Ridgemede Care Limited

Ridgemede Care

Inspection report

Bishops Waltham
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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

Ridgemede Care is a residential care home and provides accommodation for up to 36 people older people and those living with dementia. At the time of the inspection, 30 people were living at the home. Accommodation is provided within a large detached house with communal areas, lounge, dining room and a secure garden to the rear of the property. The home is located close to the town centre of Bishops Waltham. All bedrooms have en-suite toilet and hand wash facilities. Bathrooms with shower facilities are provided on both floors. The service is not registered to provide nursing care.

The service had a registered manager. 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.

We last inspected this service on 4 January 2017 and found the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices in respect of the breach. We also identified three areas where improvement was required in respect of medicines management, environmental safety and consent to care and treatment.

Following our inspection the provider sent us an action plan to tell us about the actions they were going to take to meet these regulations and make the necessary improvements. Action had been taken to meet the requirements of regulation the service had breached. We also found that improvements in the other areas of concern had also been made.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People received their medicines safely, accurately, and in accordance with the prescriber's instructions. Medicines were stored safely.

The provider operated safe and effective recruitment procedures.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were knowledgeable about strategies' in place to keep people safe.

People were supported to maintain good health and have access to healthcare services. The home worked in partnership with a nearby GP practice and received regular visits and support from an Advanced Nurse Practitioner.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support this was delivered quickly.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles. Training records showed that staff had received training in a range of areas that reflected their job roles.

People and where appropriate their relatives were involved in their care planning, Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager responded appropriately and further actions were taken to prevent incidents reoccurring.

People knew who to talk to if they had a complaint and had confidence they would be listened to.

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. The provider had systems in place to manage risk. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. Staff fully understood and were aware of people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible.

Is the service responsive?

Good

The service was responsive. People's individual assessments and care plans were reviewed with their participation or their representatives' involvement regularly.

Care plans had been updated to reflect any changes to ensure continuity of their care and support.

Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided

Systems were in place to deal with any complaints received.

Is the service well-led?

Good

The service was well led. Staff, people and relatives told us the registered manager had created a warm, supportive and non-judgemental
environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the registered manager to drive improvement.

Ridgemede Care

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 19 and 20 February 2018. The first day of our inspection was unannounced and the second day announced.

Ridgemede Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates 36 people in one adapted building. At the time of the inspection 30 people were living there. The inspection was carried out by one adult social care inspector and two Experts by Experience. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. Providers are required to send us a PIR at least once annually to give us some key information about the service, what the service does well and improvements that plan to make. We also contacted two health and social care professional in relation to the care and support being provided at the home.

During the inspection we spoke with the registered manager, deputy manager, four care staff and chef. We also spoke with 14 people living at the home and four visiting relatives. We looked at the provider's records. These included six people's care records, six staff files, staff attendance rotas, audits, staff training and supervision records, accident and incident records and a selection of the provider's policies.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in January 2017 we found that the provider did not have robust processes in respect of the recording and administration of medicines. We also identified that health and safety checks had not identified four windows on the first floor did not have restrictors fitted and therefore put people at risk of a fall from height posing a risk to the safety and wellbeing of people living at the home, staff and visitors. Following our inspection the provider sent us an action plan to tell us about the actions they were going to take to make the necessary improvements. During this inspection we found that sufficient action had been taken.

People and relatives told us the home was a safe place to live and people felt secure. One person told us, "Just being here makes me feel safe". Another person told us, "Yes I do feel safe, the girls are excellent they know exactly what they are doing. Nothing is too much trouble – and it is very homely and comfortable". A relative told us, "The staff look after (person) well. I have no concerns at all. The home contact me if they are worried and let me know". A health care professional told us, "Given the high level of frailty and declining mental health there are very few incidents such as falls. If a resident becomes more confused and at risk of falls the staff input is increased to minimise the risk".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), local authority or the police if they felt their concerns had been ignored. Staff told us the home had a whistleblowing policy and this was displayed in the staff rest room.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine trolley that was kept secured in a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.

Regular checks and audits had been carried out by staff to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. We checked the quantity of medicines held against

quantities administered for eight people and found these to be correct. The home used a monitored dosage system with names, medicine details and the details of each person with their photograph. Each person had a record of homely remedies that could be given. The list had been authorised by the GP and was reviewed annually or as needs changed. This ensured that medicines were handled and given to people safely.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing rosters we viewed between December 2017 and the day of our visit confirmed staffing levels safely met the needs of people. One person told us, "They (staff) are always buzzing about and very busy most of the time but they are there when I need them. I only have to ask". Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help.

Risk assessments were undertaken for when people left the home. For example, the risk to one person who liked to go to the local newsagent each day to collect newspapers had been considered and documented. Actions were agreed to make sure this was a safe enough activity for them to do. The person told us, "Oh yes I like to go for a walk every day. It helps me stay independent. I just let them know I am going and tell them when I get back so they know I am safe". Risk assessments were also in place where specialist equipment such as hoists and stand aids were used to safely move / transfer people. During of inspection we saw many instances of people being transferred by staff safely. Staff spoke with people gently, advised them of what they were doing and sought their consent to do so. One person who needed such assistance told us, "They are very gentle when they help me move. They never hurt me and I feel very safe".

Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager responded appropriately and further actions were taken to prevent incidents reoccurring. For example, one person had fallen recently and sustained a minor injury. Staff provided first aid and monitored the person closely after the incident. The person's risk assessment was reviewed and additional hourly checks were implemented to ensure that the person was safe. The registered manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this. The registered manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures. The provider employed a maintenance person who toured the building each day to identify and rectify any issues as they arose.

The service was clean and free from malodours. A relative told us they thought the service was, "Kept clean and tidy". A member of staff told us that they had enough cleaning equipment and personal protective equipment (PPE) available to use. There were cleaning schedules for individual peoples' rooms and the communal areas. They talked us through how they cleaned different areas of the service using different cloths, and different colour mops and buckets to maintain good infection control practices. This demonstrated to us that processes were in place to reduce the risk of infection and cross contamination.

There were procedures in place to safely evacuate the home in the event of an emergency such as fire. Each person had a personal emergency evacuation plan (PEEP)) should this become necessary. These were individual plans for each person and were kept in a grab bag at the entrance to the home should the need arise. Agreements were in place with nearby neighbour's to be used as a place of safety as an interim measure should an evacuation be necessary.

Good

Is the service effective?

Our findings

At our last inspection in January 2017 we found that the provider had not fully complied with the requirements of the Mental Capacity Act 2015 (MCA) in respect of two people living at the home. Following our inspection the provider sent us an action plan to tell us about the actions they were going to take to make the necessary improvements. During this inspection, we found that sufficient action had been taken.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection one person living at the home was subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the conditions applied to the authorisation. The home had submitted further applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's legal rights were protected because staff followed the requirements of the MCA. People's records contained evidence of decision specific mental capacity assessments being carried out to establish people's ability to make decisions. Where people were unable to make specific decisions, best interest decisions were made and documented. Best interest decisions showed evidence of involvement of relatives, healthcare professionals and staff. For example, one person was living with dementia and an MCA assessment had documented that they could not make the decision to consent to their care. A best interest decision was recorded that the person should stay at the home and have their care needs met. Staff involved the person's relatives and GP in the best interest decision. A health and social care professional told us, "Many of the residents living at the home have dementia; It is never assumed that they therefore have no capacity to make any decisions about their care. Each resident is assessed individually". People who were able too had consented to their care and this had been recorded appropriately. People told us that staff always asked for consent before providing care to them. One person said, "Oh yes they (staff) ask and they are very helpful".

People were supported to maintain good health and have access to healthcare services. The home worked in partnership with a nearby GP practice and received regular visits and support from an Advanced Nurse Practitioner. They told us, "I work closely with the staff to resolve any medical or nursing issues that arise. The staff will contact me and the Community Care Team for advice and support to help them provide a high standard of care.

Records recorded when people had been visited by the GP or had attended hospital appointments. Health records included information such as allergies, conditions and medicines currently being taken by the person. When people needed to go to hospital the staff made sure that they sent all the current information about the person. This would ensure people received the appropriate support and treatment in accordance to their specific needs. One relative said, "They attend to all my mother's needs, they send for a GP if she is unwell and they respond quickly". Families, staff and a visiting health professional said they found the communication was good. Relatives told us they were always kept informed about their relative, for example they told us they were notified if the person had had an accident or was not well.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area.

The chef understood people's preferences and used this to guide them in their menu planning and meal preparation. The chef told us they reviewed the menu regularly with people to identify any particular dislikes or requests. They also had a good understanding of people's nutritional requirements, for example people who needed their food to be pureed to reduce the risk of choking. Care plans documented people's specific dietary needs and these were met by staff. One person was living with diabetes and required a balanced diet with reduced sugar to maintain good health. This information was in the person's care plan and was also known to the kitchen staff.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people took their meals in the dining room and this was encouraged to enable people to socialise. During the lunch time meal the atmosphere was relaxed and people sat with other people talking. Tables were arranged to seat between two to four people and had clean linen table-cloths and napkins. There were five members of staff supporting people who required assistance with their food if required. A relative told us, "When (person) came in they made a list of all their likes and dislikes". Staff knew what people's food likes and dislike were and they were listed in the kitchen. The lunchtime menu however did not offer any choice but people told us that if they didn't want what was offered they were offered alternatives. These included omelettes, salads and curry.

The adaptations and design of the home met people's needs. People had enough space to move around the home with walking aids. We observed people using walking frames and wheelchairs and they were able to move around corridors at the home. The home was well lit and there was clear signage in place. This helped people with visual impairments or those living with dementia to orientate themselves within the home environment.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support provided by staff. One person said, "I'm fine and well looked after". Another added, "The carers here are wonderful, they always go the extra mile to help us enjoy normal life. They take me round the building for walks every day – they always encourage me to do as much as I feel able. I am definitely making progress and I also feel safe doing it. This helps me when I go on outings in the minibus". One relative told us, "Staff are all very friendly and (person) seems to get on well with the staff". Another relative told us, "The staff are very nice, lovely people". A health and social care professional told us, "I find the staff very caring; they will often spend extra time with residents when needed even if it is just to sit and hold their hand when they need it".

