Westbury Care Limited

Westbury Nursing Home And Westbury Garden Suite

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 13 September 2017 and was unannounced. When the service was last inspected in July 2015, there was one breach of the legal requirements relating to the safety of the management of medicines. Overall, the service was rated as good.

At this inspection we found sufficient actions had been taken and improvements made to address the breach of regulation, and we rated the service had remained good.

Why the service is rated good:

The Westbury Nursing Home and Garden Suite provides accommodation and nursing and personal care for up to 114 people. At the time of our inspection visit, 105 people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Where people were supported with medicines, we found they were managed safely. Risk assessments and risk management plans were in place.

People's care records were personalised, with evidence of people's involvement, with choices and preferences taken into account.

Audits were in place to identify shortfalls and actions were completed to make any necessary improvements.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and suitable for their role. The staff induction programme was comprehensive. Staff views were positive about the support, guidance, training and supervision they received.

People were cared for in a kind, caring and respectful way. People were supported to maintain their health and the service liaised with other external health professional when needed.

A wide range of activities were provided and community involvement was actively encouraged.

People who used the service, relatives, external health professionals and staff all spoke highly of the leadership and management of The Westbury Nursing Home and Garden Suite.

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 had improved to good.

People were safe. Risk assessments were completed and risk management plans were in place. Where minor shortfalls were identified immediate action was taken.

People were protected from abuse because staff knew how to identify this, report and act on any concerns they may have.

Accident and incidents were always reported and recorded and actions were taken when needed.

Arrangements were in place to make sure where they needed support, people received medicines appropriately and safely.

People received care from staff they knew and trusted. Good recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive

Is the service well-led?

Good

The service remained well-led.

Westbury Nursing Home And Westbury Garden Suite

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 inspection took place on 12 and 13 September 2017 and was unannounced. This meant the provider did not know we would be visiting. The inspection was carried out by three inspectors and two experts by experience on 12 September and two inspectors and two experts by experience on 13 September. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

At our previous inspection on 30 July 2015, we found a breach of regulation in relation to the management of medicines. The service was rated as 'Good' overall.

Before the inspection we reviewed the information we held about the service such including statutory notifications. A statutory notification is information the service is legally required to send to us about significant events.

On the days of our visit we spoke with 21 people and nine relatives of people who used the service. We also spoke with an additional six people in a group meeting.

We spoke with the provider, area manager, registered manager and 14 staff that included maintenance, activities organiser, housekeeping, catering, training coordinator, registered nurses and care staff. We spoke with three visiting external health professionals who had experience of working with the service.

We read the care records for seven people and reviewed medicines records. We checked staff recruitment

files, rotas, induction, supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, accident and incident records, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

Good

Is the service safe?

Our findings

Risk assessments were completed. These included for risks such as falls, skin damage, malnutrition, dehydration and use of equipment such as hoists, pressure relief mattresses and bed rails. Where risks had been identified, risk management plans were in place. However required actions to mitigate risks were not always fully recorded. We looked at records for people at risk of skin damage and who required support to change position on a regular basis. We found two records that were not fully completed for the two days leading up to our visit. We spoke with staff who told us people had received the care they needed, and the incompleteness in record keeping was an oversight. On the second day of our visit, the registered manager had made improvements to the checking and monitoring of these records. They told us they would complete daily checks to make sure the improvements were maintained.

Some people with swallowing difficulties had been assessed as at risk of choking and had been prescribed fluid thickeners. We found the care and medicine records for two people did not state the thickened consistency each person needed to mitigate their identified risks. This shortfall was rectified before the end of our visit. The registered manager told us that following our visit they had discussed and agreed with the GP who had prescribed the treatment, that the specific instructions for each person would be recorded on their individual prescriptions.

