V & L Corporation Ltd

Scalford Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was an unannounced comprehensive inspection that took place on 28 April 2016.

Scalford Court Care Home is a care home registered to accommodate up to 59 people who are aged over 65 and who are living with dementia or have a physical disability. The home is split into two sides. One side was set over two floors, with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 54 people were using the service.

The service had a 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.'

People told us that they felt safe when staff supported them and that they enjoyed living at Scalford Court Care Home.

Risk assessments were in place which described how to support people in a safe way. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

The provider carried out the necessary pre-employment checks before staff started to work at the service.

Staff were trained and assessed as competent to administer medicines however, staff had not always signed to say that medicine had been given. People received their medicines as they had been prescribed by their doctor. We found that the temperature of the medication fridge had been recorded as being too high and no action had been taken. Where medicine was administered covertly this had been agreed with a doctor, however there was no specific guidance as to how this should be administered.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting. They undertook an induction programme when they started to work at the service and received further relevant training.

Staff sought people's consent before providing personal care. People's capacity to make decisions had been considered in their care plans.

People were supported to maintain a balanced diet. People were supported to access healthcare services.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote people's dignity. Staff understood people's needs and preferences.

People were involved in decisions about their care. They told us that staff treated them with respect.

People contributed to the assessment of their needs. People and their relatives were involved in the review of their needs.

People were supported to take part in activities that they enjoyed.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

People were asked for their feedback on the service that they received. The provider carried out monitoring of the 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?

Requires Improvement

The service was not consistently safe.

People received their medicines as it had been prescribed by the doctor. However staff had not always signed to say that they had administered the medicine. Guidance was not in place for staff around food that medicine could be given with if it was to be given covertly.

People told us that they felt safe. Staff knew how to recognise and respond to abuse correctly. The provider had followed effective recruitment procedures.

Staff managed the risks related to people's care. Individual risks had been assessed and identified as part of the care planning process.

Is the service effective?

Good

The service was effective.

Staff received training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff sought consent before providing personal care.

People were supported to maintain a balanced diet. People had access to the services of healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes and dislikes.

People's privacy was respected and relatives and relatives were encouraged to visit regularly and made to feel welcome.

Is the service responsive?

Good

The service was responsive

People's care plans were developed around their needs, were kept up to date and reflected people's preferences and choices. People or their relatives were involved in reviewing their care plan.

People were able to participate in activities that they enjoyed.

People knew how to complain and felt confident about raising any concerns.

Is the service well-led?

Good

The service was well-led.

People knew who the manager was and felt they were approachable.

There were quality assurance procedures in place to monitor quality.

People had been asked for their opinion on the service that had been provided.

Scalford Court 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 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 inspection took place on 28 April 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We spoke with four people who used the service and ten relatives of people who used the service. We observed staff communicating with people who used the service and supporting them throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, three senior carers, two members of care staff and the cook.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "I feel safe here." All of the relatives who we spoke with told us that they felt that the service was safe. One relative said, "I feel that [person's name] is safe." A member of staff told us, "People are safe and well looked after,"

Staff we spoke with had a good understanding of how to protect people from the different types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member or the registered manager. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff had received appropriate safeguarding training and records confirmed this.

Staff managed the risks related to people's care. Each care plan had information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place as they were at risk of leaving the building through the fire escapes. This had been completed to make sure that control measures were in place so that when the person chose to leave the building staff were aware of this. Risk assessments were reviewed monthly, or when someone's needs changed. This was important to make sure that information was current and was based on people's actual needs. We found that where someone had behaviour that may be classed as challenging this had been identified in their care plan. There was guidance for the staff to follow to try and support the person from presenting the challenge. We saw that there were techniques recorded that told the staff how to support the person effectively if they presented behaviour that challenged. Staff told us how they would respond to the behaviour and this was in line with the guidance in the care plan.

People and their relatives told us that they felt there were enough staff. One relative told us, "Without a question there are enough staff day and night." Another relative said, "There are enough staff present." Staff told us that they felt there were generally enough staff at most times although they felt that more staff were required at night time. One staff member told us, "There are times in the night when both staff in one side are supporting someone. If anyone else needs support then they have to wait." We discussed this with the registered manager who told us that the agreed procedure was that staff from the other side of the home would offer support if two staff were needed to help one person. We saw that the staff appeared to be busy but when people requested help staff would assist them as soon as they could. We found that staff spent time talking to people and had time to sit down and have a conversation and provide support. The registered manager told us that the staffing levels had been agreed based on the needs and dependency levels of the people who lived in the home. The rota showed that the staffing levels that had been assessed as being appropriate were in place. Throughout the day we saw that call bells were answered promptly and that staff were present in the communal areas to offer support if this was needed.

