Homesend Limited

# Victoria Nursing Home

## Inspection report

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Manchester
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We inspected Victoria Nursing Home on the 23 and 24 April 2018; the first day of inspection was unannounced. The second day was via agreement. At the time of this inspection there were 15 people living at the home.

Victoria Nursing Home is a care home. The service provides care to people who have enduring mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Victoria Nursing home is situated in the Victoria Park area of central Manchester, close to local shops and several bus routes. The home is situated within its own grounds with large gardens and adequate parking. Accommodation was provided over three floors with all communal areas situated on the ground floor.

At the last inspection on 6 and 8 February 2017, the service was rated as requires improvement. We found four breaches of the regulations, as improvements were needed in safe recruitment of staff, we saw that people's dignity was not always maintained; we found risks to the premises were not monitored and the registered provider had not ensured good governance in the home.

At the time of this inspection the home was managed by a registered manager who was registered with CQC in. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with and told us they felt safe at the home.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. However, we found further work to home's electrics was required, to ensure the safety of the home was not compromised. We were provided with assurances this work would soon be completed.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely and administered to people in a safe and caring way. We saw that people received their medicines at the correct times.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

We found there were sufficient care staff deployed to provide people's care in a timely manner. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned. Staff told us they felt supported by the management team at the service.

Staff regularly reviewed people's health. Staff responded to changes in people's needs by making appropriate referrals to their GP or other healthcare professionals. People were assisted to attend appointments with external health care professionals to ensure they received treatment and support for their specific needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider employed two activity co-ordinators who ensured activities took place seven days a week. We found people were provided a wide range of activities and support for people to access the community.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

The provider had an effective complaints procedure in place. People who used the service and family members were aware of how to make a complaint. Feedback systems were used to obtain people's views about the quality of the service.

People and staff were very positive about the management of the home. The registered manager and operations manager both had a daily presence at the service. Both manager's had taken action to address improvements around staff support and quality audits since our previous visit. They had also increased people's choices and family involvement at the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse through care staff having an awareness and understanding of how to protect vulnerable people.

Medicines were securely stored, were safely administered and accurately recorded.

There were appropriate assessments in place to support people where risks to health had been identified. Checks were carried out on equipment and the premises to reduce risk.

### Is the service effective?

Good

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

People had access to community and specialist health support ensuring health needs were met.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

### Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

People's equality and diversity needs were respected and staff were aware of what was important to people.

Information and records were kept confidential and secure.

### Is the service responsive?

Good

The service was responsive.

People benefited from care which was personalised to their needs.

We found people were encouraged to participate in activities at the home.

People told us they would be confident to raise a complaint if they felt this was necessary. We saw appropriate actions had been taken to investigate complaints.

## Is the service well-led?

Good

The service was well-led.

There was a clear quality assurance system that was used to monitor the safety and effectiveness of the service.

Staff we spoke with told us the managers were approachable and they felt supported in their role.

People and staff benefited from an environment which was open and promoted a culture where people and staff could express their views.

# Victoria Nursing Home

**Detailed findings**

## Background to this inspection

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

The unannounced inspection took place on 23 and 24 April 2018. The second day was arranged by mutual agreement. The inspection team consisted of one inspector and an assistant inspector.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications the provider had sent us about serious injuries and safeguarding. Statutory notifications are information the provider must send to the CQC about certain significant events that occur whilst providing a service. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

In advance of our inspection we contacted the contract officer of Manchester City Council for information about their recent monitoring visits and also the local Healthwatch team. Healthwatch, is the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the inspection we spoke with six people who were living at the home. We spoke with three care staff, the activities coordinator, registered manager and operations manager. We reviewed records relating to the care people were receiving including three care plans and risk assessments, daily records, accident records and the medicines. We also looked at records relating to the management of the home, including training records, staff supervision records, records of servicing and maintenance, policies and procedures and three staff recruitment records.

Good

# Is the service safe?

## Our findings

We spent time observing staff interactions at the service and saw that people were very comfortable with staff. One person told us, "I feel safe here, in the past I haven't but the manager moved the people out who wasn't good for the home."

At our last inspection in February 2017 we found the home was not taking reasonable measures to control the risk of legionella developing in the water system. Furthermore we found servicing to the passenger lift had not been carried out. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the necessary checks were now in place. 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 guidance Health and Safety in Care Homes (2014). Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. At this inspection we found the provider was taking reasonable measures to control the risk of legionella developing in the water system. A legionella risk assessment was carried out in August 2017 and there was now a clear written scheme for the management of legionnaire's disease and a planned preventative maintenance regime.

