

Tamar Healthcare Ltd

Shipbourne House

Inspection report

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Ratings

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

Summary of findings

Overall summary

At our last comprehensive inspection on 4 January 2017 we rated the service as requires improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least good.

Shipbourne House is a 'care home'. People in care homes receive accommodation and 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. Shipbourne House accommodates up to 21 people, some of whom may be living with dementia, in one adapted building. At the time of our inspection there were 18 people living in the home.

There was a registered manager in post. 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 were cared for by staff who had a good understanding of their care needs and personal preferences. Staff supported people to make choices about their care and people were supported to be as independent as possible. The home had been adapted to meet people's needs and people could access all areas of the home with minimal support from staff.

People who received end of life care were cared for in a way that maintained their dignity and staff took steps to ensure that they remained pain free and comfortable.

Staff had time to talk with people and engage them in activities that people had chosen to do. There were a number of different activities for people to participate in as well as group-based activities provided by outside community organisations.

People and their relatives were involved in the planning of their care and people's wishes and preferences were detailed in their care plans. People's individual risks had been identified and steps taken to mitigate these. People's care plans and risk assessments were reviewed regularly and updated when people's care needs changed.

People's medicines were stored, administered and managed in a safe way. Staffs' competency in the safe management of medicines was assessed regularly. Monthly audits of people's medicines were also undertaken.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. MCA assessments had been carried out and staff understood when they would have to make a decision in a person's best interests.

Mealtimes were relaxed and people had a choice of meals. Where there were concerns about a people's nutritional intake, timely referrals were made to the relevant healthcare professional. People were also supported to access healthcare professionals where there were concerns about their health or wellbeing.

There were no restrictions on when people could have visitors and there was plenty of space in the home where people could enjoy some privacy with their visitors.

Staff understood what constituted abuse and how they would report any concerns of abuse. Staff knew the different types of abuse and had received training in safeguarding. There were processes in place to ensure that staff appropriate to care for people were recruited. Appropriate background checks had been completed before staff commenced their employment.

Staff received training relevant to their role and received regular supervision with the registered manager.

Risks within the environment were assessed and monitored. Regular servicing of the utilities took place and moving and handling equipment was safety tested twice a year.

Accidents and incidents were documented clearly and these were analysed so any trends or patterns could be identified.

The home was clean throughout and staff understood their responsibilities in relation to infection control. Hygiene in the kitchen was monitored daily as well as the temperature of the food being served.

Staff enjoyed working in the service and were supported by the registered manager in their roles. There were regular meetings for people living in the home and staff so they could have a say about how the service was run.

There were processes in place to monitor and assess the quality of service being delivered. The registered manager undertook monthly audits so they could get an overview of the service being provided. In addition to this, an annual questionnaire was given to people, their relatives and healthcare professionals to complete.

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 cared for by staff who knew how to report any concerns of abuse and who had received training in safeguarding.

People's individual risks and risks within the environment had been identified and planned for.

There were consistently enough staff to support people in a safe way and there were safe practices in place around the recruitment of staff.

Peoples medicines were administered, stored and managed in a safe way.

There were appropriate infection control measures in place and staff observed good practice in this area.

Accidents and incidents were fully documented and analysis of these incidents took place.

Is the service effective?

Good ●

The service was effective.

People's health and wellbeing needs were assessed to ensure their needs could be met.

Staff received training relevant to their role as well as regular supervisions.

People were supported to maintain a healthy diet and prompt referrals were made if there were concerns about a person's nutritional intake.

Staff worked with other organisations to ensure that people received coordinated care.

People were supported to access healthcare professionals.

The service had been adapted to meet the needs of the people living there.

Staff understood the Mental Capacity Act 2005 and there was clear documentation to show that people's capacity had been assessed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and who had a good understanding of people's care needs.

People and their families were involved in the planning of their care and their preferences and wishes were acknowledged.

People were cared for in a way that respected their privacy and maintained their dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans and risk assessments were person centred and were reviewed and updated when people's care needs changed.

People were supported to participate in a variety of activities.

Complaints were responded to fully and in a timely way.

People who were at the end of their life were cared for in a dignified way and supported to remain as pain free as possible.

Is the service well-led?

Good ●

The service was well led.

The registered manager was visible and approachable and staff felt supported by them.

Staff morale within the team was good and staff enjoyed their work.

There were processes in place to gain feedback about the service from people, their relatives, staff and healthcare professionals.

