

Angel Healthcare Limited

Abbey House Residential Care Home

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Abbey House Residential Care Home provides support to a maximum of 23 people and 12 people were using the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using the service:

Whilst the registered managers had made significant improvements in relation to the running of the home, we made a recommendation that record keeping be developed further to reflect progress made.

All areas of the home were clean and there were effective systems to audit in relation to infection control. There were enough staff to meet people's individual needs. People told us they felt safe and people were seen to be comfortable in their surroundings. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed.

People's needs were effectively met because staff had the training and skills to fulfil their role. This included training to meet people's complex needs in relation to living with diabetes and dementia.

Staff attended regular supervision meetings and received an annual appraisal of their performance. Staff told us they felt very well supported in their roles.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. One person told us, "All the staff are lovely."

People were supported to attend health appointments, such as the GP or dentist. When specialist advice was needed appropriate referrals were made.

People had enough to eat and drink and their menus were varied and well balanced. People's meals were served in a way that respected their specific needs.

There were a range of activities to meet their individual needs and wishes and if people wanted to opt out of activities their decisions were respected.

There was a detailed complaint procedure and this was displayed so anyone wanting to raise a concern could do so.

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.

There were good systems to ensure the owner was kept up to date on the running of the service.

Rating at last inspection:

At the last inspection the service was rated requires improvement. (The last inspection was published 20/04/2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Abbey House Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Abbey House is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced, comprehensive inspection. The inspection started on 12 April 2019 and finished on 23 April 2019.

What we did:

Due to technical problems, the provider was not asked to complete a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we referred to the previous (PIR) and the registered managers gave us an update on progress made since then. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people to hear their views of the service.

We spoke with the registered managers, two support workers and the house keeper.

A range of records were seen. These included four people's care records and medicine records.

We looked at recruitment records for two staff, supervision and training records for all staff.

We reviewed records relating to the management of the service including audits and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At our last two inspections we found two breaches of Regulations. This was because the provider had not ensured there were always enough staff to meet the needs of people who lived at the service. We also found risks to people's health and safety were not adequately identified and addressed in a timely way and medicines were not always managed safely. At this inspection we found improvements had been made and the provider was meeting legal requirements.

Assessing risk, safety monitoring and management

- People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP) that described the support they needed in an emergency.
- One person displayed behaviours that were perceived as challenging. The care plan lacked detailed advice on how to support the person when they were anxious. Despite the lack of detail, we saw that staff knew the person well and were confident and competent supporting them when they were anxious. Staff had sought advice from a health care professional who had asked them to monitor all incidents. Whenever incidents occurred, behaviour charts had been written. However, these charts did not describe in detail what led to each incident and how they had been managed. We discussed the use of antecedent, behaviour, consequence (ABC) charts to document incidents. By the second day of our inspection, a detailed support plan had been written and ABC charts had been introduced as a way of assessing and understanding what led to incidents and to ensure lessons were learned to minimise the risk of incidents reoccurring. However, the person had also been admitted to hospital and due to their changed health needs was not likely to return to the service.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire.
- A fire risk assessment had been carried out by an external professional in August 2018 and a number of recommendations were made. Actions marked as urgent were completed straight away. The registered managers told us that matters with a medium urgency would be completed by the end of 2019.
- A legionella risk assessment was due to have been carried out in March 2019. Arrangements were made following the first day of inspection for this to be done and it was confirmed in writing that this had been carried out.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed.
- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if

someone was at risk of falls, risk assessment documentation stated the measures taken to prevent further falls. One person at increased risk of falls had recently been given a sensor mat so staff could be aware when they needed support.

- Four people had been assessed as at risk of dehydration. We were told all fluid intake was recorded on the home's electronic care plan system. We found monitoring of fluid intake was not always effective. However, whilst the recording was not effective we had no concerns people had not been offered and received drinks regularly throughout the day. One person's fluid intake had reduced significantly between the two days of inspection and this had been discussed with the person's GP in a timely manner and appropriate action taken. See the well led question for more information.

Staffing and recruitment

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.
- There were enough staff to meet people's assessed needs and keep them safe.
- People told us they didn't have to wait too long for call bells to be answered. We saw staff were quick to respond when requested.
- Two people required two care staff to support them, one of whom only needed two staff when showering. At lunch time there were only two care staff but the registered manager and house keeper were also available to assist as needed. As there were only 12 people and a number were self-caring and independently mobile, these levels were considered safe.