Staff maintained records of all accidents and incidents. The registered manager had monitored these and actions that had been taken were recorded. We saw that accidents were audited each month and that changes were made to people's care to try and reduce the likelihood of reoccurrences. For example one

person had been referred to a health professional for further assessment when they had more than one fall.

Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The registered manager advised, and records confirmed, that where people may need additional support in the event of an evacuation they had a personal emergency evacuation plan in place. Where someone had specialist equipment, for example a hoist, we saw that this had been regularly serviced. We found that other checks in relation to the premises were carried out in line with recommended guidance. We found that radiator covers were not in place for most radiators. We found that most radiators were at a lower temperature however we found three radiators that were very hot to touch. We discussed this with the registered manager and the provider. They told us that they were currently trying a radiator cover to see if it would be suitable. The registered manager arranged for the radiator temperature to be turned down on the day of the inspection and agreed to implement a risk assessment as the temperature presented a risk to people who used the service. There were people who were at risk of falling and people who would have been unable to recognise or respond to the danger if they fell against a hot radiator. The provider confirmed that radiator covers had been ordered the day following our visit and that these would be fitted within the next six weeks.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We saw that files contained a record of a Disclosure and Barring check, and references. These checks help to make sure that staff are suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. We saw that there were policies and procedures in place to support medicine administration. Staff had received training in medicines management and they had been assessed to ensure that they were competent to administer medicines. However when we looked at the records for medicine administration we found that these had not always been completed correctly. We found four times in the last four weeks where staff had not signed to say that they had administered a medicine. We were able to confirm that the medicines had been given. We discussed this with the registered manager who agreed that they would put in place more robust checks around the medicine administration records. We saw that where people were prescribed medicines as PRN (as required), or variable doses, protocols were not always in place to advise staff when and why to administer the medicine. Staff who we spoke with could tell us when PRN medicines should be administered and what dose of medicine should be given. The registered manager told us that the protocols had been agreed with the doctor and were to be implemented at the end of the four weekly cycle of medicines the following Monday.

We found that a person had a patch for pain relief which needed to be placed in a different area each time it was applied. One member of staff who administered medicines was unable to tell us where this had been recorded to ensure that it was placed correctly. We saw that there was a chart in place to record where the patch had been sited. We discussed with the registered manager who agreed that they would discuss this with the individual member of staff. Where medicine was administered covertly this had been agreed by a doctor. Medicine is administered covertly when someone refuses to take it on a regular basis and can only be done when agreed by a medical professional. We found that there was no guidance telling staff how to give this medicine. Staff told us that they gave it with different foods, for example, one staff member said with jam, another said with a drink. This had not been discussed with a pharmacist to ensure that the specific medicines would not be affected by being given with these foods. The registered manager told us that they would discuss this with the GP and pharmacist and record the information in each person's care plan.

We found that the temperature of the medication fridge had been taken daily however it had consistently

been recorded as being higher than the recommended storage temperature. This meant that medicine may have been stored at temperatures that were higher than the recommended levels. The registered manager told us that they would check that the thermometer was working correctly as the temperature of the fridge did not appear to be at the temperature recorded. They agreed that they would make sure that if the temperature was recorded as being above or below recommended temperatures that this would be reported to a manager or the provider.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt that they were cared for by staff who were trained and who knew them well. One person told us, "I am happy with the ability and skills of the staff. They don't know instantly how to provide care but it is a learning process." Another person said, "They are trained in how to support people." A relative said, "Yes the staff have the skills needed. Actually they are wonderful." Another relative told us, "They are well trained and work as a team."

Staff told us that they had completed an induction process that included training and shadowing more experienced staff. Records we saw confirmed that staff had completed an induction process. We spoke with staff who told us that they felt that they had done enough training to do their job well. One staff member told us, "We are always doing training, there is always something. The good thing is we do it in-house." Another staff member said, "We are well trained." We looked at the training records that were used to monitor the training needs of the staff team. These showed that staff had completed training in a range of subjects including training that was specific to meet the needs of the people who lived at the home. For example, we saw that staff had completed training in dementia. This meant that staff had completed training that gave them the skills and knowledge to meet the needs of the people who used the service.