People living in the service and staff attended regular meetings

so they could have a say in how the service was run.

There were systems in place to monitor and assess the quality of service being delivered.

Training and resources were available to staff to drive improvement within the service.

Staff worked with other agencies and health care professionals in a collaborative and open way.

Shipbourne House

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 unannounced inspection was carried out on 10 April 2018 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available for registered manager to complete and we took this into account when we inspected the service and made the judgements in this report. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with six people who lived in the home and three relatives. Some people were not able to tell us about the care they received so we made observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, who was also the provider, three members of care staff and a district nurse.

We reviewed three people's care records and medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the registered manager.

Is the service safe?

Our findings

At our last inspection the service was rated as requires improvement in this key question. At this inspection we found that improvements had been made and the service was safe. All of the people we spoke with told us that they felt safe living in the home. One person told us, "I feel very safe here because I know [the staff] well." A second person commented, "I feel very safe here. It's fantastic and I have no problems." People's relatives also told us that they felt their relatives were safe. One relative explained, "I certainly feel that mother is safe here. They always make sure that she is alright." Another person's relative told us, "I certainly think my father is safe here or I would not have moved him into the home.... If there were any problems then I would speak directly to manager. I haven't needed to so far."

Staff were able to tell us what procedures they would follow if they had any concerns about a person. They also knew what outside organisations they could contact to report any concerns of abuse. Staff told us that they had received training in safeguarding and training records we looked at confirmed this.

People's relatives spoke positively about how the home managed the risk of falls. One person's relative explained, "I certainly feel that mother is safe here. They always make sure that she is alright. She does have a habit of wandering, so they have installed two mats which alerts if she gets out of bed at night. They always go and check if that happens, which gives me every confidence." Another relative told us, "They are very good at arriving to help him. He has a pressure mat in his room."

Individual risks to people had been identified and steps to manage and mitigate known risks had been identified. Some people living in the home were at risk of falls. We saw that falls risk assessments gave sufficient detail about managing the risk of falls. We saw that some people had call mats in their rooms. These alerted staff when a person started to mobilise. Staff could then attend to the person and support them. This helped to ensure that the risk of a person falling was reduced as much as possible.

Some people living in the home showed behaviour that challenged. We saw that there were detailed risk assessments in place. We saw that risk assessments were person centred and documented what situations could make people upset and what staff support they required when they showed behaviour that challenged. This included encouraging people to a quiet place and using distraction techniques.

Risks within the environment had been identified and managed. We looked at the risk assessments for the home and saw that these detailed what the risks were and what action staff needed to take to manage known risks. The utilities such as gas and electrical appliances were tested on a regular basis and certificates we viewed confirmed these were of a safe working order. Fire-fighting equipment was maintained and underwent regular servicing. There were personal emergency evacuation plans in place for each person. These detailed what support people would require in the event of a fire.

People we spoke with told us that there were consistently enough staff on duty. One person commented, "[The staff] are very good at turning up if I need any help and they always ask me if I'm all right or if I want anything." A second person told us, "The staff will come and make sure I'm all right if I press my buzzer."

People's relatives we spoke with also reported that there were enough staff. One person's relative explained, "[The staff] are very good at responding to him in his room. They have a mat in his room which picks up if he gets out bed. I stepped on his mat and within a couple of minutes there were two carers in the room."

The registered manager told us that they assessed people's care needs on a monthly basis and adjusted staffing levels according to the level of care that people required. They showed us the tool that they used to calculate people's dependency and this help the registered manager to determine how many staff were required throughout the day and night.

There were safe recruitment procedures in place. We looked at the recruitment files for three members of staff. We saw that appropriate references were sought and a satisfactory check from the Disclosure and Barring Service had been obtained before staff started working in the service. These checks helped to minimise the risk of unsuitable staff being employed within the service.

People were supported to take their medicines. One person told us, "[The staff always give me my tablets when I need them." Another person commented, "I only get one tablet a day; in the evening. [The staff] always make sure that I take it and don't go until I've taken it." We looked at the medicine administration record (MAR) charts for three people and saw that there were no gaps where staff would sign to say that a medicine had been administered.

Staff we spoke with told us that they received training in the safe management of people's medicines and their practise in this area was regularly assessed. Training records we looked at confirmed that staff received this training and that all staff were competent in administering and managing people's medicines in a safe way.

