

St Philips Care Limited

Bowburn Care Centre

Inspection report

Bowburn South Industrial Estate
Bowburn
Durham
County Durham
DH6 5AD

Tel: 01913778214

Website: www.stphilipscare.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 14 and 15 June 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Bowburn Care Centre provides care and accommodation for up to 80 people with nursing or personal care needs. On the two days of our inspection there were 53 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

Bowburn Care Centre was last inspected by CQC on 14 March 2016 and was rated Requires Improvement overall. At the inspection in March 2016 we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 9 (Person-centred care)
- Regulation 10 (Dignity and respect)
- Regulation 12 (Safe care and treatment)
- Regulation 15 (Premises and equipment)
- Regulation 17 (Good governance)
- Regulation 18 (Staffing)
- Regulation 19 (Fit and proper persons employed)

At this inspection we checked to see whether improvements had been made and we found improvements had been made in all the areas identified at the previous inspection.

Accidents and incidents were appropriately recorded, and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to mitigate these risks.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

At the previous inspection it was identified that people were not always protected against the risks associated with the unsafe use and management of medicines. At this inspection we found medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were suitably trained and training was arranged for any due or overdue refresher training. Staff received regular supervisions and appraisals.

At the previous inspection we found some checks of staff employment history had not been appropriately carried out. At this inspection we found the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection it was identified that some people had to wait a long time for support at meal times. At this inspection we found people were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

At the previous inspection it was identified that the environment of the home did not reflect best practice in dementia care. At this inspection we found the service incorporated environmental aspects that were dementia friendly.

People who used the service and family members were complimentary about the standard of care at Bowburn Care Centre. Care plans were in place that recorded people's plans and wishes for their end of life care.

At the previous inspection it was identified that people were not always treated with dignity and respect. At this inspection we found staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

At the previous inspection it was identified that some care records were incomplete and missing important information. At this inspection we found records were up to date, and regularly reviewed and evaluated.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint but had no complaints about the service.

At the previous inspection it was identified that governance systems had failed to ensure that risks to the health and safety of people living at the home were minimised. At this inspection we found these risks had been minimised and an appropriate quality assurance process was in place.

Staff said they felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

Staff supported people with their dietary needs.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People were involved in their care and their wishes were taken into consideration.

Is the service responsive?

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

Good ●

Bowburn Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 June 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector, a specialist advisor in nursing and an expert by experience took part in this inspection. 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 we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with five people who used the service and three family members. We also spoke with the registered manager, deputy manager, administrator, nurse and three members of staff.

We looked at the care records of six people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe and had no concerns regarding abuse or bullying. They told us, "I know how to handle myself and will just tell them straight if anyone bullies me" and "There is no intimidation from anyone."

At the previous inspection we found some checks of staff employment history had not been appropriately carried out. At this inspection we looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. Nursing and Midwifery Council (NMC) checks were carried out annually to ensure nurses employed by the service were registered to practice and the registrations were in date. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff, and on an ongoing basis as necessary.

We discussed staffing levels with the registered manager, looked at staff rotas and observed staffing levels around the home. The registered manager told us there was currently a nursing staff vacancy and these shifts were covered by agency staff. The registered manager told us there were three nurses from the agency who regularly carried out shifts at the home so this helped to maintain continuity. Staff we spoke with told us there was sufficient staff in place to provide care safely.

Some people who used the service told us they would like more staff at the home. They told us, "Not enough staff, not all the time" and "There is not enough staff. One person is doing two jobs. They are short staffed, it is as simple as that". However, other people we spoke with said, "There is enough staff, they chat with you and are quite nice" and "On good terms with them all and they care for us." We observed sufficient numbers of staff on duty. Call bells were answered promptly and people did not have to wait for assistance when it was requested.