We received positive feedback from people who told us they felt safe in the home. Comments included, "Yes I feel safe here. I keep my door open at night. There are no people wandering about into peoples rooms", "I am safe here because there are always staff on hand to call on if I need something", "I am very settled and happy here, I am safe in every respect" and, from a relative, "I feel my loved one is safe here. There are always staff around looking after the home. I notice he is more relaxed since being here."

There were safeguarding policies and procedures in place. Staff told us they had received training and all staff understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. One member of staff told us, "I have never seen anything to worry about, not on any floor and I've worked on all of them." Another member of staff commented, "If we reported any issues (name of registered manager) would be right on it."

Accidents, incidents and falls were reported and recorded on incident and accident forms. The registered manager told us they investigated to find out more detail especially if the cause of an injury was unknown. They also discussed accidents, injuries and falls at the weekly heads of department meetings. They told us this was to make sure all staff were aware of actions needed to reduce future occurrences. Relatives where appropriate were informed when people had accidents or had fallen. One relative told us, "We're always contacted. Dad recently had a fall from his chair. He wasn't hurt but we got a call just to let us know."

We saw people in their bedrooms had call-bells within reach. Some people also wore pendants alarms so they could call for help and support when needed. People in the communal areas on the ground floor had not been supplied with pendants and commented they were not always able to call for staff when needed, especially during the evenings. One person told us, "That's when they're busy helping people to bed". The

deputy manager told us a member of staff was always allocated to stay in the communal area. However the positioning of the staff desk and chair was not visible to all areas of the lounge. The registered manager told us they were planning to obtain additional pendants. They told us in the interim, they would ensure staff maintained a visible presence to people in the communal areas during the evenings.

We spoke with staff about how they provided support and monitored people for safety in the three bedrooms on the lower ground floor, that were separate from the other bedrooms. Staff told us the people in these rooms spent their days in the communal area on the ground floor. They told us if people stayed in their rooms they were checked every hour. We spoke with the registered manager who told us a member of staff was based in this area of the home during the night to make sure people's care needs were safely met.

People and relatives told us there were enough staff to meet their needs. One relative said, "They have regular staff here, there's good continuity which is good as he likes to see the same faces. There seems to be enough staff and there's always a nurse on duty". The registered manager did not use a specific dependency assessment tool to calculate staffing levels. They monitored changes in people's dependency levels, discussed with senior staff and observed care practices on a regular basis. They told us they believed staffing levels were sufficient for the current numbers and dependency levels of people living in the home. We checked the staff rota's and saw that the staffing levels were maintained at the levels the registered manager stated were required. Where there had been staff sickness, the rota's showed that other staff had been called in, or had shifts changed.

When we last inspected we identified a breach of the regulation with regard to the safe and proper management of medicines. We found records to support the administration of covert medicines to people were not sufficient and we issued a requirement action. The administration of covert medicines means that people are given medicines without their knowledge when it is in their best interests to do so. At this visit, we found improvements had been made, these records were fully completed.

People's medicines were safely managed. Each person had their own locked medicines cupboard in their bedroom. There were also designated medicine storage rooms. Arrangements were in place to safely and suitably store medicines that required additional security or medicines that required cool storage. Arrangements were in place to safely dispose of medicines no longer needed.

We observed medicines being given to people and saw this was completed safely and people received medicines when they needed them. Each person had a medicines administration record (MAR) and staff recorded on the MARs when they had given people their medicines. Some people were prescribed medicines to be taken if needed, such as pain relieving medicines. Staff reminded people and asked if they needed these medicines. One person told us, "Staff take my tablets out of the cupboard and make sure I take them in front of them. They always ask me if I need any tablets for my pain."

Where people were prescribed non medicated creams, arrangements were in place to confirm the application instructions. Body maps were completed that identified the specific areas of the person's body the creams were to be applied to. Care staff had received training and understood their responsibilities for signing the charts when they applied the prescribed creams.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files showed that appropriate checks had been carried out before staff started work. Clearances from the Disclosure and Barring Service (DBS) had been obtained. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also

been sought from previous employers and in particular, when past jobs had been with another care provider. Where required, checks had been made to ensure that staff were appropriately registered with the correct bodies, for example the Nursing and Midwifery Council for qualified nursing staff.