The home was clean throughout and staff knew their responsibilities in relation to infection control. We observed staff wearing disposable aprons and gloves when attending to people's personal care needs or carrying out any cleaning duties. Kitchen staff had received the appropriate training to carry out their role and kept a log of when the kitchen had been cleaned. They also kept a record of the fridge and freezer temperatures and tested the temperature of the food before it was served to people.

Accidents and incidents were recorded and we noted that reports of accidents and incidents were detailed. The registered manager analysed falls to see if there were any patterns so they could take remedial action.

Is the service effective?

Our findings

The service was effective. The registered manager carried out pre admission assessments with people before they moved to Shipbourne House. This helped the registered manager to ensure that they could meet a person's needs before they moved to the home. We saw that pre admission assessments included talking about people's physical and emotional needs and what their interests and hobbies were.

There was a training programme in place for all staff who worked in the home. New staff were expected to complete a comprehensive induction during the first three days of their employment. This included being introduced to people who lived in the home, familiarising themselves with people's care plans and their preferences about how they wanted their care to be delivered, this included learning how people liked their make up to be applied. New staff would also shadow more experienced members of staff and observe how they delivered care and support to people.

Staff completed training relevant to their role. People we spoke with told us that they thought the staff were well trained. One person told us, "Yes I do think they know what they are doing. They do a very good job as they are always about to help you or to have a chat which I like." A second person commented, "I think the staff here definitely know how to care for me. They are always there if you need anything. They are always asking if you are alright or if you need anything." People's relatives were also complimentary about how well trained the staff were. One person's relative explained, "The girls here know exactly what they are doing and they certainly understand how to care for my father and father in law." Another person's relative told us, "The staff here are well trained. They certainly care for my father really well. Since coming here he has really improved. They are very good at moving him about."

All staff who had not already completed the Care Certificate were enrolled on this when they started work at the home. The Care Certificate is a set of standards that stipulates the required knowledge, skills and behaviours expected of staff who work in health and social care. Staff we spoke with told us that they thought that the training provision was good and the courses they attended enhanced their knowledge. Staff also commented how the registered manager was supportive of helping them to access further training. One member of staff spoke about how they were also studying for a degree and that the registered manager was supportive of this. Another member of staff told us, "[Registered manager] lets me do my training at my own pace."

Some of the training was online and some staff did not have access to a computer or did not feel confident enough to use a computer. The registered manager told us that they would spend time with staff if they needed support with completing the training and offer them use of a computer in their office.

Staff received regular supervision with the registered manager or deputy manager. Supervision is a confidential meeting that staff attend to discuss any training needs, what support they may need to carry out their job and if any personal difficulties are affecting their work. Staff told us that they received regular supervision and that these meetings were helpful for discussing development within their role. One member of staff told us, "[Supervision] is just a friendly chat, [registered manager] makes you feel at ease."

People told us that they enjoyed the food served in the home. One person explained, "The food is fantastic here and the number of choices are very good. If you want something different then they will try and do it. They also make a cake for you on your birthday." Another person commented, "Oh yes the food is very good and eat all I can get and [the staff] will often ask if I want more." We observed the lunchtime meal being served and saw that music was being played and that there was conversation throughout. The food looked appetising and some people asked for second helpings of the dessert. The tables were presented well and there were menus detailing the choice of food on offer.

Some people required their food to be prepared in a way to minimise the risk of choking. We saw that these people's meals were prepared according to their nutritional needs. We saw from these people's care records that they had been referred to the speech and language therapy team (SALT). Any advice given by the SALT team had been incorporated into people's care records to guide staff about how they support people with a healthy nutritional intake.

The staff worked alongside other professionals to ensure that people received effective care. On the day of our inspection we saw that a social worker had gone to visit one person. A district nurse had also visited one person. We spoke with the district nurse who told us, "The staff have always been able to give me the information that I need [about the person]." WE also saw that some people were supported by the dementia intensive support team (DIST). Before staff referred one person to the DIST team for behaviour that challenged, staff documented when the person became upset. This included documenting what time of day and what situations prompted the person to show behaviour that challenged. The registered manager explained that by having this information to give to the DIST team when they made the referral meant that professionals in the DIST team had an understanding of the person and their care needs.

Where there were concerns about a person's health or wellbeing, any referrals were made in a timely manner. People told us that they were able to access healthcare professionals when they needed their advice. One person told us, "I have an annual GP check up to see everything is alright. Of course I can see them if I don't feel well. The carers keep an eye on me to make sure I keep well." We saw from people's care records that their weight was regularly monitored and referrals were made to the relevant healthcare professionals where there were concerns about a person's weight. Staff also monitored people's risk of pressure ulcers and took action if people's risk increased. The district nurse told us, "The staff will refer people to the district nurses to get preventative equipment in." This helped to minimise the risk of people developing pressure ulcers.

Shipbourne House had been adapted to ensure that that people could access various areas of the home. For example, there was a slope leading to the garden from the building and the flower beds were raised which made them more accessible to people. There was clear signage in place for the different rooms in the home. Having clear signage around the home meant that people could navigate around the home with minimal assistance from staff.

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 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. We saw that applications to deprive people of their liberty detailed the reasons for this and that the least restrictive options had been considered. Staff understood the principles of the MCA and what process should be followed when making a decision in a person's best interests.

People's consent was sought before staff gave any care to people. One person we spoke with told us, "[The staff] always ask me if it's alright to do things for me." One person's relative we spoke with explained, "They are always polite and never assume anything. They always ask before they do anything for my mother." We saw throughout the inspection visit that staff would ask people if they would like support. We observed one member of staff asking a person if they would like help getting to the table.

Is the service caring?

Our findings

The service was caring. People we spoke with were complimentary about the care they received. One person told us, "The care I get is fantastic and I can't fault it. They think of everything for me and are always there for me if I need anything." A second person commented, "[The staff] are very good at caring for me in my opinion. They treat you as a person. All of them are so friendly and always ready to have a chat with me." People's relatives we spoke with were equally as complimentary about the care given to people. One person's relative commented, "The care my father gets is excellent. He has made real progress since coming here. There are always there for him and make sure his needs are fully met." Another relative told us, "[The staff] always treat my father as though he was one of their own. There are very approachable and whenever we come in they tell us how he is doing."

Staff we spoke with spoke enthusiastically about caring for people. One member of staff explained, "It's about the little chats that you have with people that makes them smile." One member of staff told us how they read books about caring for people with dementia outside of their working hours as they wanted to understand more about dementia.

We saw throughout the inspection visit that staff treated people in a warm and friendly manner. We observed numerous times staff gently supporting people to mobilise around the home. Staff were patient and encouraging. Staff had enough time to sit and speak with people. We saw that one person became distressed and the deputy manager sat and spoke with them in a calm and empathic manner. The person responded well to this approach and after a couple of minutes they were laughing with the deputy manager. Humour was used by staff appropriately with people when they were conversing.

People and their relatives told us that they were involved in the planning of their care. One person's relative told us, "I organised my father's care plan here which was made very easy with the support of the manager." A second relative we spoke with explained, "We did all the planning for my mother's care here. We are constantly updated if they pick up any changes. We feel part of the home which makes it so much better for mother."

Staff consistently offered people choice and asked people if they were comfortable. We saw one staff member asking one person who was sat on their own in the dining room, "Are you okay in here? Would you like to join the others in the lounge to watch the Commonwealth Games?" Staff told us that some people were unable to make a choice if they were offered too many choices. They went on to say that they would then give people two options, for example, the choice of two shirts if they were supporting someone with getting dressed. This meant that people were supported with making decision whilst maintaining control over their choices.

People were supported to maintain their independence. We observed one person helping staff with the afternoon drinks and snacks and we saw another person was setting the tables for the tea time meal. Staff told us how they supported people to maintain their independence. One member of staff explained, "You give people the means to do things for themselves." A second member of staff commented, "If someone can

wash themselves, then you let them do it and help them with the things that they can't do for themselves."

Staff cared for people in a way that maintained their dignity and privacy. We observed staff quietly asking people if they would like support to go to the bathroom and staff ensured that doors were closed when attending to people's personal care needs.

People's relatives and friends were able to visit without restriction and we saw that people's visitors were greeted and made to feel welcome by staff. One person's relative told us, "[The staff] are very approachable and whenever we come in they always tell us how father is doing."

Is the service responsive?

Our findings

At our last inspection the service was rated as requires improvement in this key question. At this inspection we found that improvements had been made and the service was responsive. People's care plans and risk assessments were personalised to show what their individual care needs were and their preferences about how they liked their care to be delivered. People's care records were reviewed on a monthly basis and we noted that they were reviewed and updated when people's care needs changed. Daily notes of how people had been were kept by staff. These notes were detailed and documented people's physical health, wellbeing and what they had done that day. These notes helped staff to monitor people's healthcare needs on a day by day basis.