People's privacy and dignity was promoted and maintained. People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. One relative told us, "(Person) is always clean tidy and dressed appropriately. They had a couple of tumbles before coming here and wanted to give up. Staff have really supported them well and encouraged them to be independent in a non-pushy way. They really have helped to turn things around".

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. Staff were aware to treat people as an individual. This was recognised when we spoke with people who lived at the home and relatives. For example one person who lived at the home said, "What I like is they treat me as an individual. They remember personal things about me, they show an interest and care".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

People who were able to were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty

of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

The service had received many compliments from people and relatives. For example, "Thanks to all for making mum's birthday tea a very special occasion", "We never doubted the quality of care you have given her and in addition we have always felt welcome", "It is of great comfort to know she was so well looked after" and "Your compassion on the day of mum's passing made a very difficult time so much easier to bear".

Good

Is the service responsive?

Our findings

People and their relatives told us care and support was delivered the way people wanted it to be. One person said, "I am cared for exactly how I want it". Another person told us, "When I'm doing my colouring I like to be on my own. They are very good and let me sit on my own". A third person added, "I can't fault it in any way. The staff are very good here. They let me be me but are on hand if I need help".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. They clearly recorded what a person could manage independently and areas of daily living where they required support from staff. For example, one care plan detailed how a person could wash their hands and face and front body but needed assistance from staff with all other aspects of personal care.
Care plans also included a history of people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

The home employed an activities co-ordinator who told us they planned activities in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities were displayed on a notice board in written and pictorial format. Activities include drawing, western film, quiz, classic film, flowers, crafts and music and movement. There are also weekly church services and visiting entertainers. The activities co-ordinator told us, "Some people choose not to take part in activities and we respect that. For those people I will take time to sit and talk with them and try to encourage them to join in. I see most people each morning when I go around the rooms and deliver their newspapers. It is only a brief conversation but I ask if there is anything specific they want to do that day. Activities people were involved in were recorded in peoples care plans and used to highlight anyone who may be at risk of social isolation.
One person told us, "They are all very kind and caring. The events lady (activities co-ordinator) comes to my room and helps me with my exercises, given to me by the physiotherapist who comes every month. The hairdresser comes every Monday and they all take the time to have a proper chat. They are all very kind and caring".

The provider kept a complaints and compliments record. The complaints procedure gave people timescales for action and who in the organisation to contact. The service had not received any formal complaints since our last inspection. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. Relatives and staff were familiar with the provider's complaints procedure which was on display at various points around the home.

Good

Is the service well-led?

Our findings

At our last inspection in January 2017 we found that the provider had failed to display the previous CQC rating conspicuously on their website and at the home and was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the home had taken action to meet the regulation. The previous rating was displayed at the entrance to the home and was also located on the 'home page' of the provider's website.

People told us that the service was well-led. One person said, "The manager comes up to see me and we have a chat most weeks". Another person told us, "I am very satisfied with the service, I have no complaints – the home is not luxurious, it is homely and comfortable and the staff are wonderful, all of them". A relative told us, "I think it is very well run. I have found everyone helpful, approachable and very importantly honest and open". A health care professional told us, "The registered manager supports the staff to give a very high standard of care".

Staff told us that there was a clear expectation by the management team for them to deliver high quality care and support. People and their relatives knew the management team and staff very well and told us that communication was good. Staff made very positive comments about the registered manager and deputy manager. The deputy manager provided additional leadership and support with staff. Staff told us that they felt supported by management. One staff member said, "It's lovely working here, great team and residents. We all sort things out together". Another staff member told us, "I love working here, I feel like I belong here".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service.

Systems were in place that ensured audits were carried out regularly. For example, infection control, care plans, medicines and health and safety and environment. Audits were robust in identifying improvements. Any areas for improvement were identified and there was a record of when these had been actioned. The provider had oversight of the service and carried out regular audits to satisfy themselves that the home was

being operated in accordance with the policies and procedures in place.

The provider carried out regular repairs and maintenance work to the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

The provider had recently introduced electronic care records and had utilised these to ensure documents and audits were up to date. Following a visit from a health and social care professional to the home they wrote, "I viewed the new care planning and management electronic system which is now being used and I am delighted with the progress made. I also looked through five random files and am satisfied with the way in which staff are using the tool to record information". The registered manager told us they were in the process of introducing electronic mobile devises that would enable staff to input the care and support they had given 'as it happened' directly into people's care plans. They added, "We feel this would be a big step forward and limit the time writing up notes giving us more time to care and support people".

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.

The provider sought the views of relatives regularly. Feedback was consistently complimentary. We looked at 16 completed questionnaires that had been returned in February 2018 .Comments included, 'Always helpful and ready to listen', 'On the whole very happy. I enjoy going there', 'I have never seen anything but dignity and respect', 'There is always a good atmosphere in the home' and 'A lovely homely place to live and to visit'.