Business continuity procedures were in place to ensure the safety of staff and people using the service could be assured in the event of an emergency. Personal emergency evacuation plans confirmed the support people may need in such circumstances.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella checks, electrical and gas safety, lift maintenance and hoist checks had been completed. The home was kept clean and odour free. Staff regularly cleaned throughout each area of the home and recorded their completed work on cleaning schedules.

Good

Is the service effective?

Our findings

People received an effective service from staff who understood their needs and promoted their independence. People and relatives spoke positively about the staff who supported them. Comments included, "Staff have the skills and the knowledge to deal with my condition. They do things properly" "Staff have good skills. They keep up to date and are always on courses" and, "They treat [name of person] as an adult, they ask before they do anything and respect her independence".

We spoke with the training coordinator who told us about the staff induction and training programme. The induction programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff are suitably trained to provide a high standard of care and support. A member of staff told us, "It's so good to work here. I had a good induction when I started."

Staff completed mandatory training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. Staff then 'shadowed' experienced staff for up to two weeks to help them gain further understanding and knowledge about their role and what was expected of them.

Staff received regular supervision with senior staff and the staff we spoke with all told us they were well supported in their roles. One member of staff told us, "It's all good here, and if we need any extra training or support we get it." The training coordinator told us how they provided staff with guidance and support to enable them to manage people's specific healthcare needs. For example, staff had received end of life training from the local hospice. Two members of staff had completed a, 'train the trainer' course for Parkinsons so they could cascade the training to other members of staff. A modular dementia training programme provided up to date guidance and education to increase staff knowledge and understanding of people who were living with dementia. The topic for the next planned module in the programme was communication.

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.

Staff understood the importance of supporting people to make decisions and remain independent. They had received training on the MCA. We heard staff asking people before they entered rooms and before they supported with personal care. Throughout our visit we heard staff using phrases such as, "Would you like me to?" and, "Is it alright if?" One person told us, "They ask me what I want, I can please myself."

In the records we looked at, consent had been obtained and consent forms were signed, for example, for the taking of photographs and use of bed rails. Mental capacity assessments were completed where people were noted as not being able to communicate their needs and wishes. Best interest discussions had taken

place and records in place confirmed the decisions that had been reached. A visiting GP told us they were involved in decision making for people who lacked capacity to make their own decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

Where people had current authorised DoLS in place the registered manager understood the requirement to notify the Commission when a DoLS was authorised. We spoke with staff who understood what was meant by DoLS and some staff were aware of who had DoLS authorisations in place. One person had a specific condition attached. They were to be offered the opportunity to go outside and records of dates when relatives visited were to be recorded. Staff provided this detail in the care records although they were not aware it was required as part of a DoLS condition.

People were supported to eat a balanced and healthy diet, based on their individual needs, choices and preferences. The chef told us how they were kept up to date with people's likes, dislikes and dietary needs. The chef told us they prepared fresh soup and served homemade cakes each day. Fresh fruit was distributed around the home each day. We received many positive comments about the food that included, "The food is wonderful. The chefs are good. If I can't eat what's on the menu because of my digestive problems they will find me something I can eat", "There are menus on the tables and staff ask us what we want. Suppers are more snacky. There is always more food if you want" and, "I am a fussy eater but I always get something I like. There is plenty of it, all home cooked."

People who needed support from staff were not rushed. We also saw that staff were sensitive to people's needs. For example, one person was showing signs of being unwell during a mealtime. This was quickly recognised by staff who quickly, but gently and unobtrusively, took the person back to their room. Another person was struggling to use a dessertspoon so they were promptly provided with a teaspoon.