People and their relatives we spoke with told us that staff had asked them about their likes and dislikes. One person told us, "[The staff] always ask so they get to know what I like and how I like things done." Another person commented, "[The staff] certainly know what I like and always try and make sure that I can get. I still like the odd beer which I enjoy." At lunchtime we saw this person enjoying a beer with their food.

Relatives we spoke with also told us that they were satisfied that staff knew people's care needs and interests. One person's relative we spoke with explained, "The staff really understand my mother and what she likes and doesn't like. They know that she likes to tidy things up, like she did at home. They let her get involved in doing that in the lounges and dining room. It makes her happy." We observed this person helping staff in the dining room during our inspection.

There were two lounges in the home, one of them was a 'quiet lounge', and a large dining room. This meant that people had a choice of where they wanted to spend their time depending on how much interaction they wanted with other people. People told us that the staff respected how they liked to spend their time. One person told us, "[The staff] here do know how I like to spend my day and are always there to make sure I can do that. They know I like to sit in the lounge in the morning and that I like to go out with my brother." One person's relative told us, "[The staff] know exactly what my father likes. He likes to read his newspaper at breakfast and they never rush him so that he can enjoy that moment."

Staff were quick to respond to people's needs. We noted that one person had spilt their drink on their skirt. A member of staff supported the person to their room to change their skirt and provided them with another drink when they returned to the lounge. We heard another member of staff asking someone, "Would you like me to get you some fresh toast as that one looks a bit cold."

There were a number of activities on offer for people to participate in. On the day of our inspection, a member of staff from a local fitness centre was doing various games and exercises with people in one of the lounges. People were laughing as they took part in the activities. We also saw people enjoying the company of the Pets as Therapy dog who visited regularly. Activities records showed that a local theatre company had recently visited and put on a production of Calamity Jane. Events such as Chinese New Year and Valentine's Day were also celebrated. We saw from the activities records that a special Valentine's dinner was provided and staff spent time speaking with people about their loved ones. Easter had recently been celebrated and

we saw decorations that people had made displayed throughout the home.

People we spoke with felt comfortable raising a complaint and they knew who direct their complaint to. One person told us, "I have no complaints, if I did then I would speak to the manager and I am sure that it would be resolved quickly." No one we spoke with raised any issues with the service and the care they received. One person commented, "I have no complaints, everything just right. I can do what I want when I want to."

The service had received one complaint within the past 12 months. We looked at the registered manager's response and saw that this addressed the complaint fully and was responded to in a timely manner in line with the home's complaints policy.

Staff working in the home would provide care for people at the end of their lives. One member of staff told us about a person they recently cared for, "You try to provide the best person-centred care as you can. One person we cared for told us that they didn't buy their wife enough flowers, so I went out, got him some flowers and placed them in his hands. He wrote a book too, so we would sit and read that to him." All of the staff we spoke with told us that they would try to make people as pain free as possible and maintain a calm environment. The district nurse was positive about the end of life care given to people, "[The staff] want what's best for the person." They went on to say that staff would call the district nurses when a person was in pain and that the staff knew what to do to assure that people remained comfortable at the end of their life. We looked at a number of cards sent to staff from people's relatives thanking staff for the care and compassion they had shown to their relative whilst at Shipbourne House.

We saw that people's preferences about their end of life care was documented in their care records. This included what, if any, religion or faith they practised and if they did not want any life-saving treatment in the event of a cardiac arrest.

Is the service well-led?

Our findings

At our last inspection the service was rated as requires improvement in this key question. At this inspection we found that improvements had been made and the service was well led. People we spoke with told us that they were happy living in Shipbourne House. One person commented, "I like it here. There is so much to do and a lot of things going on. We always have a laugh." A second person told us, "I am really happy here. I enjoy all the things that are going on. My days are nice here." People's relatives were also positive about the culture in the home. One person's relative explained, "I am really happy with my father being here. They have done everything to make sure that he is happy. They brought him back from the brink and we can't thank enough for that." Another person's relative told us, "I think my mother is as happy as she can be given her condition. She certainly has a smile on her face when I am here. The staff are so supportive and treat you as one of their family. I join in with everything that is going on."