Using medicines safely

- There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them.
- Where needed, there were records to show people who used pain patches had the application sites rotated, to prevent risk of tissue damage.
- There were body charts to demonstrate where creams should be applied. People's records clearly stated how they chose to receive their medicines and we saw this happened in practice.
- Staff had received training in the management of medicines and had been assessed as competent to give them.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use and were used during our inspection. Hand gels were strategically placed for use throughout the building.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I've always felt safe, I have everything I need around me."
- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "I would report it to the managers and they would deal with it. If they didn't I would go to the safeguarding team."
- The registered managers had made appropriate referrals to the local authority safeguarding team as needed.

Learning lessons when things go wrong

- There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
- A three-monthly analysis was then carried out of the recorded accidents, incidents and falls to review if appropriate actions had been taken, to make sure risk assessments were up to date, and check if people had the equipment they needed to minimise the risk of a reoccurrence. When there was an increase in one person's falls, a referral had been made to the local falls team to check if there as anything further staff could do to support the person moving about the house.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in February 2018 we found a breach of Regulations. This was because not all staff had received training appropriate to their role and they had not been appropriately supported. At this inspection we found improvements had been made and the provider was meeting legal requirements.

- Staff support: induction, training, skills and experience
- There were good procedures to ensure staff received the training needed to fulfil their duties. The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specialist training was provided to ensure staff could meet the needs of people living at Abbey House. This included dementia awareness training and training on diabetes. A staff member told us, "Most of the staff have been here a long time and the training is a refresher but it is important to make sure we provide support correctly and to meet people's needs." We observed staff supporting a person who was anxious. They provided empathy and repeatedly reassured the person that they were dealing with their requests and gave them updates on progress made. Staff told us the person, repeatedly used their call bell to ask similar questions and the training they had received helped them to understand and deal with this type of situation.
- New staff completed the provider's induction process. This included working supernumerary (in addition to the required staff levels on a shift) to get to know people and understand the policies and processes at the service.
- All staff received regular supervision and appraisal. A staff member told us they had been through a very traumatic time recently but, the managers and staff had been, "So supportive and understanding and this had really helped."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed before moving to the service. Staff knew people's likes, preferences and dislikes and these had been documented and observed by the staff.
- Regular checks were carried out to make sure care and support was provided in line with people's needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited

them at the service.

- One person told us, "They would call the doctor if I needed one."
- Where appropriate, referrals had been made for specialist advice and support. For example, one person's needs had recently changed and an assessment had been carried out to determine if there was additional equipment that could support them to move safely. A sensor mat had been provided. A standing frame had also been tried but this was proving difficult so a further urgent visit had been arranged for a specialist to visit again and assess the person's changing mobility needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. One person told us, "The dinner was A1. Sometimes the dinner is cold when we get it but today, it was lovely." However, all others told us, the food was lovely.
- People's individual needs were catered for. Arrangements had been made for one person who chose to, to receive take away meals twice a week. Another person chose to have a different menu from everyone else and this was respected. A third person chose to receive a predominately vegetarian menu.
- The menus were displayed in the dining room and we saw people checked the menu during the day. There were two choices of meal for the main course and the house keeper asked people their preferred choice. Staff told us there was always an alternative to the menu if someone didn't like the choices available.
- People received their food in a way that met their needs. For example, some people needed food to be cut and some people needed specialist plates.
- People were offered a choice of drinks throughout the day.

Adapting service, design, decoration to meet people's needs

- People were encouraged to bring photographs, furniture and ornaments with them when they moved in to ensure bedrooms could be as homely as possible.
- There was a lift to ensure easy access to the first and second floors. We saw a number of people used the lift independently.
- People had a choice of where they could spend their time. There was a large dining room and a separate lounge area. Some people chose to spend their day in their bedrooms and just came downstairs for meals or entertainment.
- There was a garden area to the rear of the property and staff told us people enjoyed using this area in the warm weather.
- There was a choice of two shower rooms and an assisted bathroom.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations

were being met.

- Where appropriate, applications for DoLS authorisations had been sent to the local authority and the service were awaiting final decisions. The applications included detailed information about why restrictions were needed.
- Staff ensured people were involved as much as possible in decisions about their care. They understood the process that needed to be followed when people were not able to make decisions. A staff member told us one person would not be safe to leave the building but, "We encourage X to make day to day decisions and we do take X out for walks on the seafront."
- Staff talked to people about how they wanted to be supported. People were asked for their consent before personal care was undertaken or assisting them with their medicines. We saw staff offering people choices of drinks.
- Some people were unable to make decisions about aspects of their care. If they had a power of attorney to act on their behalf this was clearly documented and it was evident that discussions were held as necessary when decisions needed to be reached.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care that was kind and compassionate. One person told us, "The two managers and the staff are lovely. They couldn't do any more for me." Another said, "The food is good, my bed is comfortable and the staff are all very good to me."
- We asked a staff member what was the best thing about working at Abbey House. They told us, "I love the residents and the staff, it feels like home and I feel so supported."
- A staff member told us, "I would be happy for a relative of mine to come here. We give choices and the same respect I give my mum."
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us the training was good. They said, "We respect people's individuality. People have different religious needs and these are met. Some like to join in activities and others prefer to stay in their room. Some like alternatives to the menus, we are able to cater for individual needs and wishes."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to have their say in how they wanted to receive care and support. One person told us, "I didn't like the food offered so I asked for a different menu and this suits me. I have a sherry every day and I enjoy that."
- People's preferences were stated in their care plans. For example, in one care plan it stated the person preferred to have female staff support them. The care plan also stated they liked milky coffee before going to bed. The person told us their requests were, "Always respected."
- Another person's care plan stated they liked to receive their meal on a hot plate. We heard the staff member telling the person to be careful as their plate was hot.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. A staff member told us, "I always make sure curtains and doors are closed when personal care is given. If washing a person's top half, I make sure the lower half is covered and vice versa. If someone in the lounge has been incontinent, I would talk quietly to them to save embarrassment and take them to be washed and changed."
- One person's care plan stated the person had dementia and did not always recognise family members. Staff were advised to check the identify of all visitors if they were not known to them. They were also advised to offer support to visitors if they were upset their relative didn't recognise them.
- Attention had been given to improving the dining experience. During our first day of inspection new table

cloths were introduced with contrasting table runners. There were flowers on each table along with a variety of condiments. One person told us, "We have lovely silver napkin rings. We are very posh here."

- People were encouraged to maintain their independence. For example, one person who had a visual impairment had a plate guard on their plate at mealtimes so they could eat their meal independently. Care plans clearly detailed what people could do for themselves and the areas of support they needed in relation to personal care and their mobility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been reviewed regularly, and when people's needs changed, their documentation was up to date.
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person. For example, one person was unwell and needed lots of reassurance.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- Whilst staff had not received any specific training on the AIS, there was guidance about how people communicated their needs and how staff should engage through verbal communication or recognition of body language. Picture prompts were used so people could make an informed choice. If people had a visual or hearing impairment this was documented to help staff to get to know people and provide appropriate care.
- One person's first language was not English. The person's relative was a contact point for translation, if needed. Flash cards with instructions in the person's native language were used, to alert the person when the fire alarm sounded to make sure they knew what to do.
- People were supported to take part in activities and they had opportunities to discuss the types of activities they wanted during resident's meetings.
- On the first day of our inspection there was a singing group and people told us they enjoyed the activity.
- Occasional external entertainers visited such as pet therapy and singers. There were regular exercise sessions offered, along with bingo, arts and crafts, reminiscence, poetry, quizzes, flower arranging, cake decoration and nail care. People told us they were happy with the activities provided. A staff member told us, "At Christmas we had the Land Girls who entertained everyone and a party."
- One person told us they didn't always join in activities but they said they loved reading books and had a plentiful supply to read. Another said, "I join in some activities when I want but I prefer to stay in my room. I have all I need there."
- A hair dresser visited the service every other week and on special occasions.
- A staff member told us, "We do take people out when we can to the seafront. A month ago, I took X to Bexhill museum and out for coffee."
- Two people received visits from lay church members. One person told us, "I enjoy my visits, it keeps me in touch with the world. I like to know what's going on and I don't like television and radio."

Improving care quality in response to complaints or concerns

- The registered managers told us there had been no complaints made to the service since the last inspection.
- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in large print if this was needed.
- One person told us, "I have no complaints, they look after us well."
- A compliments folder was kept in the dining room. This included all the, 'thanks you' cards received so that all could read.

End of life care and support

- At the time of our inspection, there was no-one receiving end of life care. However, the registered managers and staff worked with other healthcare professionals to ensure people could remain at the service at the end of their life and receive appropriate care and treatment.
- The home had a lovely practice of having a remembrance folder containing memorial cards for all the people who had lived at the home and had died. The folder was placed in the dining area so that anyone who wanted, had easy access to read the cards.
- People's needs in relation to end of life had been assessed as far as possible and were clearly recorded in care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last two inspections we found a breach of Regulation. This was because there had been no registered manager at the service and the systems for good governance were not effective. The provider did not have an effective system for monitoring the quality of the service and driving improvement. Records relating to the care and treatment provided to people and the running of the service were not always accurate or up to date. Although we found improvements in some areas at our last inspection they had not been consistent and further improvements were needed to meet the breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection two staff had been appointed to job share the role of manager and they were registered in post on 1 April 2019.
- A staff member told us the management arrangements worked very well. They said, "Our two managers are great, and having two, means there is at least one there all the time. They are amazing and easy to talk to. They communicate with us and with each other very well."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Whilst there had been significant improvements in record keeping we identified a number of areas where record keeping needed to be developed further. Four people had been assessed as at risk of dehydration. We were told all fluid intake was recorded on the home's electronic care plan system. However, although people told us they had enough to drink, we found monitoring of fluid intake was not effective. As a result, it was not possible to accurately say if people had enough to drink. The registered managers said the system could be adapted to capture this information more accurately.
- Two people had air mattresses. These need to be set in line with people's individual weights and according to the manufacturer's instructions. Records stated that the mattresses had been checked daily. However, one person's air mattress was set at 80Kgs but the person weighed 38Kgs. This could potentially leave a person at increased risk of pressure damage. The registered managers confirmed there were no problems identified with pressure care and that this must have been altered unintentionally through bed making. However, they immediately introduced a new form to ensure settings were recorded in line with the person's weight and checked regularly.
- The certificate for testing in relation to legionnaires disease was a month out of date. However, following the first day of inspection the kit to test water had been delivered and arrangements were in hand to ensure

the water was tested.

- Within two staff files there were no records of staff induction. The registered managers assured us that both staff had received induction but the records had not been completed. By the second day of inspection one had been completed and the second started.
- Two people's spiritual needs had not been formally assessed. However, it was noted both received visits from lay church members. Both care plans had been updated by the second day of inspection to include their specific needs around their spirituality.
- A small number of maintenance tasks were seen to be repeated on each of the audits carried out. These included the bath hoist, external lighting, general décor at the front of the house. We were told the bath chair, whilst still working, needed to be rebuilt so was therefore not currently in use. The registered managers had discussed these matters with the owner who said these would be addressed when finances allowed. However, there were no timescales. Following the inspection the registered managers confirmed that a quote was being obtained. It was noted decoration of the laundry area was not included on the list. The registered managers told us paint in the laundry area was peeling as a result of a condensation problem that had been rectified and the area needed repainting. Following the inspection, we received an updated action plan that included all these areas and the action being taken.

We recommend the service seeks advice and guidance from a reputable source on improving and strengthening record keeping demonstrating the running of the service.

- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Meetings were also used as an opportunity to share positive feedback received from relatives and people about the care provided. The owner attended all staff meetings as a way of keeping up to date with the running of the service.
- The registered managers were aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Residents' meetings were held regularly to give people the opportunity to share their views about the service and to ensure people were updated about changes in the home. We saw that requests people had made had been addressed. For example, two people had requested help with writing Easter cards and this had been given.
- The registered managers and staff worked closely with health care professionals, including GPs, dentists, opticians and chiropodists.
- There were good links with the local falls team and with the mental health team and support was sought as needed to meet people's individual needs.

Continuous learning and improving care

- The registered managers had looked at ways of improving staff retention and encouraging a positive team. For example, a new system to nominate a staff member in recognition of their work had been introduced. A kindness box was positioned in the dining room. People and visitors were encouraged to nominate a staff member stating why they were nominating them. At staff meetings the person with the

most nominations received a box of chocolates and/or a bottle of wine and a certificate. Two staff had received awards the month of our visit.

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety. The registered managers acted on any shortfalls identified and where they were unable to, these were referred to the owner. For example, matters related to the fire safety action plan and any high cost expenditure in the home.
- A series of quality assurance checks were carried out on a daily and weekly basis, for example that bedrooms were checked, medicines were given appropriately, any incidents or accidents were recorded and daily records were written. Records showed when tasks had not been completed this had been identified with the staff responsible. Results of these checks were emailed to the owner.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- The registered managers told us people were supported by relatives to leave comments on an external website about the running of the service. We looked at the website and found one comment from a relative who said, 'My mother has always been looked after in a very caring and professional manner. Staff go above and beyond to make my mother feel at home and cared for.' Five people had also left comments. These included: 'I have been here for several years. The staff are very good. I have lots of belongings in my room,' and 'I would recommend this care home. The managers are very good. I know help is there for me, but they let me do as much as possible for myself,' and, 'The garden is very nice. The whole place is reasonably good. I have a nice room.'