Allington Healthcare Limited

Beckfield House Residential 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Beckfield House Residential Home is registered to provide accommodation and personal care for up to 27 older people, including people living with dementia. At our last inspection in February 2015 we rated the home as Requires Improvement.

The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

We inspected the home on 14 February 2017. The inspection was unannounced. There were 25 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for seven people living in the home and was waiting for these to be assessed by the local authority. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Any decisions that staff had made as being in people's best interests were made in accordance with the provisions of the MCA.

On this inspection, we identified the need for further improvement in the provision of activities and other forms of stimulation available to people living in the home. We also asked the provider to ensure that people and their relatives had an opportunity to be involved in reviews of their individual care plan. In all other areas however, we found people were provided with safe, effective care that met their individual needs and preferences.

The registered manager and her team had worked hard to address the areas for improvement identified at our last inspection. The registered manager had a positive and forward-looking approach and was committed to the continuous improvement of the home in the future.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

There were sufficient staff to meet people's care needs and staff worked together in a well-coordinated and mutually supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. Staff were provided with close supervision and regular team meetings were used effectively to facilitate good communication. The registered manager maintained a high profile within the home and provided strong, supportive leadership to her team.

There was a warm, relaxed atmosphere in the home and staff supported people in a kind and caring way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink that met their individual needs and preferences.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were dissatisfied with the provision of communal activities and other forms of stimulation and occupation available to them in the home.

People's individual care plans were well-organised and kept under close review. However, people and their relatives did not always have the opportunity to participate in the review process.

Staff knew people as individuals and provided care that was responsive to their personal preferences and needs.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

The registered manager was known to everyone connected to the service and provided strong, supportive leadership to her team.

The provider had addressed the areas for improvement identified in our last inspection of the service.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Beckfield House Residential 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. The inspection was planned to check whether the provider was 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.

We visited Beckfield House Residential Home on 14 February 2017. The inspection team consisted of 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. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home, five visiting relatives or friends, the registered manager, three members of the care staff team and the cook. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including two people's care records and staff recruitment and training records. We also looked at information relating to the administration of medicines

and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People with spoke with told us they felt safe living in the home and that staff treated them well. One person told us, "They are well organised. I feel safe." Another person said, "I feel safe. All the doors are locked at night. The staff pop into my room. I have no complaints."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and CQC. Advice to people and their relatives about how to contact these external agencies was provided in the introductory booklet that was given to people when they first moved into the home.

On our last inspection of the home in February 2015 we found shortfalls in the systems used to assess risks to people's safety and told the provider that improvement was required. On this inspection we were pleased to find the provider had responded to our report and taken action to address this issue. We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skin care and nutrition. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of falling and had arranged a review of the person's medicines which had been successful in reducing the risk. Staff reviewed and updated people's risk assessments on a monthly basis to take account of any changes in their needs. For example, staff had identified one person at being of risk of developing skin damage and their risk assessment had been updated to instruct staff to support the person to reposition every two hours when they were in bed.

There were several twin bedrooms in the home, although only one was in use as a twin at the time of our inspection. The registered manager told us she monitored the use of twin rooms carefully to ensure any potential risks to people's safety were regularly assessed and reviewed.

People told us that the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person told us, "There are staff generally around. You can have anything you want [and] they seem fairly quick when they come." Commenting on the fact that staff had time to sit with people and interact with them socially, another person said, "There is always someone to talk to." Confirming this approach, one member of staff told us, "I do think there is enough staff. It's busy in the morning [but] in the afternoon we have time to chat. Last Sunday, I went round and put lipstick and hand cream on some of the ladies. Some of the men like [the hand cream] too." The registered manager said that she kept staffing levels under regular review and had recently increased the number of staff working at night in response to changes in people's needs. The registered manager also told us that, in response to a recent complaint, she intended to make further changes to night staffing arrangements to ensure that there was always a staff member available to escort someone to hospital if they had to be admitted at night.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

On our last inspection of the home we identified some concerns with medicines management and told the provider that improvement was required. On this inspection we found action had been taken and that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Medication administration sheets were well-designed and contained an accurate record of any medicines that people had received. To aid identification, each person's medicines file included their photograph and also detailed any allergies. We saw that people who had been prescribed 'as required' medicine had been supported by staff to exercise their right to choose whether they wanted to take it or not. Reflecting the findings of our previous inspection, the provider had taken action to ensure that any occasion on which an 'as required' medicine had been declined was correctly recorded. The storage, administration and disposal of any 'controlled drugs' (medicines which are subject to special storage requirements) were managed safely. We found some liquid medicines that had not been marked with the date of opening, increasing the risk that people could be given out of date medicine. However, when we discussed this issue with the registered manager we saw that she had identified this herself during a recent medicines audit and that action was already in hand to address the issue.

To ensure medicines were kept at the correct temperature and were safe for people to take, staff recorded the temperature of the medicines fridge on a daily basis. Reflecting our feedback, the registered manager agreed to update the temperature recording sheet to specify the acceptable temperature range and to provide guidance to staff on what to do if the temperature was ever outside these parameters.

Good

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "I think they have the right skills." Another person's relative told us, "The carers are very good." Commenting on the quality of care and support provided to people living in the home, a local healthcare professional told us, "They know what they are doing. People are looked after very well."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA), although the registered manager told us she was in the process of planning a further round of training to consolidate their knowledge in this area. The 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. Staff understood the importance of trying to obtain consent before providing care or support. For example, talking of one person who had lost capacity to make some decisions for themselves, one staff member told us, "[Name] has dementia. I ask her, 'What colour would you like to wear today?' And if she says 'green', I will get out some green clothes for her. It's not right to put [people] in something they don't want to wear."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for seven people living in the home and was waiting for these to be assessed by the local authority.

The registered manager made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, if someone was no longer able to give formal consent to the personal care being provided by staff, we saw this decision had been taken by the registered manager as being in the person's best interests, following a clearly documented process. Although we were satisfied that any best interests decisions had been taken correctly in line with the provisions of the MCA, we found some aspects of the provider's record-keeping area unhelpful in confirming precisely what best interests decisions were currently in place for each person. We discussed this issue with the registered manager who welcomed our feedback and agreed to review the issue as a matter of priority.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "It was very helpful. I learned a lot about dementia. I went to [the registered manager] a lot in my first couple of weeks. She is very knowledgeable." Talking of a colleague who was being inducted at the time of our inspection, another staff member said, "[Name] is on induction. They [have been employed] as night staff but we try to put them on a couple of day shifts during their induction. It's a better way of them getting to know the residents and the staff." The

provider was aware of the National Care Certificate which sets out common induction standards for social care staff and was in the process of ensuring all newly recruited staff worked towards this qualification as part of their induction programme.

The registered manager maintained a record of each staff member's annual training requirements and provided a range of courses to meet their needs including first aid, falls prevention and dementia awareness. The registered manager told us she had recently identified a new company to deliver most of the provider's mandatory training requirements and was also changing the way training was provided, to address a backlog that had built up in some areas. Discussing their personal experience of training provision in the home, one member of staff told us, "I think the training is good. It refreshes your memory and there are sometimes new bits of training that you need to learn." Talking of a course in dementia awareness they had undertaken recently, another member of staff said, "It was amazing. It gave me a better understanding of the condition and has changed the way I approach residents." The provider also encouraged staff to study for nationally recognised qualifications. One member of staff said, "Since coming here I have got my NVQ2 and have now signed up for NVQ3. I was encouraged to do it. There are no issues coming off the floor if I have to see our assessor. [The registered manager] or deputy will step in to cover."

Staff received regular one-to-one supervision from the registered manager or her deputy. Staff told us that they found the supervision process helpful to them in their work. One member of staff said, "[The registered manager] said I was doing really well! [But] if I had an issue I could talk to her then about it." Another member of staff told us, "[The registered manager and her deputy] are very good at working with us [in supervision] to improve our practice. It helps me from thinking I know it all. I still have a lot more to learn and the regular supervision is very helpful."