Equipment was in place to meet people's needs including hoists. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998. Electrical testing, gas servicing and portable appliance testing records were all up to date. We noted the electrical installation conditions report had been completed in May 2017. This report captured elements of the electricity to be unsatisfactory. The operations manager provided assurances some of this work had been completed and confirmed the electricity company was due to complete the outstanding tasks. The provider has agreed to update the Commission when this work has been completed.

Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment. The premises were well maintained. The home environment was clean was free of malodour. During our inspection we observed members of staff carrying out cleaning practices and we saw that they used protective clothing and gloves.

We looked around all areas of the home. We found the front door to the home was kept locked and people living at the home who had been assessed as 'safe' to leave the building independently, used a 'fingerprint' identification system in place to unlock the door. There was a double door system in place as well; this meant that one door had to be closed for the other to open. This was to prevent people who were considered to be at risk if they left the home unsupervised, from leaving the premises. People had to ring the doorbell and speak through an intercom system in order to gain access to the home which minimised the risk of an unauthorised person from entering the home.

At our last inspection in February 2017 we found the home was not taking reasonable measures to complete all the required checks prior to employing staff. We found this to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the home had made the necessary improvements in this area. The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS 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 prevents unsuitable people from working with vulnerable adults or children.

The provider had also ensured that the registered nurses who worked at the service maintained their registration. We saw the service kept a record of the nurses pin numbers and when their revalidation was due. All the registered nurses who worked at Victoria Nursing Home were registered with the Nursing and Midwifery Council (NMC) and had a valid pin.

Risk assessments were in place for people who used the service, many of whom had complex healthcare needs. These described potential risks, the safeguards in place to reduce the risk, and actions that should be taken to mitigate the risks to the health, safety and welfare of people. We saw a wide range of risk assessments were completed for moving and handling, falls, smoking, skin integrity, medical conditions and medicines. This meant the provider had taken seriously any risks to people and had put in place actions to prevent accidents from occurring.

We checked the arrangements for the management of medicines in the medicines clinic room with the nurse on duty. We noted that only the nursing staff were responsible for administering medication. We were informed and provided evidence by the registered manager, that nursing staff responsible for the management of medicines had completed appropriate training to help them understand how to manage people's medicines safely.

The home used an electronic system for stock control and recording medicines administration. We checked a sample of people's medicines and found all the medicines they needed were in stock. Medicines could be accounted for by comparing the amount of medicine received from the pharmacy and stock checks by the home's staff with the electronic administration record. We checked several people's medicines and the number of tablets remaining matched the records.

Room and refrigerator temperatures were recorded to ensure that medicines were stored in line with manufacturers' guidelines and remained safe for use. Each person had an individual medication administration record that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. Some records for medicines that were prescribed 'as required' needed further development to assist decision making for staff and the manager told us they would action this straight away.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Nursing staff knew the required procedures for managing controlled drugs. We saw from the controlled drugs records that stock balances were counted, checked and recorded weekly in line with best practice protocols.

The registered manager ensured that staff on duty at any time had the right mix of skills, competencies,

qualifications, experience and knowledge, to meet people's individual needs. If people displayed behaviours that challenge, these were monitored and, where required, referred to health professionals. Staff were aware of and alert to the different triggers of people's behaviour. The registered manager had rearranged staff duties where required in response to identified triggers. This ensured new and inexperienced staff were always supported by experienced staff who were confident in supporting people who may display behaviours that challenge. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.

We witnessed a person who displayed behaviour that may be perceived as challenging. The staff dealt with this in a calm and caring manner. The staff on duty calmly supported the person in a very inconspicuous way. The person calmed down quickly and everyone continued with their activities, with no impact on the other people present.

Good

# Is the service effective?

## Our findings

People who lived at Victoria Nursing Home received effective care and support from well trained and well supported staff. We spoke with people who told us they had confidence in the staff's abilities to provide good care and support. One person told us, "I am well because of the people [staff] working here. They are all very well trained."

All staff we spoke with said they felt supported by the registered manager and management team. We saw records of regular supervision sessions that were meaningful and showed clear outcomes and expectations for staff to work towards. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. The provider revised their training programme in October 2017 when they appointed a training champion at the home. The training champion completed a 'train the trainer' programme and with the support from the operations manager they redesigned all the in-house training by combining the care certificate knowledge modules into areas for staff development. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager showed us a training matrix which detailed training staff had undertaken during the course of the year. Staff received regular training in topics such as mental health awareness, moving and handling, infection control, first aid, safeguarding and challenging behaviour. Two staff members told us, "The training is good to be honest" and "I am doing open university courses that the registered manager has arranged, we do them in our own time but they [provider] pay for them."