The registered manager told us that they worked alongside the staff and be a visible presence within the home. People we spoke with told us that the home was well led and that manager was approachable. One person commented, "The manager is a lovely person. He is always about and ready to have a chat." A second person we spoke with told us, "The manager is a really good chap who always talks with me about the things I have done." The relatives of people we spoke with were also complimentary of the registered manager. One person's relative explained, "The home is very well managed and the manager is amazing and nothing is too much trouble for him if it is about making someone's life better. I know that if he has a concern about my father then he will raise it with me. All the staff are so friendly and approachable."

Staff felt supported in their work by the registered manager. One member of staff told us, "[Registered manager] is understanding." Another member of staff commented, "[Registered manager] is definitely approachable and very supportive with personal issues."

Staff we spoke with told us that they enjoyed working in the home and that the morale within the staff team was good. One member of staff told us, "We all get on really well, conflict is dealt with almost instantly." A second member of staff explained, "I get on with my colleagues brilliantly."

We looked at the statutory notifications sent to us by the registered manager. A notification is information about important events, which the provider is required to send us by law. The notifications provided detailed accounts of the incidents reported to us and we were informed of these events in a timely manner.

The registered manager informed us that each senior member of staff had key responsibilities, for example, medicines and infection control. These members of staff would be responsible for overseeing practise in these areas with the support of the registered manager. They would also attend courses relevant to their key responsibilities. The member of staff responsible for people's medicines told us how they monitored how people's medicines were administered and stored.

People and their relatives told us that they were involved in how the service was run. One person's relative commented, "The manager is keen to get your views of the care that takes place and how it can be

improved." Staff we spoke with also felt involved. One member of staff we spoke with told us how they could make suggestions to the registered manager, "You can raise concerns and there's no judgement for mentioning them."

People who used the service, their relatives, staff and healthcare professionals were invited to complete an annual questionnaire about the quality of the service. We looked at the responses from the last questionnaires and noted that a majority of the responses were positive. There was space on the questionnaires for people to expand on their answers and put forward suggestions about how the service could improve. We saw that the registered manager had taken action to improve the areas that required improvement. For example, the home had undergone further decoration since the last questionnaire had been completed and the variety of activities had been expanded.

Regular meetings were held for people who lived in the home. We looked at the minutes from the last meeting and noted that the registered manager asked people for their feedback on the food they received and what meals they would like to see on the menu. People were also invited to voice any concerns about the care they received and no one had any complaints about this. People were also asked if they had any suggestions about activities that could be provided in the home. We saw from the minutes that people expressed how much they enjoyed the pets as therapy (PAT) dog visiting.

Staff also attended regular meetings. The minutes of these meetings showed that issues such as record keeping and infection control were discussed. All of the staff we spoke with told us that they felt that these meetings were constructive and they felt able to raise any concerns they may have about how the service was run.

The registered manager produced a quarterly newsletter for people and their relatives. This detailed the activities that people took part in. This newsletter also reminded people what activities were available for them to participate in. For example, there was a section about how music was beneficial to people living with dementia and where people could access music in the home.

There were robust quality monitoring processes in place. The registered manager undertook monthly audits which covered health and safety, medicines, infection control and accidents and incidents. We looked at the audits and noted that where shortfalls had been identified, remedial action was taken in a timely way.

The registered manager told us that they attended training courses provided by outside organisations such as the clinical commissioning group and the local authority. They went on to say these 'link days' help them and staff to keep their practice updated. The registered manager explained that they were always looking for training courses which would further develop staff. For example, one member of staff told us that they wanted to access more in depth end of life care and they told us that the registered manager had arranged for staff to attend this course in the coming months. Six Steps is a comprehensive training programme that staff attend to raise the quality of care provided to people who are receiving end of life care and their families.

We looked at the new resources that the registered manager had put in place to further improve the care given to people living with dementia. The registered manager had created a dementia resource folder. This included information about how to use the dementia ill being and wellbeing tools. Staff observed people who were living with dementia and used these tools to determine how people were affected psychologically and socially by their dementia. For example, staff could see by this ongoing record if a person was becoming more withdrawn and put extra care in place to ensure that the person was encouraged to engage more in an activity they enjoyed.

Staff worked alongside other agencies and professionals to ensure that people received joined up care. One professional we spoke with told us that the staff at the service would always provide them with the information they needed when they went to visit people in the service. Where there had been any safeguarding incidents, these had also been reported to the local safeguarding authority. This demonstrated that the registered manager and staff working in the service worked openly with other agencies.