and these were reviewed three monthly to ensure they remained applicable. We spoke with the registered manager about ensuring that, where medications were given to help manage behaviours, that the PRN guidance was more detailed to ensure staff took a consistent approach.

We sampled the medication administration records (MAR) and available medications of nine people. These were recorded correctly and this indicated that people had received these as directed. The amount of medication received or carried over was recorded (when it was not within a blister) which enabled these checks to take place.

On the first day of the inspection we raised concern that some medication was stored in areas of the service where it was warm and in excess of 25 degrees centigrade which is the guidance from the Royal Pharmaceutical Society. This meant there was a risk that medicines could lose their effectiveness. When we returned on the second day, remedial steps were already being taken to provide cooling facilities in those areas.

Where a potential risk to a person's health or well-being had been identified a risk assessment and management plan was in place. These included individual risk assessments for areas of support such as moving and handling, the development of pressure ulcers, risk of malnutrition and use of bed rails.

Staff used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. Staff monitored people's weight to identify whether there was a loss or gain. This was consistently recorded and actions taken where the information indicated a cause for concern. The registered provider used a Braden Scale assessment tool to assess a person's level of risk of developing a pressure ulcer. These were updated to take into account significant changes and accurately reflected the support to be provided.

The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure area. The mattresses were checked at regular intervals. Following the last inspection, the registered manager, had ensured that the required pressure was recorded and that staff regularly checked that each mattress was correctly set. This meant that people were protected from the risk of further skin damage by lying or sitting on a mattress that was too hard or too soft.

People told us that staff were "Very quick to respond" and "Always on hand to help". This we confirmed through our observations in that people did not have to wait for care and call bells were answered in a timely manner. Staffing levels were based upon the dependency of the people who used the service and took into account the service being split across two buildings. The registered manager informed us that they always "Staffed above the requirement" as this meant that they could respond quickly to any increase in need. These staffing levels were regularly reviewed by the registered manager and the registered provider to ensure that the needs of people who used the service were being met.

The registered provider had systems in place to record and review accidents or incidents. Any occurrence was reviewed by the registered manager and an analysis undertaken to identify if any further steps could be taken to minimise further risk of harm. For example: people had been provided with assistive technology such as pressure mats to alert staff where there had been a risk of falls. One person informed us that due to repeated falls they had moved to a ground floor room where they felt safer and were closer to the staff. An analysis of accidents and incidents took place on a monthly basis so that wider themes or trends across the service could be identified. The registered manager was open and honest with family or significant where harm had occurred and discussed with us her responsibility and that of the staff under "Duty of Candour".

People told us that the service was always very clean and comfortable. They said that their rooms and the communal areas were "Spotless" and "Well kept". We found the service to be spacious, warm, welcoming and airy.

The registered provider had systems in place to ensure that the service was well maintained. The annual health and safety audit was carried out by independent contractor. Throughout the year regular checks were then carried out by the registered manager, the registered provider and the maintenance staff to help ensure a satisfactory and safe environment. Where areas required attention these were quickly highlighted and attended to. At the previous inspection, it had been identified that the kitchen area required updating. Since then, a complete refurbishment has taken place with a new kitchen design and updated equipment in place. There was a continued refurbishment plan in place that will see continued improvements the service over the forthcoming months. Recorded safety checks kept for the environment, including bedrooms, lighting, gas, electricity, and water and fire systems were completed. The equipment people used was also checked and maintained to ensure that it was safe to use.

During the last inspection the registered provider was carrying out a number of remedial actions to ensure compliance with fire safety. These works had been completed in a timely manner.

The registered provider had processes in place to support safe recruitment and these were followed by the registered manager. We sampled the files of four staff members and found that all the appropriate checks had been carried out. There was evidence of a robust interview process having taken place and references were appropriate and verified. A Disclosure and Barring Service (DBS) check had been carried out prior to the commencement of employment. This meant that people could be confident that the registered provider had taken steps to ensure that they were supported by staff of suitable character and skill.



## Is the service effective?

### Our findings

People told us that all their needs were met. Comments included "I am well fed, watered and cared for", "The staff help me with things that I find difficult" and "The staff are great, they make me feel at ease and know what they are doing".

People were supported to ensure that they had enough to eat and drink. Where there were concerns around a person's intake, staff kept a record of what was offered and taken. This information was then utilised in order to identify risk and to establish what remedial action or further advice was required. We saw that appropriate referrals had been made to the GP, dietician or Speech and Language therapist where specific concerns were highlighted.

The chef and the staff worked closely together to ensure that they identified people who required special diets. The chef took care to ensure that purée and soft diets looked appetising. The registered manager had recently received a letter from a health professional asking that the Chefs efforts be recognised as they were "Very impressed their level of knowledge and care, safe catering practices and excellent understanding of special diets and how to avoid cross contamination". One person who had a special diet confirmed that their needs were met in an "Exceptional way" and that the Chef took care to ensure they had a wide a varied diet.

Staff who were new to the service described their induction programme to us and felt that it adequate prepared them for their role. There was a robust induction programme in place for new staff which included learning and shadowing an experienced member of staff. The induction programme had been revised to ensure that it met with the standards required of the Care Certificate: this is a set of standards that all staff should adhere to. New staff undertook a three month probationary period before a permanent contract was offered. During this time their performance was continually assessed and monitored.

Records indicated that staff received regular training and were provided with the knowledge and skills required to support people who lived at the service. Staff informed us that the training met their needs and that they were given adequate time to complete this. The registered provider had processes in place that enabled registered managers to update training records and identify what training staff required. We looked at this record and saw that all staff were either up to date with training or had dates booked for refresher sessions.

Staff had the opportunity to obtain qualifications such as the Diploma in Health and Social Care (QCF). Staff were also supported to gain new skills. The registered provider had introduced a "care practitioner" role to equip designated care staff with clinical skills. Staff who had secured these roles was enthusiastic about the challenge and the additional skills they had developed. They spoke about how this enabled them to be more proactive in identifying health concerns and it fostered a more supportive role with the nursing staff.

Staff informed us and records confirmed that they had the opportunity to sit with senior members of staff to discuss issues of a personal and professional nature. Staff files held records of these supervision sessions

and sessions were planned throughout the year. Each staff member, including the registered manager, was working towards a personal development plan which helped them to evaluate current practice and future areas of development. Staff were kept up to date with training and / or key information via the internal "Careblox system" as well as memos, and relevant staff notice boards.

Staff supported people to ensure that their health needs were met. A full medical history was available for each person with details of what interventions or monitoring may be required to keep them well. The service had developed link roles in key areas such as Tissue Viability, Palliative Care, and Infection Control & Continence. This helped ensure that staff were up to date with best practice and enabled them to effectively meet people's health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was complying with the legal requirements. The registered provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

Staff demonstrated a consideration and assessment of a person's mental capacity whilst developing their care plan. This was especially evident when making decisions around end of life or restrictive practices like bedrails. We spoke to the registered manager about ensuring that this mental capacity assessment was recorded consistently. Some people had a decision specific mental capacity assessment whilst for others this was evidenced in their risk assessment or the best interest discussion.

Where restrictions or restrains on a person's freedom were in place, staff had considered all other least restrictive options first. For example: the use of crash mats and extra supervision as opposed to bed rails. These decisions were always made in a person's 'best interest' and a discussion with relevant others taken place prior to this being implemented. Where restrictions were deemed as necessary, the required application to the supervisory body for consideration under DoLS had been submitted. To date only one application had been assessed and approved: this was highlighted within the care plan.

Staff were aware of one of the key principles of the MCA that people with mental capacity were able to unwise decisions. For example a person continued to gain weight choosing unhealthy eating options. It was clear that they had been assessed as having the mental capacity to make that choice and that this was despite staff having discussed with them a variety of options available to meet their needs. Another person had weight loss however had declined any further investigation into their health conditions that could be impacting upon this.

## Is the service caring?

### Our findings

People were very complimentary about the staff and how their support was delivered. People made comment such as "The staff are so caring and helpful", "Nothing is ever too much trouble" "I am very comfortable here" and "Staff are so kind and considerate". Relatives informed us that they had no concerns about the care that their loved one received and that they were left "In safe and caring hands".

People told us, "The food is great" and "There is lots of choice" and "The chef knows what I need for my special diet". People's views and changing preferences were taken into account when designing the menus. The menus included two choices for lunch and evening but alternatives were always on offer. We observed that the food was presented in a way that was appetising and appealing. The dining areas were pleasant and small tables attractively set with condiments and napkins. People were not hurried and meal times were seen to be a pleasurable experience. Staff provided encouragement and support discretely where required.

One person commented "It is nice to see the same faces; you get to know the staff and that is important when they are helping with personal matters". People told us that staff took an interest in them and how they wanted their support to be provided. A common theme in our discussions with people and relatives was the staff commitment and the continuity of care that was provided. The registered manager confirmed that staff turnover was low and that agency staff were hardly ever used. This meant that people received care from staff that had gotten to know them well and were aware of their likes, dislikes and personal preferences.

Not everyone liked to go into the communal areas but opted to stay in their rooms. People told us that they were "Never forgotten about" and that staff always checked on them to make sure that they were safe and stopped to have a chat about what was going on.

At interview, questions for staff included perception of their role, understanding of abuse, teamwork, and values in regard to the care of vulnerable people, professionalism & compassion. The registered manager informed us that this helped them to assess the person's value base. Observations showed that staff engaged well with people and there was a relaxed atmosphere in the service. Staff were patient with people when they were attending to their needs and did not rush them. Staff addressed people in an appropriate manner and knew if someone preferred to be called by their first name. They were caring and respectful in their approach at all times. Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs.

People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff knocked on doors before entering and were very discreet when talking to each other about people who used the service. This demonstrated that staff understood the importance of ensuring people's privacy was respected.

Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support. One person told us that they were not feeling 100% and

so staff had not rushed them to get dressed and were regularly checking on them to make sure they were safe and well.

Each person had their own bedroom which they had personalised with items such as family photographs. Some people had drink making facilities to maintain some independence whilst others had their own phone line they could contact people at their leisure. People also had access to shared sitting rooms, a large foyer, a dining room, an enclosed garden patio area and conservatory.

Notice boards at the service were easily accessible and offered a variety of information to everyone living there or visiting. The notices and information displayed helped to keep everyone up to date with the management of the home. The notice board also clearly displayed the last CQC rating and report.

People who were considering entering a care home were provided with details about this service and the registered provider. It contained lots of relevant information in order to help them make an informed decision as to whether they wished to consider Birch Health further. There was also a service user handbook and a statement of purpose. The latter sets out the philosophy of care for the service and what anyone living there people can expect. These documents were also available for all people at the service in the foyer areas.

Information relating to people and staff was kept safe and secure with access only to those people who required it. Access to information kept "On-Line" was also secure with staff having individual log in details and passwords. Hard copy documentation such as Lasting Power Of Attorney's, financial information and contracts or third party assessments were kept locked in the office. This ensured that the confidentiality of people and staff was maintained.

Staff provided care and support to people right up to the end of their lives wherever possible. Staffs has spoken to people to ascertain their wishes in terms of intervention, treatment and preferred place of care at the end stages of their life. This was clearly recorded along with any important arrangements to be made in the event of their death. This meant that any decisions made and support provided would be in line with a person's last wishes.

## Is the service responsive?

### Our findings

People told us that staff responded to their needs and were flexible in their approach. Comments included " Staff do what they can to help keep me well and to do things for myself" and " No two days are ever the same for me, and staff recognise that and look after me accordingly".

A pre admission assessment was completed prior to a person entering the service and this addressed their physical, mental, emotional and social needs. This information then formed the basis of a care plan to direct staff as to how to provide support.

On the last inspection, we raised concern that care plans for wound care did not provide clear information as to the appropriate level of care to be delivered. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that improvements had now been made.

Following the last inspection, the registered provider had introduced an electronic system for records relating to the support required and provided. Most staff had adapted to this well and felt that it gave more accountability as some information had to be entered within a set timeframe.

Our concerns around the management and record keeping of pressure ulcers had been addressed There was now a clear trail of what intervention someone had received once a pressure ulcer had been noted. There were separate records for each wound which indicated what intervention was required and delivered. Body maps had been completed and the electronic system automatically entered a date and record of who had completed it.

One person told us that they had been anxious about entering a care home but that it was the best decision they had made. They spoke to us about their 'complex' health needs and explained that staff had taken the time to sit and discuss this affected them and what help and support they required.

Care plans, once entered, were reviewed on a monthly basis. This was to ensure that they remained relevant and an accurate description of the care required. Care plans followed a set format but within that staff could make them more personalised. We looked at a sample of care plans and found them all to be very detailed. As well as addressing support needs they recorded people's preferences and wishes. This included rising and bed routines, room comfort and temperature, preferred gender of carer, what they liked to eat or how they liked to maintain their appearance.

Care plans gave detailed information for staff in how to meet a person's physical and mental health needs. Staff were given sufficient information in order to ensure that people were assisted safely with all aspects of mobility and transfers. Care plans gave detailed information as to how to move a person in the safest way and what equipment was needed for that particular individual. Information was included in how a person communicates in order to ensure that they received the correct information and reassurance about their care. This included addressing issues with sight, hearing and speech. Some people required assistance to enable and promote continence. Again care plans addressed the appropriate level of prompting direction

and assistance required to maintain person's independence. Where specific products were required or a person had a catheter in place, clear information was available for staff to meet the person's needs.

Some people had mental health conditions that effected their behaviours or interactions with others. There was clear direction for staff, within the care plan, as to how staff should respond appropriately; for example, a person with episodes of paranoia had 'trigger points' such as seeing a new person in the building or groups of people taking together. A care plan and management strategy was in place to guide and inform staff in how to best intervene in this situation.

There were two social activity co-ordinators and the hours made available had recently been increased. A programme of activity is published in calendar form each month and given to each person. Two volunteers from a local school also regularly visited to provide additional support. For those people who were cared for in bed, there was a record kept of one to one interaction and activity spent with these members of staff. This ensured that people were not socially excluded from activity based interaction.

There was a notice board on the pavement leading up to the service that advertised what was taking place such as concerts, hog roasts etc. The local community were encouraged to attend and people liked this. One person said "It's always nice to see different people". Support was also provided for people to access activity outside of the service. People had enjoyed a visit to the cathedral over Christmas and more recently attended the community centre for a lunch time event.

The registered provider had a complaints policy in place. We saw this displayed in the reception areas of the service. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. Where formal complaints had been made, the registered manager and the registered provider had responded appropriately and tried to seek a resolution. Written feedback to complainants was evidenced and an apology offered if appropriate.

The service also took into account the views of the local community and accommodated their wishes. A new banner had been designed to promote events within the service following complaints from the local residents that the traditional banner was not in keeping the village.

The service had good links with the local GP, physiotherapist, dietician and other allied professionals. We found that the service had made appropriate referrals where required to ensure that people received the advice, help and support required.

## Is the service well-led?

### Our findings

People had no concerns about the way that the service was run and this was confirmed by relatives. People told us that they knew who the manager was and that "She is part of the furniture "and" She runs a very tight ship".

The service had a registered manager who was registered with the Care Quality Commission. During the inspection we saw the registered manager was active in the day to day running of the service. She attended daily handover and also carried out a 'walk about' of the service twice a day. She chose to start work early in the day in order to maintain a daily contact with the night staff. She had been at the home for many years and it was clear that she knew the needs of the people and her staff well.

The registered manager said that they encouraged a culture within the service that supported the Company Mission Statement of giving purpose and enjoyment to the people who used the service and reassurance to their families and friends

Staff told us they felt supported by the registered manager and that they felt valued. They were positive about the registered manager and how the service was run. Staff felt that all the management listened to them and that they were treated as people not just employees. Staff felt that hard work was recognised and that they received employee benefits which were an added incentive.

A 'Birch Health interest group' had also been set up so that staff could discuss collectively how to raise funds for the home and the local community. Staff meetings were held regularly and people had the opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which contained evidence of a wide variety of topics discussed with staff such as: the people living at the home and their needs; activities; maintenance and the environment; health and safety and meals. The minutes showed that the staff were kept up to date with the management of the service.

Regular meetings were also held with the people who used the service and their relatives. Suggestions on how to improve the service were taken forward. For example: people had requested a clock in the dining room. This had been removed previously due to feedback that clock had made them feel hurried and spoiled the enjoyment of their meal. A compromise was agreed with those who had a preference for a clock being provided with one for the table. It was felt that this was a good compromise as those who wanted the quiet and unhurried ambience of the dining room could still enjoy this whilst those who preferred to have a clock to monitor their meal times were supported with this choice.

The registered provider made policies and procedures available to staff in order to assist them to follow legislation and best practice. A folder was available in the staff office which staff had signed to say they had seen. They were also made available on-line.

The quality, safety and effectiveness of the service were checked by the registered manager but also by members of the senior management team. Nursing staff completed a weekly "resident at risk" report which indicated those persons with significant health concerns such as weight loss or the development of a

pressure ulcer. This meant that the registered manager could identify themes and trends, and ensure that risk management plans were in place.

The quality manager carried out a monthly visit to oversee the service. Quality audits covered a range of areas such as: care files; accidents and incidents; training; complaints; bed availability; infection control; health and safety; medications and environment. They also demonstrated that time was taken to speak with people who used the service and their family/ friends. The registered provider and registered manager evaluated these audits and where areas of improvements were identified an action plan was put in place. Progress was then evaluated the following month. This demonstrated regular and on-going monitoring.

Where significant incidents had occurred we found that the registered manager had been open and transparent with the person and interested parties. The registered manager and staff spoke with us about the "Duty of Candour". They were aware of the requirement to be open and honest about a person's care and treatment if things have gone wrong and the importance of making an apology.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

The registered manager tried to include people who used the service and relatives in the running of the home and to hold regular meetings. There was a schedule in place detailing all the meeting dates for 2017.