We received positive feedback from the health professionals we contacted. A GP told us, "The Westbury is a very good nursing home" and the staff, "Have done all that I have asked by my next visit." Another visiting health professional spoke positively about the home and told us that staff followed the advice and guidance they gave. They told us they often had a 'catch up' with the registered manager who always asked how their visits were going and encouraged any areas of concern to be raised. Records showed that advice, guidance and support had been obtained from health professionals such as physiotherapists, diabetic nurse specialists, community mental health teams, social workers and tissue viability nurses.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and they were treated with dignity and respect. Comments and feedback included, "When I was given a bath I couldn't have asked for any more privacy and respect", "Staff are good as gold. It could not be better. We are just like a big family" and, "Staff are very polite, never had anybody rude. They close the door and draw the curtains and make sure no one comes in. They look after me as I wish. I would tell them if not."

Relatives spoke positively about the caring attitude of staff. Relatives told us, "They have a very caring attitude and try to engage with [name of person] who is no longer able to communicate verbally. The care from her key worker is outstanding, they have such a good rapport", "Staff are good and kind. They know [name of person] has a good sense of humour and they have a giggle" and, "They (staff) are very kind and attentive. They are amazing and so considerate."

Staff were knowledgeable about people's care and treatment needs, and how different people liked to be cared for. One person told us, "Staff are all friendly and caring. They understand my situation and treat me as I want to be treated. I am happy to have carers of another gender. One of these is exceptional." Staff told us about how they treated people with respect and how they provided a compassionate service. They spoke about the importance of understanding people's needs and providing the best possible care. They described how they made sure they knocked before entering people's rooms and how they made sure people were provided with privacy when being supported with personal care. Comments from staff included, "I believe we all treat people with respect. We have a good team working here", "I love working here. We give the care I would be pleased to give my Mum" and, "There's a good atmosphere here, we work together and we care about people at the end of the day.'

People were supported to express their views about their care treatment. Care records described how to support people with communication difficulties. For example, for one person, their records confirmed the person could communicate and described how they expressed their views. The record stated that questions needed to be kept simple so answers could be communicated with a single word.

We saw good interactions between staff and people they supported during the days of our visit. We saw there was humour, warmth and friendly banter. We also saw people were provided with comforting words and touches if they were upset or distressed.

We reviewed the compliments, mostly received in card form, received from people using the service and their relatives since the beginning of 2017. We read, 'We would like to thank all the staff at The Westbury for looking after [name of person] so well. She was happy and contented and we thought she was treated with respect and felt the staff genuinely liked her. It made such a difference to her life,' and 'Thank you all so much for all the love and care you all showed to our Mum.'

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Information was provided if this was required. This ensured people's interests would

be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. Staff worked closely with, and received training and support from, the local hospice. People were supported and cared for in the home when they needed end of life care. This meant people could remain in their familiar, homely surroundings, supported by staff who knew them well.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People were assessed before they moved into the home to make sure their needs could be met. Care plans were written up and agreed with the person and relatives where appropriate. A person using the service told us, "I know everything that is in my care plan. Staff know how to react to me, and how I want my care to be, which is relaxed, and to discuss any changes with me." A relative commented, "So glad she came here. It gives me peace of mind. She has not had to go into hospital at all since she's been here. She is well cared for."

Where people needed support from others this was recorded. For one person, their records stated in the 'involving others' section the name of the relative involved with the person's care planning. The records also stated the name of a friend of the person they had agreed would become involved if the relative was away on holiday.

The care plans included, under the heading of 'person centred assessments' details of peoples needs such as eating and drinking, breathing, personal hygiene, dressing, skin care, pain and continence. There were also care plans for communication, expressing need, moods and emotions, spiritual fulfilment, motivation and relating with others. Records confirmed how people preferred to be addressed. People's life histories were recorded. The staff we spoke with told us how useful these were in helping them get to know about people and their interests, especially when people first moved into the home. For example, one person used to enjoy playing cricket. Since they moved into the home, when they were feeling well enough, they enjoyed watching cricket on the television in their room.

