Beechrise Limited

Clifton Lodge - Southbourne

Inspection report

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Date of inspection visit:
25 October 2017
26 October 2017

Date of publication:
27 November 2017

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

This unannounced comprehensive inspection took place on 25 and 26 October 2017.

Clifton Lodge is registered to provide accommodation, care and support for up to 14 older people. At the time of the inspection there were 13 people living at the home. There was a registered manager employed at the service. 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.'

Our previous inspection of the home, completed in August 2016 identified some areas where improvements were required. These included the providers recruitment processes, staff knowledge of safeguarding processes, correct application of The Mental Capacity Act 2005, staff training and quality assurance systems. At this inspection we found the provider had implemented a range of systems to ensure the shortfalls previously identified were addressed.

People told us they were well cared for and said they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. Staff had completed or were in the process of completing The Care Certificate, which is a nationally recognised set of standards for health and social care workers.

People told us they felt there were enough staff available on each shift to care for them well. Staff felt well supported by the management team and received regular supervision sessions.

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified to enable action to be taken to safeguard people.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

People were referred to health care professionals as required. If people needed additional equipment to help them mobilise and keep them safe and comfortable this was readily available.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately

deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed, friendly atmosphere which resulted in a calm and cheerful culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. Relatives told us they were always made to feel welcome at any time and felt fully involved and consulted in the care of their relative.

There were systems in place to drive the improvement of the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. People received their medicines as prescribed.

Staff demonstrated an understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Clifton Lodge - Southbourne

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.

This comprehensive inspection took place on 25 and 26 October 2017 and was unannounced. One CQC inspector conducted the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home. We requested and received written feedback from a selection of health professionals and GPs who visited the home on a regular basis.

During the inspection we met and spoke with all of the people living at Clifton Lodge. We spoke with the owner, the registered manager, four members of care staff, the cook, a visiting GP and four relatives.

We observed how people were supported and looked at three people's care, treatment and support records in depth. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, accident and incident information, policies and audits and staff and resident meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Clifton Lodge. One person told us, "I'm very happy here, just like a home from home". When we asked another person if they felt safe living at Clifton Lodge they replied, "Oh yes of course, very safe, I'm well looked after."

At the last inspection completed in August 2016 we found some shortfalls in the way staff had been recruited. One member of staff had not had sufficient pre-employment checks completed to ensure they were safe to work with vulnerable adults. At this inspection we reviewed staff records for the previous three members of staff that had been recruited. The recruitment records showed the provider had recruited the staff in accordance with the regulations and that staff were recruited safely and effectively. The provider had obtained the relevant employment checks before staff had worked unsupervised at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable.

At the last inspection we found some shortfalls in the way risks to people were managed. Care plans and risk assessments had not always been updated to reflect changes to people's care needs. At this inspection we found that there was a system in place to ensure people's risks were continually assessed and plans were in place to reduce these risks. Care plans and risk assessments had been updated to reflect people's changing health needs. We reviewed, in depth, the care records of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered. People had their needs assessed for areas of risk such as mobility, malnutrition, moving and handling and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

Staff spoke knowledgably about the procedure for reporting allegations of potential abuse. They were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Training records confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for electric portable appliance testing, gas safety, emergency lighting, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. Records confirmed a full water system check including legionella testing had been completed and the premises were free from legionella. An up to date legionella certificate showed this to be the case. Legionella is a water borne bacteria that can be harmful to people's health.

The provider had made arrangements to deal with emergencies. People had a personal emergency evacuation plan completed for them which gave staff guidance on how they would need supporting in the event of an emergency. The registered manager told us they had a reciprocal arrangement with a nursing home in the same road to provide emergency evacuation support and a place for people to stay in the warm if required.

Accidents and incidents were documented and reviewed each month by the registered manager. Summaries of analysis, outcome and risks identified were completed so that any trends would be highlighted and preventative action could be taken.

The manager told us they had a stable staff team and being a small home they knew on a day to day basis how many staff they would need on each shift to maintain people's safety. Staff worked an early and late shift, with two care staff and the registered manager on each shift. Staff rotas confirmed the required number of staff were present on the day of our visit. There were two members of staff employed for night shifts. One of these stayed awake all night to support people and the other member of staff slept on the premises but was available if needed. People and staff told us there were sufficient numbers of staff to support people safely. The registered manager told us they were in the process of recruiting a further member of staff to replace a member of staff who had recently left. During our visit staff did not appear rushed and people told us they received help and support when they needed it. Staff spent time chatting to people who lived in the home, ensuring they were comfortable and had a hot or cold drink of their choice.

An independent pharmacy had recently completed an audit of the medicine management systems in the home. The report had not yet been received but the registered manager told us it had been a positive report with two minor recommendations. Effective medicine management systems were in place and people received their medicines as prescribed. The stock of medicines had been correctly recorded in the medicine book and temperatures of the medicine room were checked and recorded each day.

On the day of our inspection the temperature of the medicine room was at the highest temperature where it would be deemed safe. We discussed this with the manager who confirmed they would arrange for vents to be installed in the door immediately to improve the flow of air in the room to cool it down. We reviewed the temperature records and saw although generally a warm room, the temperature had not previously gone as high as it was during our visit. The staff spoke knowledgably about how too high temperatures could detrimentally affect some medicines. The registered manager said they would closely review the temperature and install mobile air conditioning units if the vents did not adequately cool the room down.

We recommend the safe range of minimum and maximum temperatures are displayed in the medicine room for staff's guidance, and the temperatures closely reviewed to ensure the room is kept within the safe range as per current regulations.

There was a clear medicine summary for staff explaining what each medicine was for and its effects. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. The majority of people were able to tell staff if they needed pain relief. If people were unable to verbalise their pain levels, staff used an independent pain management tool to advise them if people needed additional pain relief. If people were prescribed transdermal pain patches, staff ensured each patch was placed on an alternate position on the body to avoid the risk of the patch irritating the skin. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. Staff showed us they were implementing a system of body maps to record the location of where each transdermal patch was placed. This would ensure alternate sites on the body were used for each patch.

Staff who administered medicines to people had received training in medication administration and received regular medicine competency checks. We checked the Medication Administration Records (MAR) which showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps and staff had initialled each dose of medicine that was due, regular medicine audits had been completed.

There was a system of colour coded body maps in use to ensure people's prescribed creams would be applied correctly. The body map clearly guided staff on where to apply the prescribed creams. Creams were signed and dated by staff when they were opened.

Staff had access to personal protective equipment such as gloves and aprons. We saw anti bacterial hand gels were readily available for all people to use throughout the premises. One bedroom carpet had become heavily stained and despite daily cleaning emitted an unpleasant odour. This odour at times permeated through to the communal area outside the bedroom. We discussed this with the manager who told us they had already identified this as an on-going concern and were in the process of sourcing alternative floor coverings that would prevent the re-occurrence of the problem. Following the inspection the owner confirmed in writing they would be replacing the flooring of that particular bedroom as soon as possible.

We checked all of the services commodes. The commodes were clean and the seats well maintained but a number of the frames had become rusty which could pose an infection control risk. We discussed this with the manager who confirmed they would replace the rusty commodes the following week and ensure all commodes were in a good state of repair.

The registered manager told us they would shortly be implementing a new infection control audit system which would ensure all areas of infection control would be checked and reviewed on a regular basis.

We visited the laundry and saw all laundry was placed on a hot/boil wash to ensure bacteria would be killed and the risk of cross contamination reduced. When the weather allowed the wet laundry was air dried outside to allow a natural method of drying.

Good

Is the service effective?

Our findings

People told us they received good care at Clifton Lodge. One relative told us, "They are all very good, they get them anything they need. I feel ok if I can't get down to visit. I know that she will be very well looked after."

At the last inspection we found some shortfalls in the way staff training records were compiled. At this inspection we were shown the clear training spread sheet that the registered manager compiled. This highlighted all members of staff and showed when and what training they had received, completed and their future training requirements. We reviewed three staff files and saw training certificates that reflected the training the staff had received and completed.

People received care and support from staff who had the appropriate training and skills to complete their job effectively. We reviewed the training schedule which showed staff received regular training in all the core subjects such as, medication, infection control, mental capacity and moving and handling. Additional training such as dysphagia (difficulty or discomfort in swallowing), care of the dying and meaningful activities was also offered. Staff told us they received appropriate training which they found useful and helped them to carry out their role effectively. Training was completed either through an electronic on line system or using an independent training provider to deliver the more practical subjects such as moving and handling.

Recently recruited staff were in the process of completing the Care Certificate which is a nationally recognised induction training programme. There was a system of regular supervision and review in place for staff. Staff were encouraged to develop within their role. A member of staff said, "We are all really well supported here, I can discuss anything at any time and know I will be listened to." The manager spent time observing staff carrying out their role and provided constructive feedback at the end of the observations.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. Two people who were living at Clifton Lodge had a DoLS in place. These were standard DoLS authorisations and neither person had any specific conditions placed on their DoLS. The manager was in the process of amending their DoLS system to ensure all DoLS continued to be managed correctly.

At the last inspection we found the provider had not always followed the correct processes when making a decision in a person's best interest. At this inspection we found the service followed the principles of The Mental Capacity Act 2005. The service made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. People had completed Power of Attorney and consent forms in place to record their wishes and ensure their care and support was given in their best interest. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic

understanding of the Mental Capacity Act 2005 and issues concerning consent. We saw further Mental Capacity Act training had been scheduled for all staff in the immediate weeks following our inspection.

We spent time talking with the cook. They knew the people who lived at Clifton Lodge well and could tell us what people particularly liked and disliked. If people needed their food fortifying they told us this was done with the addition of cream, butter and cheese. The cook spoke with passion about ensuring the people received good quality home cooked food that they enjoyed. We spent time observing a lunchtime during the inspection.

The dining room was laid out in a cheerful and attractive way with bright matching curtains and tablecloths. Tables had small vases of flowers placed on them and soft music was playing in the background. People could sit where they wished and many spent time chatting to their friends. There were staff available if people needed assistance with eating their meal. People were able to eat their meals independently but sometimes just needed a little assistance. This was given by staff in a caring way and people were not rushed to finish their meal. Staff checked they had eaten all they wanted before asking them if they wanted any more or a pudding.

Staff were aware of people's dietary needs and preferences and their food was prepared for them in a manner which was safe for them to eat. For example, if people needed their food to be cut into smaller pieces staff supported them with this or if they needed a 'soft' diet their food was mashed to ensure it was soft and safe for them to swallow. Plate guards were in use to help some people continue to eat independently. Cakes, biscuits and fruit were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices. People spoke appreciatively about the food, they told us, "It's all very nice" another person told us "I get what I like, if I don't want something they get me something else, I've no complaints."

Some people required their food and fluid to be monitored to ensure they were eating and drinking enough to prevent the risk of malnutrition or dehydration. There was a system in place for staff to record the amount of food and fluid people ate during the day. The system included target fluid amounts for people, which meant staff could see how much people needed to eat and drink to remain healthy.

The majority of the people living at Clifton Lodge were able to move independently around the home. Those that need support and assistance told us they were always supported whenever they needed support by staff who were kind and patient. For people with restricted mobility there was a lift that took them to each floor. Bathrooms and toilets had grab rails in place to assist people in maintaining their independence. People told us they could choose where they liked to spend their time and had the choice of sitting in the main lounge, the dining room, the quiet room, their bedroom or in nice weather, outside in the garden. One person said, "I often sit in this room, I like to be able to see what's going on and people can always stop for a chat." Bedrooms were personalised with their own furniture and bed linen and pictures and photographs. One person told us, "I have a wonderful room, I really do, I'm very happy here."

There were systems in place to monitor people's on-going health needs. We spoke to a visiting GP during our inspection who commented positively on the care provided by staff at Clifton Lodge. One person showed us how they did their daily exercises. They said, "I couldn't even move when I first arrived here, now look at me, I do these every day, I feel so much better."

People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, occupational therapists, opticians, GP's and chiropodists.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy living in the home. One person told us, "I get on ever so well with the carers, I've got a lovely room and they all really look after me well here. "Another person said, "I like everyone here, I know them all so well now and they are all lovely." One visiting relative told us, "The staff are great, they care for people really well and it's always cheerful here, I've no complaints at all." Relatives told us they were made to feel very welcome any time they visited and were always kept informed regarding any changes to the care of their relative. One relative told us, "I'm always kept informed, they are all brilliant it couldn't be better. The food is brilliant and they are all so kind, I can't fault it."

Staff were cheerful, kind and treated people with patience and understanding. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. Staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example asking them where they would prefer to sit and whether they needed a magazine or newspaper.

People or their relatives were involved in planning their care and lifestyle in the home. Records showed people's views and preferences for care had been sought and were respected. People's life histories, their important relationships, hobbies and previous life experiences were documented in their care plans. The records included detail about how people preferred to spend their day, their night time needs and what social activities and hobbies they enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.

People were given enough time so that they could continue to do things for themselves with staff available if they needed it. Staff encouraged people in a friendly and supportive way. We asked people if staff respected their privacy and dignity, they all said they did, for example, people's bedroom doors were closed when they were being supported with their personal care needs. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them. People's care records were kept securely in a lockable cabinet and no personal information was on display.

The registered manager told us they arranged for The Salvation Army to visit the home once a month. They said they gave a short service, and sang hymns which had proved very popular with people who particularly enjoyed the after service chats.

The registered manager told us when people returned home after spending time at Clifton Lodge for respite care. They were given a packed lunch with a variety of food and snacks to take home with them. They said, "It means we can be sure they have a little supply of something nice to take home with them."

Good

Is the service responsive?

Our findings

We requested the views of visiting GP's and Healthcare Professionals and received mainly positive written feedback from them, comments included, "The patients appear to be happy and well cared for. Medical attention is sought in an appropriate and timely way, and medical instructions are followed as directed." And, "When a home visit is requested, the door bell is answered expediently and there is always a member of staff who has been involved with the care of the relevant patient, who accompanies the doctor to help answer any queries." However, we also received some negative views from some visiting health care professionals. These related to cleanliness, infection control procedures and the perceived levels of staffing in the home. We raised the negative feedback with the registered manager who confirmed the areas raised had already been actioned and improvement actions put in place.

At the last inspection we found that people had limited opportunity to engage in activities in the home or have accompanied visits out in the community. At this inspection we spoke to people about the activities on offer and what they would like to do with their time. One person told us, "Everything here is really good, I must say all the entertainment has been very good indeed, I didn't expect that at all, I've really enjoyed it. The singer this morning was great, I thoroughly enjoyed it." Another person said, "I really enjoy having a go with everything, I have a go at the exercises, It's up to me if I don't want to I don't." We spoke with four relatives who all said they were happy with the level of activities the service offered. One relative told us, "I have to say I'm deeply grateful for everything they do here, the staff are caring and genuine and can have a bit of a laugh with people. The quiet room is nice and the garden is lovely. I don't have to worry at all, I'm comforted that they look after mum so well, I take her out whenever she wants I've no complaints or problems at all."

Each morning there were chair exercises that people could join in with if they wished. The majority of people chose to join in but those that didn't were happy to watch the others. Activities in the afternoon included, skittles, soft ball, darts, bingo, quizzes, question time, arts and crafts, flower arranging, knitting and jigsaw puzzles. One person showed us the jigsaws they had completed and the ones they were looking forward to tackling next.

Resident and relatives meetings were held regularly. We saw minutes from a resident meeting that had been held in August. These showed everyone had been asked what activities they would like and whether they would like to be taken out for trips or whether they would prefer to remain in the home. This showed people were actively involved in arranging a schedule of activities.

People were encouraged to spend time with others to prevent the risk of social isolation. One person's care plans stated, "Encourage [person] to spend time in the lounge with others and take part in the daily activities."

People received personalised care and support based on their individual preferences, likes and dislikes. Assessment and care records covered a range of areas including; medicines, mobility, nutrition and mental capacity. The assessments showed people and their relatives had been included and involved in the process

wherever possible.

The provider used recognised risk assessments tools to assess the risk of malnutrition, mobility and skin breakdown. People's assessed needs were then recorded in their care plans that provided staff with guidance on how the person liked to receive their care and support. Examples included, 'Staff to monitor [person] for any possible changes using the F.A.S.T method of assessment for stroke and call 999 immediately' and '[person] does not like too much potato or custard. Ensure choices are given at meal times.'

Care plans were reviewed each month or more frequently if people's care needs changed. Where care plans stated people needed specialist equipment such as pressure relieving cushions and mattresses, we saw these were in place. One person's mattress had been set at an incorrect position. This meant their skin integrity could be at risk. We brought this to the attention of a member of staff who ensured it was corrected immediately and said it would be raised and discussed at their next staff handover meeting. We then checked the mattress settings for all of the people and saw the remaining mattresses were all set at the correct setting for the person's weight.

People were weighed regularly depending on their health needs and records showed they were referred to their GP when required. Body maps were in place to record any bruising or injuries sustained by a person.

Staff were knowledgeable about people's needs and provided the support they required. Call bells were available in all rooms and were in easy reach of the beds, people told us they knew how to use the call bell. Staff responded quickly to call bells and people were not left waiting for assistance for lengthy periods.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw guidance on display in the home telling people how they could complain if they had any comments or concerns they wanted to raise. The information required updating with the Local Government Ombudsman details and the local authorities. We brought this to the attention of the registered manager who updated the information immediately. The service had not received any complaints since the last inspection. People told us they knew how to complain if they needed to.

The provider had received a number of compliments on their service, comments included, 'A big thank you for all the care and kindness you gave to mum, during our visits she always seemed relaxed and well looked after.' And 'Thank you for excellent care received during her stay at Clifton Lodge. I was impressed how well the staff got to know [person] using their skills to communicate in different ways.' A further comment stated, 'Thank you for a lovely stay, I did enjoy it, the pleasant people who work for you were so kind. I will thoroughly recommend you.'

Good

Is the service well-led?

Our findings

At the last inspection we found shortfalls in the quality monitoring systems that were in place. At this inspection we saw audits were completed to monitor the quality of service provided to ensure people's care needs were met. These audits included, medication, care plans, accidents and incidents and falls. Where the audit had highlighted shortfalls, for example a person regularly falling, records showed action had been taken to address the concern such as a medicine review or amending the person's moving and handling support. The registered manager told us they would be implementing a new infection control audit following our inspection.

People told us they felt the service was well led with a clear management structure. One relative said, "It's really well run, I go in most days, everyone is very kind, I can't fault it." People and staff described the culture of the home as, "Friendly, supportive, homely and open". Staff told us communication within the home was good and they could approach anyone for help and advice. There was a communication book that all staff read and completed. Handovers were completed at the start and end of each shift and staff were knowledgeable about people's changing health needs. This ensured staff were kept up to date with changes to people's care and support.

There was a system used to obtain the views of people and their relatives. Resident and relative meetings were held and action points and minutes recorded to show what topics had been discussed. Service satisfaction questionnaires were sent out to residents, relatives and visitors who visited the home. The last full set of questionnaires had been sent out during early 2016 with a full analysis being completed on the returned questionnaires. The owner told us they would be sending out a revised questionnaire to all people during November 2017. We saw each person who lived in the home had been approached for their views on the service they received during the summer 2017, these views had been recorded with each person giving positive responses.

The previous CQC report and rating was displayed in the communal area of the home as required by the regulations.

Full staff meetings were held with all minutes recorded for staff to view if they had been unable to attend the meeting. Staff told us they found the meetings useful and felt comfortable to raise any queries or concerns or put forward any suggestions they may have. Staff were aware of the provider's whistleblowing policy, and felt comfortable to use it should they be required to.

The provider had a range of policies covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity. The registered manager told us they were in the process of changing over all of their policies and would also soon be changing to an independent electronic care planning system.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The manager told us they kept

updated about changes in practice via email correspondence sent out by the local authority and the Care Quality Commission.