People told us that they enjoyed the food provided in the home. For example, one person said, "I enjoy the food. Nice cereal, toast and butter for breakfast. The food is hot and lots of choice. There has never been anything I don't want. I look forward to mealtimes." People were provided with a continental breakfast and a variety of hot and cold choices at teatime, including homemade cakes and puddings which were made freshly each day. On the day of our inspection, the cook told us she was planning to make some special cupcakes in celebration of Valentine's Day. For lunch, people had a choice of two main course options although the cook told us that kitchen staff were always happy to make an alternative if requested. For example, one person didn't like the roast dinner on a Sunday so usually had sausages instead. Confirming the provider's flexible approach, one person told us, "If you don't like what's on the menu they would give you something else." Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "They really like their pies! We have also just started doing liver, bacon and onions. That goes down really well."

Staff had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a gluten free diet. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking or fortified to help someone maintain their weight. The cook told us that one person needed to have their food chopped finely so she had made them an individual pie with very small pieces of meat, "So she doesn't feel different to everyone else." A range of drinks was available throughout the day to help prevent dehydration and other health risks. Although no one raised any concerns about the lack of a hot option for breakfast, we raised the issue with the registered manager who told us she would discuss it further with people to see if they wanted this added to the menu.

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district

nurses and therapists. For example, care staff had identified one person as being at risk of weight loss and a food supplement had been obtained to address the concern. Describing their experience of working with the care staff team, a local healthcare professional told us, "We have a nice relationship with the staff. They will call you when necessary and their calls are appropriate. We listen to them as they know the patient and can give you a good history. They [sometimes] advise that relatives would welcome a phone call [from us]. That's good advice." Another local healthcare professional told us, "Staff are very good at reporting any concerns with people's health. Communication is …. good. I have no concerns."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and kind. For example, one person said, "They are kind and nice. All of the time." Another person's relative told us, "The staff are all lovely. You can see it their faces. You can see compassion. Everyone cares."

There was a relaxed, homely atmosphere and throughout our inspection visit we saw that staff supported people in a caring, attentive way. For example, at lunchtime, people who needed one-to-one support to eat had their lunch a little earlier than other people, to ensure staff had time to provide them with the assistance they required without any other distractions. On another occasion we saw a member of staff patiently helping someone to make their way to the toilet, singing a cheerful song together as they went. The registered manager clearly acted as a strong role model to her staff team in this area. For example, at one point during our inspection a person who was living with dementia came into the manager's office and started to become slightly distressed. The registered manager immediately got up to reassure the person and gently escort them through to one of the communal lounges, talking softly to them throughout.
We saw other ways in which people were supported in a caring, person-centred way. For example, the cook maintained a list of people's birthdays and told us, "We make a proper cake, iced nicely. We all sing 'Happy Birthday'." Another member of staff said, "On birthdays and at Christmas the person's keyworker gets given [a sum of money] from the home to buy them a present and a card. We pick something they know they will like. It makes it that bit more personal."

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. Talking of their approach to the provision of personal care, one member of staff said, "When I am helping someone to get up, I give them the flannel and encourage them to wash their own face. Assist them but help them be in control." Another staff member told us, "It's so tempting to say, 'Let me do it for you.' But it's important to let people try for themselves. People take pride in still trying." Discussing the importance of respecting people's right to make their own choices and decisions, one member of staff told us, "They get up when they are ready. They sometimes say, 'Give me five more minutes!'. Even if it's 10 or 10.30am." Confirming this approach, one person told us, "I can make my own choices. I get what I want."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. For example one person said, "They always knock and call me by my name." Another person told us, "They are private [when] they help me in my room." Talking of their approach in this area, one member of staff said, "We always knock before we go in [to someone's room]. And close the windows and blinds when we give personal care." At our last inspection we identified concerns with one of the communal toilets in the home which meant people using it did not always have their privacy and dignity maintained. On this inspection we found that the provider had installed a self-closing mechanism on the main toilet door to ensure the privacy of anyone inside. However, we noted that the lock on each of the two cubicles inside the toilet was difficult to use, particularly for an elderly person. We pointed this out to the registered manager who apologised for the oversight and arranged for new locks to be fitted immediately.

During our inspection we noticed that a number of bedrooms in the older part of the home had inter-connecting doors, none of which was lockable. Although no one we spoke to raised any concerns about this issue, we discussed it with the registered manager who told us the doors were deliberately unlockable on the advice of the fire officer. However, she acknowledged the potentially negative impact this could have on people's right to privacy and told us she would explore the possibility of disabling or sealing up the doors.

Information on local lay advocacy services was on display on a noticeboard in the reception area of the home. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us that no one living in the home had the support of a lay advocate currently but that she would not hesitate to help someone obtain one, should this be necessary in the future.

Requires Improvement

Is the service responsive?

Our findings

The provider employed two part-time activities coordinators who, between them, worked 14 hours each week to facilitate communal activities. The coordinators prepared a weekly programme of events which was publicised on a noticeboard in the reception area of the home. In the week of our inspection visit the planned activities included a church service, a quiz and nail manicures. On the day of our inspection, the planned activity was described as 'ball games/dancing/singing' although neither the singing nor dancing appeared to take place. Although some people clearly enjoyed the opportunity to participate in the communal activities on offer in the home, most people we spoke with told us they felt under-stimulated and would welcome more opportunities to pursue personal interests and get out and about in the local community. For example, one person said, "I get bored. I join in when I can. But I would like to go outside more." Another person told us, "There is not really enough to do. I get bored." One person's relative said, "My mother used to paint. But I don't think they do that here."

When we discussed people's feedback with the registered manager she readily acknowledged that improvement was needed in the provision of activities and other forms of stimulation and occupation. Responding to our inspector's description of the current approach as "old-fashioned and tired", the registered manager said, "I agree with you." She told us the recent recruitment of a second activities coordinator had been a helpful step forward but that she was committed to making further improvements to address people's dissatisfaction.

If someone was thinking of moving into the home, the registered manager or her deputy normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Once it was agreed that someone would move into the home, an admission date was agreed with the person and their family. Once the person had moved in, senior staff used the pre-admission assessment to provide care staff with initial information on the person's key preferences and requirements, pending the development of a full individual care plan.

We reviewed people's care plans and saw that they were very well-organised and provided staff with the information and guidance they needed to respond effectively to each person's individual needs and preferences. For example, one person's plan stated the level of staffing support they needed whilst taking a bath. Another person's plan indicated that they enjoyed, "good plain cooking." Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "It does help. Particularly when I first started. To get to know about the residents. What they like doing. Their background." Each person was allocated a keyworker who had responsibility for reviewing and updating their care plan on a monthly basis. Talking positively of the keyworker system, one member of staff told us, "[The registered manager] introduced it. It took [us] time to get used to it [but now we find it] simple and easy. We all know a lot more about the residents, [not just the ones we are keyworker for]. We feed each other information for their care plans. We keep each other up to date." We saw from people's care plans that this system of regular review was working effectively. However, there was no evidence that people and their families had an opportunity to be involved in the process. When we raised this issue with the registered manager she acknowledged the need for improvement in this area and told us she would amend the system

to build this in for the future.

Staff clearly knew and respected people as individuals. One member of staff said, "It's a small home and it feels a bit more personal. We know every one of the residents. We know people's habits. Which residents like to be up early and who wants to be up later." Talking of their knowledge of people's individual preferences, another member of staff told us, "Some people don't like deodorant spray, some prefer roll-ons." The home had a hairdressing salon and although a local hairdresser visited regularly, the registered manager told us that if people preferred their relative to cut their hair, they could come in and use the salon as well. Commenting on the responsive, person-centred approach of staff, one person told us, "They are good. They leave me alone when I want my privacy." Another person said, "I can ask for a bath and they give me one with a lady carer."

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home and was also on display on a noticeboard in the reception area. The registered manager told us that formal complaints were rare as she had an "open door" policy and encouraged people and their relatives to alert her to any issues or concerns to enable her to resolve them informally. Confirming the registered manager's approach in this area, one person told us, "The manager is there if I want to see her." Another person's relative said, "The registered manager is very receptive. She is excellent." When formal complaints were received we saw that the registered manager had ensured these were handled correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought highly of the home. For example, one person's relative said "I would recommend it … I don't think there is anywhere better." Another visitor told us, "I always have [recommended the home] and always will." A local healthcare professional said, "I am a regular visitor. Compared to others [I am familiar with] it's a caring home."

The registered manager was well-known to, and respected by, everyone connected with the home. For example one person said, "She is very friendly." Another person told us, "The manager is always walking about. She talks to me." Reflecting this feedback, the registered manager told us she was always happy to provide hands on support whenever this was needed. She said, "I work on the shop floor [and] I was here on Christmas Day and Boxing Day. To me, it's all about [the residents]. That's why I am so hands on. I can't tell a relative how someone has been if I don't know." Commenting on the registered manager's approach, one member of staff said, "She gets stuck in. A new lady [was having difficulty] settling at night. [The registered manager] came in and helped settle her down." Another staff member told us, "Within the first week of her starting I saw her come out of a toilet [having helped] a resident. The previous manager would have called for a carer. [When the registered manager first came] she said she wouldn't ask us to do something she wouldn't do herself and she has shown that time and time again."

Throughout our inspection visit the registered manager demonstrated a positive and forward-looking approach. She had worked hard to address the shortfalls that had been highlighted in our last inspection of the home. She was also focused on further change and improvement for the future. For example, her plans to review the provision of activities and the delivery of staff training. The registered manager provided strong, supportive leadership to her team which was clearly appreciated by her staff team. For example, one staff member said, "Personally, I think she is amazing. I've done [lots of different jobs] and I have never worked with anyone as open and honest as [the registered manager]. I just feel relaxed when I sit down to talk to her." Another member of staff told us, "[The registered manager] is really understanding and helpful. I can go and talk to her."

Staff worked together in a well-coordinated and mutually supportive way. One member of staff said, "We are a good team. We complement each other." Another member of staff told us, "The atmosphere in the staff team is good. We are all pulling together." Twice-daily shift handover sessions and regular team meetings were used by the provider to facilitate effective communication. Talking of their positive experience of attending team meetings, one member of staff told us, "They are a good chance to catch up with other colleagues that we don't work with regularly. We are due another meeting soon." Another staff member said, "We've had quite a few [staff meetings] since I've been here. [The registered manager] goes over things and if anyone has any issues we discuss them."

At our last inspection we had identified shortfalls in the systems used to monitor service quality and told the provider improvement was required. At this inspection we were pleased to find that the provider had responded positively to our report and had implemented a comprehensive approach to quality monitoring, including monthly medication, care planning, kitchen and infection control audits. These audits were

reviewed by senior staff who ensured action was taken in response to any issues identified. For example, as highlighted elsewhere in this report, a recent medication audit had identified the need to record the date of opening of liquid medicines and action had been initiated to address the issue. Directors of the company that operated the home visited on a regular basis and provided the registered manager with a detailed report on any issues they had picked up.

The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. The registered manager told us that she took time to reflect on any significant events to identify any learning for the future. For example, as described elsewhere in this report, following a recent event she was giving further consideration to the home's night staffing arrangements. Looking ahead, the registered manager agreed to document these reviews in a more systematic way to make it easier to identify what learning had been identified and what action had been taken.

The provider conducted an annual survey of people and their relatives to measure satisfaction with the service provided. The results of the most recent survey were on display in the reception area of the home and indicated that satisfaction levels were extremely high. Nevertheless, the registered manager told us she had reviewed the survey returns to identify any areas for improvement. For example, her recruitment of a second activities coordinator had partly been in response to comments in the last survey. People's satisfaction with the service provided was also reflected in the letters and cards received from family members and friends which were on display in the reception area. For example, one relative had written to the registered manager to say, "We have been touched by the love and care that you and the staff have given to [name] during her stay and also the compassion shown to us. You all do a great job." Another relative had written, "We would like to thank you all for looking after [name] during her stay with you. We were happy in the knowledge that she was being given your expert and sympathetic care."

The provider also organised regular meetings for people and their relatives. Some meetings involved a general discussion about current and upcoming issues. Others were arranged for a particular purpose. For example, to introduce the new deputy manager or to discuss the report of our previous inspection.