Where people had specific clinical needs, such as catheters or percutaneous endoscopic gastrostomy (PEG) feeding tubes, specific plans were in place to meet each person's specific need. For example for the person with a PEG tube, the records showed the person had their weight checked regularly to make sure the feed regime was sufficient and their optimum weight was being maintained.

We checked the records for people who had pressure damage to their skin. Wound care plans were in place and these provided records of when care and treatment, such as dressing changes, was undertaken. The registered nurses we spoke with were aware of the condition and progress of each person's wound. However, this detail was not always recorded. We spoke with the deputy manager who told us they planned to strengthen the records. They told us they would provide a description of the wound at the time of the dressing change so that improvements or deterioration could be easily identified.

Where others had legal authority to act on people's behalf, such as being granted powers of attorney, the details were recorded to confirm the level of authorised authority, for example, power of attorney for financial matters.

The care plans we read confirmed that people using the service and their relatives had the opportunity to be involved in reviews of their care. Some people told us they were not sure if they had a care review of not. Records of contacts made with, and updates given to relatives were recorded. People also told us they were

happy with the care provided and felt it was the care they needed. A relative commented, "Yes, we're involved when there's a care plan review." Another relative said, "They always let me know of any changes in medicines or health changes plus any progress made."

We talked with staff about how they had supported a person to become independent and exercise choice and control. The person made good progress while they received care at The Westbury, although they remained frail and had frequent falls. The person clearly wanted to return to their own home. The staff worked closely with the physiotherapist to help the person build up their physical strength. Staff also supported the person to practice ordering food 'on line.' The person recently returned to their own home with the support of visiting homecare staff. They have kept in contact with staff at the care home who were delighted they had successfully supported the person to achieve the independence they so wanted.

An activity coordinator and their team organised a wide range of activities and a weekly programme was distributed to people in their rooms. Most people spoke positively about the range of entertainment provided and the activities they participated in. Feedback included, "I like knitting and crochet. Several staff have had babies and I made bootees for them all. There's a good singer comes here and ballroom dancing once a month. I love that. There is a marvellous young pianist comes here as well" and, "I join in with what I want to do. I usually go to the yoga class", People also commented if they preferred to stay in their rooms, and one person said, "I prefer to stay in my room. I listen to music, radio and watch TV." One person told us they spent most of their day in the communal area. They said, "I get quite lonely because I can't see much and there's not many people to talk to in here." On the days of our visit, the activity organisers held group activity sessions after which they visited people in their rooms. The hairdresser visited the home twice each week. There was a purpose built salon/beauty parlour that was separated from the main house. People told us they felt as though they were visiting a 'proper' salon. The activity team
clearly enjoyed their roles and one member of staff told us, "I am blessed to work here."

The Westbury had worked with a local charitable organisation that aims to improve the quality of life for older people in care. They had worked together and formed close links with a local school. People using the service were paired up with children, their 'pals' using i-pads to chat and get to know one another. The children then visited the home to meet their pal. The Westbury also hosted playgroup sessions, where parents bought their pre-school children into the home to play and sing nursery rhymes with the people using the service. The people we spoke with told us how much they enjoyed the involvement of children in the home, and looked forward to their visits.

We saw that activity staff, with the support of other staff, organised special and meaningful experiences for people. For example, one person was unable to attend a family wedding. On the day of the wedding, the registered manager's office was decorated. The hairdresser made a special visit to style the person's hair and they wore their best outfit. The wedding ceremony was 'screened' live on the computer and the person was provided with champagne to toast the newlywed couple. The activity coordinator told us, "All staff made a special effort and the resident and their family were delighted."

In one area of the home a 'wish tree' was in place for people to hang ideas, suggestions and wishes. The activity team told us how they tried to 'make things happen' for people. They told us about a married couple who had enjoyed a special occasion in a nationally renowned restaurant where they had eaten langoustines and drank champagne. They had placed a wish on the tree that they would love to do this again. Staff arranged for them to have a special 'meal for two' together and the chef cooked langoustines for them.