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to stay healthy and had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists. Each person had a detailed section within their care plans that provided a record of people's health checks.

We noted the provider had received a number of positive compliments from healthcare professionals visiting the home. One healthcare professional commented, "On each visit the staff and management

appear patient focused. They have a relaxed approach with residents and provide a low stimulus atmosphere in sometime difficult situations. The management team are open, honest and supportive of the clients." A second healthcare professional commented, "The care team work well with people's challenging symptoms of poor mental health and encourage family involvement in residents' care."

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 are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. The service kept a record of all DoLS applications, authorisations and refusals and this helped them to track if any authorisations were expiring.

We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and they made sure the MCA Code of Practice was followed. Staff were aware of the people who were subject to conditional discharges from sections and Community Treatment Orders (CTO). A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community, for example being compliant with their medicines.

We looked at one care file for a person who was subject to a CTO. We found this person's care plan clearly provided evidence that the person had been informed about the reason for their CTO and their rights under the MHA. People must be informed of their rights when restricted by a CTO. This meant that person's rights under the MHA were fully protected to ensure they were being informed of their rights. This person's care plan also recorded the conditions and restrictions that were agreed. This meant the staff at Victoria Nursing Home was aware of the conditions that this person needed to adhere to, to avoid being recalled back to hospital.

People were supported to eat and drink enough to maintain a balanced diet. We observed lunch and saw it was a calm and relaxed atmosphere. We observed staff supporting a person with their meal. They constantly chatted with the person, enquiring if they were alright and offering reassurance. In addition whilst assisting the person staff ensured they were offered a drink regularly.

People told us that food at the home was good, they had a choice and they got enough. One person said, "I do like the food on offer, but the portion sizes could be bigger, but I do like my food." Another person said, "The food is very good, the staff will help me with my meals."

Each person had their own room which they were encouraged to furnish as they wished. The house had

been adapted to meet people's needs. There was enough space for people to be together or spend time alone. There was a rear garden where people went out to smoke. A shelter had been built for protection. We observed this being used.

Good

# Is the service caring?

## Our findings

People told us staff were kind and caring. Comments received included, "The staff are very good here, I get on with them all", "I am happy here, I have good time for the staff", "The staff are caring I believe" and "The staff are lovely, I get treated like a king here."

We checked to see if people had been involved in the planning of their care and support. The care plans recorded that, when possible, people had been involved in the planning of their care. People told us they were supported to express their views and were involved in decision making. One person said, "I have had meetings with my keyworker to discuss how I am getting on. The staff always seem to have time for me."

People were treated with kindness and were given emotional support when needed. For example, on the first day of our inspection we observed the management team discretely providing a family of person who had recently passed away with lots of support and reassurances with the funeral arrangements. We noted the registered and operations managers both stopped what they were doing to spend this time with the bereaved family.

People were treated with dignity and respect. We saw staff knocking on doors before entering, calling people by their preferred name and requesting permission to care and support people. One person said, "The staff and the residents do respect my space."

At our last inspection in February 2017 we found the home had not considered people's dignity or choice by making everyone use a plastic mug. We found this to be a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we discussed this area with the registered and operations managers who both felt they were acting in people's best interests with the use of plastic mugs. The operations manager explained the plastic mugs were introduced following a risk assessment on the likelihood ceramic mugs could pose as a risk to people, due to previous incidents of when people displayed behaviours that challenge others by throwing the mugs. Therefore, this was the provider rationale on why they decided it would be safer to introduce the plastic cups. Since our last inspection the provider has removed the plastic mugs and people now have their own individual mugs. Therefore, this approach of issuing people with plastic mugs was no longer relevant.

All of the care files we looked at included a section on personal histories. This recorded the person's preferred name, hobbies and interests and the jobs they used to do. They were written respectfully and staff said that they read them and worked with people including relatives and health care professionals to deliver good care. All staff told us they recorded the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw. People said they had been consulted about their care and support needs and where appropriate, their family members had also been involved.

We found that suitable arrangements had been made to ensure that private information was kept

confidential. We saw that written records which contained private information were stored safely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Keyworkers had been established at the home ensuring people had a one-to-one session every month with their named keyworker; we found evidence of this happening. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented.

Good

# Is the service responsive?

## Our findings

At our last inspection in February 2017 we found the home was not supporting people to discuss their end of life care needs. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted there was now a clear section within people's care plans if they wished to discuss their future wishes. During the inspection we noted nobody living at the home was currently receiving end of life care. End of life care relates to people who are approaching death; it should ensure that people live in as much comfort as possible until they die and can make choices about their care.