The home is a large detached building with a secure garden area at the centre. Entry to the premises was via a locked door and all visitors were required to sign in. At the previous inspection it was identified that some people's bedrooms contained damaged and unclean furniture and we found areas where the odour control at the home had not been successful. At this inspection we found the home was clean and suitable for the people who used the service. There were no unpleasant odours present and we did not see any damaged or unsuitable furniture or equipment. The registered manager had an ongoing redecoration action plan and any issues with regard to maintenance were identified via the auditing process. Appropriate personal

protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. Staff were observed to wash their hands at appropriate times. This meant people were protected from the risk of acquired infections.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Equipment was in place to meet people's needs and where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Bed rails were checked weekly and window restrictors were checked monthly. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date. Fire evacuation training was taking place on one of the days we visited and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding adults' policy and procedure, which described the procedure for identifying and reporting incidents or allegations of abuse. Local authority guidance with regard to dealing with a safeguarding concern was available and risk threshold tools were used to help staff identify the type and seriousness of any allegations of abuse, and whether to report it. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibility with regard to safeguarding. Staff received training in the protection of vulnerable adults and demonstrated a good awareness of safeguarding principles.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. Risk assessments were in place and related to general risks within the home, and risks from fire, kitchen, laundry, equipment and maintenance. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

At the previous inspection it was identified that people were not always protected against the risks associated with the unsafe use and management of medicines. At this inspection we saw medicines were stored in lockable trolleys in a designated clinical room, which was temperature controlled by air conditioning. Daily temperature checks were carried out of the room and the refrigerator. The room was of adequate size, had hand washing facilities and was clean and tidy.

Medication Administration Records (MARs) were reviewed and were accurate and up to date. The registered manager carried out an annual competency check of staff administering medicines and at least one audit of medicines per week.

One person was in receipt of covert medicines. Covert medicine is the administration of medicines in disguised form. These were clearly identified, with evidence of a best interest decision making process having taken place with relevant staff and health care professionals.

Any surplus medication that was no longer required was recorded in a specific book which was checked by a

second member of staff and disposed of in a specific container.

We observed a medicines round and saw it was carried out safely and competently. This meant appropriate arrangements were in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. They told us, "The staff are honest and caring", "Staff know what they are doing and help [name], they are very good" and "They [staff] are all lovely. I love it here."

The registered manager had an annual training plan in place, which included mandatory training and any other training staff required to meet the needs of people in receipt of care. Mandatory training is training that the provider deems necessary to support people safely and included dementia, diet and nutrition, food safety, health and safety, infection control, the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), medication awareness, safeguarding vulnerable adults, fire awareness, first aid, moving and handling, and equality and diversity. Staff received additional training as required and this included person centred approach to care, end of life and focus on under nutrition. The majority of the training was up to date and where there were gaps we saw training was planned. For example, fire evacuation training was taking place on the day of our inspection visit and end of life training was scheduled to take place later in the month.

New staff completed an induction, which included an introduction to the provider and their policies, an introduction to the home, and health and safety. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff were fully supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The registered manager maintained a staff appraisal planner so they could keep up to date with when appraisals were due. Staff we spoke with told us they received regular supervisions. People who used the service and their family members told us staff had the relevant skills to be able to care for them or their relatives.

At the previous inspection it was identified that some people had to wait a long time for support at meal times. At this inspection we found people were supported with their dietary needs. We observed people having lunch in the dining room. People were laughing and joking amongst themselves and with staff, and everyone appeared relaxed and happy. There were three members of staff assisting and helping people to their tables with confidence and ease.

People were offered a choice of meals and a drink with their meal. People told us, "The food is nice" and "Very good, in fact too much." A family member told us they had Sunday lunch with their husband. People told us they got snacks between meals, usually coffee and biscuits or a cake.

We spoke with the kitchen manager and observed a 'Moderate and high risk under nutrition' chart which documented all the people who were at risk of being under nourished, especially people who were diabetic, had food allergies or required pureed and soft diets. Fortified drinks with additional calories were available.

Some people were supported to eat in their own bedrooms if they preferred.

Drinks were readily available during the day and staff were aware of people who required additional fluids or monitoring. Diet and fluid intake records were completed regularly.

Malnutrition Universal Scoring Tools (MUST) were updated regularly and weight charts were up to date. MUST is a screening tool used to identify whether people are at risk of malnutrition. There was clear evidence of involvement of dietitians and speech and language therapists (SALT) and guidance provided by these professionals was included in care plans.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the 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. DoLS applications had been submitted for people who used the service. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment where applicable. This meant the provider was following the requirements of the MCA and DoLS.

Where appropriate, care records included a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the person who used the service and their family members had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Staff told us they had a good relationship with local health professionals and felt supported by the local GP practice, who had a liaison nurse that visited daily to give advice and assess any immediate additional care requirements. Involvement with external health and social care professionals, such as GP, community psychiatric nurse, tissue viability nurse, dietitian and SALT, was documented in people's care records.

Some of the people who used the service were living with dementia. At the previous inspection it was identified that the environment of the home did not reflect best practice in dementia care. The registered manager told us they had carried out research into dementia design in care homes and had implemented changes to make the home more dementia friendly.

We looked at the design of the premises for people with dementia and saw communal bathroom and toilet doors were appropriately signed. Bedroom doors included the person's name and room number, and a memory box on the wall beside the bedroom door. The memory boxes had been designed with the person who used the service and family members, and included photographs of people and pets, and items linked to people's hobbies and interests.

Corridors were well lit. Corridor walls and handrails were painted in contrasting colours, carpets were clean, not patterned, and contrasted clearly with walls. Corridors contained murals and other visual stimulation such as tactile displays, an artificial flower garden and appropriate signage. For example, one corridor had been designed to look like a street in a town with different shops and displays that people could touch and pick up. These included a bakery, general store, haberdashery and post office. The registered manager told us plans were in place to complete the display with a pub and a church. This meant the service incorporated environmental aspects that were dementia friendly.

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Bowburn Care Centre. People told us, "[Staff] have time for you, they laugh and joke with you" and "They [staff] always listen to me and are kind."

At the previous inspection it was identified that people were not always treated with dignity and respect. At this inspection we found people were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff.

In our discussions with staff there appeared to be a genuine wish to provide a high quality service and staff told us, "We try as much as possible to involve them [person who used the service] and their family in their care."

We saw staff knocking before entering people's rooms and closing bedroom, bathroom and toilet doors to ensure people's privacy. All of the people and family members we spoke with said they were treated with dignity and respect. For example, "[Staff] always address me by my name", "We are treated with dignity and respect" and "[Family member] is treated with the utmost dignity and respect."

People were supported to be independent and encouraged to care for themselves where possible. For example, at lunch time none of the people required assistance with their meal. However, staff were on hand if anyone required assistance and one person was prompted to eat on several occasions by staff.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms.

The home had a 'Pets corner' in the large activities room that included two rabbits and two guinea pigs. The registered manager told us people enjoyed spending time with the pets and in the summer the pets went outside in the secure garden.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us two of the people who were using the service at the time of our inspection had independent advocates. People were made aware of advocacy services via the service user guide and home's notice board.

We discussed end of life care with the registered manager. On the days of our inspection there were no residents receiving formal end of life care, however, care records included care plans where end of life choices had been discussed with people and family members. For example, funeral arrangements and contact information.

Is the service responsive?

Our findings

At the previous inspection it was identified that some care records were incomplete and missing important information. At this inspection we looked at people's care records and found records were up to date, and regularly reviewed and evaluated.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Each person's care record included a comprehensive assessment of their care needs. Records of visits made by health care professionals and any subsequent actions they required to be put in place, were observed and recorded in detail in people's care plans.

People's pressure care needs were monitored and Waterlow assessments were in place that were reviewed monthly. Waterlow is a tool used to assess the risk of a person developing a pressure ulcer.

We saw from the care records, one person with complex dementia was noted to have behaviour that may be perceived as challenging and was at times confrontational with other people living at the home. There was evidence of involvement with the local older people's mental health team in planning the person's care, and records of individual behavioural incidents were recorded and had been discussed with the community psychiatric nurse for advice and support.

Daily records were maintained for each person who used the service. These were descriptive and appropriate, and all the entries we saw were signed and dated.

We found the provider protected people from social isolation. The home had a large activities room, as well as several smaller lounges where people were sat watching television. We saw there was a full programme of activities in place, which included visits to the home by external singers and entertainers. The Royal Voluntary Service (RVS) visited the home every Thursday to do a 'Music and memories' event that people enjoyed taking part in. Other activities at the home included visits from therapy ponies and 'Zoolab' (reptiles and other animals), trips out in the home's minibus, coffee mornings, exercise classes, a RVS open day in June and a 'Wimbledon strawberry tea' in July. All the people we spoke with enjoyed the varied entertainment available and told us they didn't feel isolated as they were able to go out when they wanted.

We saw a copy of the provider's complaints policy, which provided information on the procedure to be followed when a complaint was received, for example, the responsibilities of staff and the timescales for responding to a complaint. A 'What to do if you have a concern or complaint' booklet was available in the entrance foyer. People, and their family members, we spoke with were aware of the complaints policy.

A 'Complaints log' provided a summary of each complaint, who it had been investigated by and what the outcome was. There had been six complaints recorded at the service in the previous 12 months. A complaints form was completed for each complaint, detailing the nature of the complaint, action taken and

whether the complainant was satisfied with the outcome. All of the complaints we saw had been appropriately dealt with.

All the people and family members we spoke with knew who to talk to if they had to complain but told us they had never had to. This showed the provider had an effective complaints policy and procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service and their family members told us they knew who the registered manager was and had confidence in the management of the home. Staff we spoke with told us they felt supported by the registered manager and said the registered manager was "approachable" and they were comfortable raising any concerns. One member of staff told us, "It's a lovely place to work."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and a staff meeting planner was on the office wall, which included meeting dates for general staff, care staff, health and safety, senior staff and nurses, activities, and ancillary and kitchen staff. We looked at the meetings file and saw the most recent general staff meeting had taken place in April 2017. Meetings took place at 8am and 2pm so that as many staff as possible could attend. Agenda items at the meeting included sickness levels, infection control, presentation of the home, activities, menus and any items required for the home.

At the previous inspection it was identified that governance systems had failed to ensure that risks to the health and safety of people living at the home were minimised. At this inspection we found these risks had been minimised and an appropriate quality assurance process was in place.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider had an electronic quality monitoring system in place. The registered manager entered information on the system including accidents and incidents, details of the people who used the service including monitoring of their weights, and a range of monthly audits. The provider used this system to generate reports, request updates and results of investigations from the registered manager, and as a monitoring tool for quality monitoring visits to the home by the provider.

The registered manager's monthly audits included care records, infection control, medication and the kitchen. Three monthly meals and nutrition audits, and an annual health and safety audit took place. An action plan was put in place for any issues identified in the audits. For example, in the monthly infection control audit it was identified that four bedroom carpets required replacing. We saw these had been measured for replacements.

The registered manager carried out a daily audit of the home. This included whether staffing was correct, how staff engaged with people and visitors, whether the home was odour free and clean and tidy, whether

dining tables were laid correctly and whether food being served matched the menu. Any comments or actions were noted, included the action taken to resolve the issue. For example, a malodour was identified in one of the bedrooms and a deep clean was carried out to remove the odour.

We saw 'Residents and relatives' meetings took place. The minutes for the most recent meeting in March 2017 showed that nine people who used the service and family members had attended and agenda items included fundraising, dementia theming of the home, forthcoming events and new menus.

Annual surveys were sent out to staff and included questions on the management of the home, job satisfaction and the environment. The most recent survey had taken place in December 2016 and we saw the majority of the responses were positive. For example, 100% of staff agreed or strongly agreed that the home manager was approachable and took notice of, and acted upon, their concerns. 100% of staff also agreed or strongly agreed they enjoyed their home and 87% agreed or strongly agreed they felt a valued member of the team.

Annual surveys were also sent out to visiting health care professionals and people who used the service, family and friends. People who used the service, family and friends were asked to comment on admissions, choice, direct care, environment, activities, laundry, meals and dining, staff, administration and noise. 15 out of 30 responses were returned to the survey carried out in December 2016 and the majority of the answers were positive. Where issues were identified, an action plan was put in place however there were no issues identified in the most recent survey.

The provider carried out regular visits to the home and completed a 'Provider visit report'. This looked at the home management, management of medicines, regulation, care plans, health and safety, staffing, occupancy and the environment. Where issues were identified, an action plan was put in place. For example, the audit carried out in January 2017 identified that two people did not have personal emergency evacuation plans (PEEPs) in their care files. We saw this had been actioned and PEEPs were in place in all the care records we looked at. This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The service had good links with the local community. Children from the local nursery were regular visitors and children from a local school had visited the home in May 2017. They had taken part in activities in the garden, where they helped people who used the service to plant seeds for vegetables. The children were invited back at a later date to see how the vegetables had grown.

The service had links with the local Royal Voluntary Service, had taken part in the local fire and rescue service open day, and took people to visit the local garden centre. The registered manager told us three different denominations of church visited the home regularly and staff at one of the churches had made 'twiddle muffs' and handbags for people with dementia.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.