Once a month each person, with their agreement, had a 'sunshine day' where a notice was placed outside their room. All heads of department including representatives from the care, housekeeping, laundry,

activities and maintenance teams visited the person for a chat. They also
checked the person had everything they needed and if there were any extra jobs that needed doing. They were also invited to have a meal of their choice and the offer was made for them to be supported to go outside.

People and their relatives told us they would not hesitate to complain or raise concerns if they needed to although most people told us they had not needed to make a formal complaint. They told us they were confident any issues would be taken seriously and actions would be taken if needed. People had access to a complaints procedure and a copy was kept in each person's room. One relative commented they had not been updated about a person's deteriorating condition. They told us they had not been contacted by the staff in the home. Before we were able to bring this concern to the attention of the registered manager, they had already spoken with the relative and provided an update and confirmation of a planned meeting with the person's social worker. We looked at the complaints file and saw that there have been five complaints recorded to date in 2017, and all had been resolved to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

People received a service that was well-led and managed. We received positive feedback about the area manager and the registered manager and how the home was managed. People and relatives made the following comments, "[name of registered manager] and [name of area manager] are so helpful. They are very busy but I would be able to talk to them if I was not happy about something", "This home is excellent, it has good leadership. Both managers are very approachable. They know us by name, and we would feel comfortable discussing anything with them. They are open and transparent", "This place is well run [name of area manager and registered manager] are strict but good" and, "It is very professionally run by the manager and the nurses in charge. They are very interested in getting her [person who used the service] back on her feet. We are sure she's in the right place."

We spoke with one person who told us, "I think everything about this place is satisfactory and well organised. Some of the rooms are a bit small, but the managers cannot do much about that." We spoke with the provider who told us they were considering how they could make improvements and enhance the quality of the environment in the future. They told us they may consider reducing the overall number of rooms to enable them to provide larger rooms.

Peoples views were sought at meetings held with them and their relatives and surveys were distributed on a regular basis. There was a high level of satisfaction expressed in the most recent survey with comments such as, 'I can't think of any (improvements)', 'spotlessly clean throughout' and, 'Management are supportive, caring and always willing to listen. Their door is always open to help and sort problems out. And excellent reception.' The registered manager also walked around the home on a daily basis and told us they obtained and acted on any feedback received at the time.

The health professionals we met or contacted were all positive about how the service was managed and their views included, 'She [the registered manager] is very knowledgeable,' 'As soon as I have said something, they have organised it' and, 'This is a really good home. I would place my mum here.'

The staff we talked with all spoke very highly about the support they received and how the home was managed. Staff told us, "It's so good here. I never offered to pick up extra shifts where I worked before, but here you feel pleased to be able to do extra when it's needed and it's appreciated", "We have good management. Any problem you can go to them" and, "I work night shifts as well as days and if residents have any concerns [name of registered manager] is right on it"

A range of care and quality monitoring audits were completed on a regular basis. However, we spoke with the management team about the lack of detail provided in some of the audits. For example, the care plan audits did not specify the number or actual care plans that had been checked. The manager who completed the audits was aware, however this was not recorded. We were told of the changes made in response to issues or shortfalls identified but again, the records did not show when changes had been made. We discussed our findings with the area manager. They told us they would review the audit programme to provide more detail about the checks completed and the actions taken.

Care plan audits were also completed twice each year by an external independent health professional. Their audits provided comments and detail of improvement actions needed which were followed up at their next visit to the home.

Staff told us they had the opportunity to attend meetings on a regular basis. Due to the size of the care home, separate care staff meetings were held on each of the three floors of the main house and in the garden suite. Staff also told us they felt able to openly discuss any issues or concerns they had. One member of staff commented, "We are able to bring up anything. "Weekly heads of department meetings ensured information was shared and updates or changes were cascaded to each team.

The registered manager was fully aware of their responsibilities with regard to the notifications they were required to send to the Commission.