The registered manager was confident the service was readily available to support people through the end of life process and would work alongside McMillian nurses or other professionals if required. However, the registered manager felt the home had only experienced a small number of people approaching end of life stages. The service predominately cared for people who were not living with chronic life threating illnesses.

People's care files were detailed and the information contained within them was consistent and accurate. They were also individual to the person in question with personalised records of daily care staff had provided to people. The files were also easy to read and accessible. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required to ensure they were reflective of people's individual and current needs. The records showed that people and their relatives were involved in the reviews of care planning.

People at the service because of their mental health needs had their care coordinated under the Care Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw written evidence CPA meetings took place with all relevant health and social care professionals in attendance. We saw outcomes of CPA meetings had been translated into current care planning records.

We found resident meetings were regularly held and we reviewed the minutes from the recent meetings. Within the minutes we saw people were consistently asked for their views about the operation of the service and where improvements could be made, such as around activities. Action was taken to incorporate people's views into the plans.

We looked at what activities were provided for people living at the service. We were told by staff that activities were centred around what the individual was able to do and what they chose to do on a day to day basis. The service employed two activities coordinators to ensure activities took place within the home seven days a week. We found the provider also ensured the staff on duty were available to support people to undertake more activities within the community, whilst providing sufficient support to those who were not able or chose not to participate in these. We saw the service kept an activities folder which included what was important to each person living at the home including interests and activity records.

There were a range of activities available to people which took place every day including Saturdays and Sundays. We noted the activities on offer were dependent on people's interests and preferences. For example, we found people had taken part in one to one activities within the community such as, attending museums, going for meals out and hobbies that interested the person. Group activities were also arranged, such as: arts and crafts, karaoke, breakfast club, film show and gardening group. During the inspection we observed people taking part in singing and arts and crafts. People were complimentary about the activities that were arranged and said, "I think there is plenty going on. I enjoyed the St Patrick party we had" and "The activities are good, and I like that the staff will take me out every week."

The home had a complaints policy and procedure and an effective system for reporting and responding to complaints and concerns was in place. The complaints policy included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the complaints file. Records highlighted there had been two complaints in the last 12 months. Records we viewed provided an overview of complaints received, action taken and outcomes. Copies of formal response letters were also available for reference. None of the people we spoke with at the home said they had made a formal complaint. One person told us, "If I was unhappy I know I can raise a complaint with [registered manager's name]."

Good

# Is the service well-led?

## Our findings

People and staff felt the registered manager was always approachable. One person said "I can speak to [the registered managers name] whenever I want, he is a nice man." Another said "[Registered manager's name] has been here for a long time, I like him and [operation managers name]." One staff member commented, "[Registered manager's name] is the best boss I've ever had, he is very good at what he does, he uses a reflective approach, he encourages us to make our own decisions, we are encouraged to make suggestions. For example, like the magazine, that was my idea and he said I should run with it, the residents look forward to the magazine coming out. If we make mistakes he wants us to be open and learn from mistakes rather than a blame culture."

The service had a registered manager who had been in post since 2007. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management had a clear vision for the service. They were aware of the day to day activities and culture as they were on site on a daily basis. There was an open door policy where people and staff could speak with the registered manager or the operations manager. People and staff we spoke with told us that the management was available and very supportive.

At our last inspection in February 2017 we found there were gaps in quality assurance processes, which we found to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had not been made in this area and there was an ongoing breach of this regulation.

At this inspection we found improvements in this area. The registered manager and senior staff were completing audits that were addressing issues around the home. These included food safety, health and safety, water temperatures, maintenance, cleaning, medicines, fire safety and care file audits. We also saw reports from spot checks. The registered manager was also supported by deputy and operation managers to ensure the service had the appropriate management structure in place.

In addition to the checks and audits, we saw that accidents and incidents were recorded and monitored and any quality issues were discussed at staff team meetings and measures were put in place to reduce the likelihood of these happening again.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. This included relevant issues such as staff friendliness, quality of care, and response to complaints. We noted a high level of satisfaction with the running of the service. There were no concerns and all issues people were asked about were rated either as good or excellent. This showed that people felt that the home was well managed and well led.

The activities co-ordinator produced a monthly magazine, called 'the extra mile magazine'. This monthly magazine provided information along with photos to families informing them of what was happening in the service and how their relative was doing. The people had given their consent for this and were involved in devising the content. The magazine contained information about what activities they were currently enjoying and recognised any achievements they had made or goals they had reached. We found the magazine for April 2018 also provided a touching tribute for a person who had recently passed away at the home and provided a number of photos of the person enjoying activities that they had been involved in. The home also held a music night in tribute of this person, and played a number of their favourite songs.

Staff meetings were held every month which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes and discussions included people who used the service, health and safety, recruitment and staffing.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies.