D Clough

Deerplay Care Home

Inspection report

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Date of inspection visit:
03 January 2018
04 January 2018

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

We carried out an unannounced inspection of Deerplay Care Home on 3 and 4 January 2018.

Deerplay Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to a maximum of 15 people. At the time of the inspection there were 14 people accommodated in the home, with an additional person in hospital.

The provider was also the manager of the service. There was no regulatory requirement to have a separate registered manager. 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.

At our last inspection on 1 and 2 March 2017, we asked the provider to take action to ensure the principles of the Mental Capacity Act 2005 were embedded in the care planning systems and ensure people were involved in the development and review of their care plan. During this inspection, we found actions had been completed and the overall rating of Deerplay Care Home was changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

People living in the home said they felt safe and staff treated them well. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were appropriate arrangements in place to support people to have a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process.

We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly.

The service was responsive to people's individual needs and preferences. People were given the opportunity to participate in social activities. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

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. Appropriate recruitment practices were followed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people living in the home.

People were cared for by staff who were well trained and supported.

People were provided with a balanced and healthy diet. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service is caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care. People's care plans were reviewed regularly and included information about people's personal preferences and wishes.

People were satisfied with the provision of activities.

Peoples' end of life care was discussed and planned and their wishes were respected.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The provider had developed positive working relationships with the staff, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff.

Deerplay Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We visited Deerplay Care Home on 3 and 4 January 2018. The inspection was carried out by one adult social care inspector and the first day was unannounced.

In preparation for our visit, we 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, including the local authority's contract monitoring unit.

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 within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home, one relative, three members of staff, the cook and the provider.

We had a tour of the premises and looked at a range of documents and written records including three people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. For example, one person said, "I feel very safe. They are spot on with health and safety" and another person commented, "The staff are kind. I have no concerns or complaints." A relative spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate safeguarding policy and procedure in place, which included the relevant contact number for the local authority. Posters were also displayed around the home. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the provider would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also completed additional training courses to help ensure people's safety, which included fire safety, moving and handling and infection control. The provider was aware of his responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Staff had access to equality and diversity policies and procedures and people's individual needs were recorded as part of the care planning process.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing were considered and assessed. We found individual risk assessments had been recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

General risk assessments had been undertaken to assess the risks associated with the environment such as the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate, the electrical certificate and other safety certificates were all within date.

The provider carried out routine maintenance and repairs. There was a system in place to alert the provider to any new tasks. Since the last inspection, the provider had purchased a new cooker and laundry equipment and had decorated one bedroom and the lounge. These improvements demonstrated there was

ongoing refurbishment of the building.

Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had access to guidance on how to support people to evacuate the premises in the event of a fire. We also saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The provider had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the provider. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. The provider had taken appropriate action where necessary for example, the installation of two sensor mats. An analysis of accidents was carried out on a monthly basis in order to identify any patterns or trends. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw there were cleaning schedules and records in place and the provider had completed an infection control audit.

We looked at how the provider managed staffing levels and recruitment. People told us there were usually sufficient staff on duty. For instance, one person told us, "The staff are always there if I need anything." We saw there was a rota in place, which was updated and changed in response to staff absence. The staffing rota confirmed the staffing level was consistent across the week. We observed there were enough staff available during our inspection to meet people's needs. The provider told us the staffing levels were flexible and were planned in line with people's changing needs and circumstances.

In addition to the care staff, the provider employed cooking and cleaning staff. The provider also worked alongside the staff as necessary.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a face to face interview, a record of staff members' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the provider only employed staff after all the required and essential recruitment checks had been completed.

We reviewed the arrangements for the storage, administration and disposal of people's medicines. A monitored dosage system of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. People's medicine records were clearly presented and included a photograph and details of any allergies. All records seen were complete and up to date. Medicines were stored in locked cupboards and cabinets in line with guidelines.

Staff with designated responsibility for the administration of medicines had completed appropriate training

and had access to a set of policies and procedures. We noted protocols had been devised to guide staff in the administration of variable dose medicines or medicines prescribed "as necessary." However, at the time of the inspection, the protocols were generic rather than person centred. We discussed this issue with the provider and the senior staff responsible for medicines who assured us individual protocols would be drawn up and implemented.

We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls. We carried out a stock check of controlled drugs and found this corresponded accurately with the register.

Good

Is the service effective?

Our findings

At our last inspection, we found the provider had failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff had received appropriate training and had an awareness of the principles of the Act. Since the last inspection, we noted people's mental capacity to make decisions had been considered as part of the preadmission assessment and the care planning process. We also saw each person had a mental capacity assessment recorded on their file and had signed a consent form to indicate their agreement to their care and treatment.

The provider was aware of when to make an application for a DoLS and informed us one application had been submitted to the local authority for consideration. We noted there was supporting information in the person's care plan setting out the least restrictive options of care.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance.

Before a person moved into the home, the provider undertook a pre-admission assessment to ensure their needs could be met by the service. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. The provider explained people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

At our last inspection, we recommended the provider offered people a more varied menu and a choice each mealtime. During this visit, we noted some improvements had been made. People were satisfied with the food provided and had discussed their views during residents' meetings. One person told us, "The food is

usually very good" and another person commented, "I like the meals. They know exactly what I like." We spoke with the cook who explained there was a two weekly menu in operation and people were offered an alternative from the main menu. We saw the menu detailing two choices was displayed on a white board in the dining area.

We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was pleasant and calm. The meal looked well-presented and appetising. All food was made daily on the premises from fresh produce.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified.

We looked at how people were supported to maintain good health. Where there were concerns people were referred to appropriate health professionals. Records looked at showed us people were registered with a GP and received care and support from other professionals, such as chiropodists, speech and language therapists, physiotherapists, occupational therapists, advanced nurse practitioners and the district nursing team as necessary.

People's healthcare needs were considered within the care planning process. We spoke with three healthcare professionals during the inspection, who confirmed the staff made timely and appropriate referrals. From our discussions and review of records we found the provider and staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We saw a hospital transfer sheet had been prepared in the event a person was admitted to hospital.

Since the last inspection, the provider had implemented a communication book for staff and healthcare professionals. This meant information was exchanged in a timely manner and all staff and professionals were well informed about any health issues.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We noted the environment was well maintained and people's names were displayed on bedroom doors. We saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with the provider and annual appraisals. Individual staff training records and an overview of staff training was maintained to ensure staff received regular training updates.

There was a programme of training available for all staff, which included safeguarding vulnerable adults,

moving and handling, health and safety, fire safety, nutrition, food hygiene and safe handling of medication. We were given a copy of the staff training matrix and noted staff had completed their training in a timely manner. Since the last inspection, the provider had employed an in-house trainer and training was carried out face to face. Training courses were refreshed every three years and arrangements were in place to ensure new staff received the training in a timely manner. Staff spoken with told us their training was beneficial to support their role.

We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the provider. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend bi-annual meetings. Staff told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. We saw minutes of the meetings during the inspection and noted a range of topics had been discussed.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are absolutely excellent. I can ask them to do anything and they will always do their best" and another person commented, "The staff are very good. I really admire the work that they do in looking after us." A relative also gave us positive feedback about the service, for example they told us, "The staff are fine and very friendly."

People were supported to maintain contact with relatives and friends. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. A relative spoken with told us they were made welcome in the home.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited the person. Where staff provided one to one support, they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm and peaceful.

Staff spoken with understood their role in providing people with compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day-to-day decisions, for instance, how they wished to spend their time and what they wanted to eat.

We saw people were involved in developing and reviewing their care plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, residents' meetings and satisfaction surveys.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. For instance, one person told us, "The staff completely respect my privacy. They always knock on my door and respect my wish that I don't want to be checked at night." There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide. People were provided with a personal copy of the guide on admission to the home. The guide provided an overview of the services and facilities available in the home. We noted there was information on local advocacy services in the entrance hall and a contact number was included in the service user guide.

People were supported to be comfortable in their surroundings. People told us they were happy with their

bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For example, people were supported to maintain their mobility skills. One person told us, "I can come and go as I want. They respect I want to do things myself." Daily care records showed staff promoted people's dignity and independence by providing support in line with each person's individual preferences and wishes.

People were encouraged to express their views as part of daily conversations, residents' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Compliments received by the home highlighted the caring approach taken by staff. We saw several messages of thanks from people or their families. For instance, one relative had written, "Our thanks and appreciation for caring for our [family member]" and another relative had written, "Thanks you have all been brilliant."

Good

Is the service responsive?

Our findings

At our last inspection, we found the provider had failed to ensure people were involved in the planning of their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

People were complimentary about the care provided and felt the staff were responsive to their needs and preferences. One person told us, "The staff are very good. I would give them top marks as I think they go above and beyond" and another person said, "The staff responded immediately when I was ill. I couldn't have asked for better."

We reviewed three people's care records and noted all people had an individual care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs. We noted people's care files also included a one page profile, which set out how people wished to be supported as well as details about their past life experiences and information about their preferred routines. This meant staff were provided with appropriate information to enable them to respond effectively to each person's individual needs and preferences. People spoken with were familiar with their care plans and we noted they had signed their care plans to indicate their participation and agreement. One person told us, "I read my plan every month and I'm able to write in it if I want to make any alterations." There were arrangements in place to review people's care plans and risk assessment documentation on a monthly basis or more frequently if people's needs or circumstances changed.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief. There were also detailed recording charts to monitor the administration of a specific medicine. Records were maintained of the contact people had with other services and any guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff told us they discussed people's well-being and any concerns during their handover meetings. This meant there were systems in place to ensure the staff were responsive to people's changing needs.

People were satisfied with the activities provided in the home. The provider explained activities were usually arranged in an informal manner in line with people's choices and preferences. There were some structured planned activities, which included bingo and armchair exercises. In addition, two people were supported to attend local day centres.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The provider confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. People also told us that staff read out sections of their care plan if they found it difficult to read.

Technology was used to support people to receive timely care and support. The service used a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the provider if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the provider would deal with any given situation in an appropriate manner.

The complaints procedure was included in the service user guide and displayed on the back of all bedroom doors. This informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process. There was a complaints policy in place to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction. One person made a complaint during the inspection, which was investigated by the provider.

People's end of life wishes and preferences were recorded and reviewed as part of the care planning process. The provider and staff worked closely with the GP and nursing teams to ensure people had rapid access to support, equipment and medicines as necessary.

Good

Is the service well-led?

Our findings

People, a relative and staff spoken with during the inspection made positive comments about the leadership and management of the home. For instance, one person told us, "[The provider] makes sure everything is organised. He does a good job and makes sure proper systems are in place" and another person commented, "[The provider] is very approachable and does his best."

The provider acted as the manager and was responsible for the day to day operation of the home. There was no regulatory requirement for the service to have a registered manager. People were relaxed in the company of the provider and it was clear he had built a good rapport with them. During the inspection, we spoke with the provider about the daily operation of the home. He was able to answer all our questions about the care provided to people showing that he had a good overview of people's needs and preferences.

The provider told us he was committed to the on-going improvement of the home. At the time of the inspection, he described his achievements over the last 12 months as embedding the principles of the Mental Capacity Act in the care planning process, ensuring people were involved in the development and review of their care plan and improving the garden. The provider also described his improvement plans over the next 12 months, which included the development of oral health plans, ensuring staff complete Equality and Diversity training and personalising the protocols for the administration of medicines prescribed 'as necessary'. This demonstrated the provider had a good understanding of the service and how it could be improved.

Staff spoken with were aware of the lines of responsibility and told us communication with the provider was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the provider was not present, there was always a member of staff on duty with designated responsibilities.

The provider used various ways to monitor the quality of the service. This included a schedule of audits of the medicines systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, environment and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed.

People were asked for their views on the service. This was achieved by means of daily conversations, meetings and an annual satisfaction survey. The last satisfaction questionnaire had been distributed in July 2017. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. For instance one person had written, "A place where I feel safe and at home. I enjoy it here and I am well looked after." Residents' meetings were held once a month. This meant people had the opportunity to have input into the development of the home.

Staff were also asked for their views and were given the opportunity to complete an annual satisfaction questionnaire. The last survey was carried out in July 2017. We looked at the collated results and noted staff were satisfied with their employment in the service. Further to this, we saw all staff indicated they were provided with appropriate training and they felt involved in the development in the home.

We saw there were organisational policies and procedures, which set out the expectations of staff when supporting people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the provider would take appropriate action.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and the Police. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services. We noted the provider was meeting the requirement to display their latest CQC rating.