Staff told us that they had supervision meetings with the registered manager. Supervision meetings are an opportunity for staff to meet with a line manager to discuss their practice and any concerns. One staff member told us, "We have supervision quite often." Another staff member said, "We have supervisions whenever something happens. I feel supported." Records we saw confirmed that supervision meetings and appraisals had been planned for the year and all staff had received six supervision meetings within the last 12 months. Staff told us that they had team meetings and we saw minutes from the meetings. The most recent meeting had been held in March 2016. We found that the minutes of the team meetings demonstrated that issues were discussed with the staff. For example, we saw that good practice, dignity and respect and training had all been discussed with staff. This meant that the staff were being supported to meet the needs of the people who used the service.

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 application procedures for this in care homes 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 saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for

authority.

Staff demonstrated an understanding of MCA and DoLS. Most of the staff we spoke with told us that they had received training in this area to help them understand what they needed to do. One staff member said, "I can't make decisions for people." Another staff member said, "[Person's name] had a DoLS applied for. I don't think this has come back yet. Staff told us about their approach to supporting people and asking for consent. One staff member told us, "We offer people choices about what they would like. It is up to them." All of the staff we spoke with understood that people had a right to refuse care. We saw documentation in people's care plans that indicated that staff understood about capacity and the need to assess and record where a person did not have capacity.

We saw that it had been recorded that family members had a Lasting Power of Attorney (LPA). If a person has agreed that they want someone to make decisions on their behalf they can appoint a LPA. This is a legal authority and the chosen person can make decisions on the person's behalf. However, it had not been documented if the family member had a LPA for health and welfare decisions or for financial decisions. These are two separate areas and people may not have appointed a LPA for both. We discussed this with the registered manager who agreed that where family had a LPA that the documentation for this would be requested so that it was clear what decisions it had been agreed that the LPA could make legally on behalf of someone.

People enjoyed the food offered and there were choices at mealtimes. One person told us, "The food is nice." A relative told us, "The food is amazing. I had a meal here. It was lovely." A staff member said, "You can't beat the food. It is amazing here." People were supported by staff at meal times and encouraged to eat their meals. We saw that most people ate in the dining room or the lounges but people had choice over where they ate. We observed lunch and saw that people were offered a choice of drinks when they sat down at the table. We found that when people requested an alternative this was brought for them. There was a menu available and this was written on a blackboard. Staff had asked people what they wanted for lunch before the meal had been served. The cook told us that people were involved with developing the menus and had asked for certain meals to be added to the menu. Throughout the day people were offered drinks and snacks. People had care plans which included information on dietary needs and support that was required. The cook and staff we spoke with were able to tell us about people's dietary needs and were knowledgeable about how to support people who needed additional support.

People's healthcare was monitored and where needed they were referred to the relevant healthcare professional. A relative told us, "Doctors and nurses come out when they are needed. People get all the medical care that is needed." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the opticians and chiropodist. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. We spoke with a community nurse who was visiting the home. They told us, "Staff follow guidelines and ensure people are turned when they need to be. The staff only need to see a little red mark and they ring us straight away."

The environment had been developed to make it as welcoming and interactive as possible. We saw that a bathroom and the activities room had been decorated with a theme. The bathroom had been decorated using a sea side theme which was relaxing for people. The activities room had been decorated in a beach theme. We found that each corridor had a theme and there were items related to the theme, murals and tactile objects on the walls. For example, one corridor had a theme of music. We saw that there were records on the walls as well as a record player so that people could play their records if they chose to. This is identified as good practice where people are living with dementia as people can use these items for

reminiscence and also to help them identify which area of the home they were in.

Good

Is the service caring?

Our findings

People spoke well of the care provided and the staff. One person told us, "The staff treat you beautifully." Another person said, "They are wonderful in terms of patience." Relatives told us that they were happy with the care and the staff. Comments included, "The staff are caring, hard-working and approachable," "They are all friendly," "Nothing is too much trouble," and "The carers are good." A staff member told us, "The care given is good and of a high standard."

Relatives told us that staff knew the people they cared for. One relative told us, "They are very caring. They have got to know [person's name] and they have lightened his moods. They try and find out what he really likes." Another relative said, "The contact and relationship with the residents is fantastic." Another relative commented, "The staff have been here a long time and have built up a good relationship with [person's name]." Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. One staff member told us that they got to know people well through working with them. All staff said that information about people's likes and dislikes was recorded in the care plans. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. This meant that communication was discreet and focused on the person. A relative told us, "The staff are well versed in daily communication." Another relative said, "People can communicate with all sorts of staff. It is a very strong point." We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they could.

People and their relatives told us that they had been involved in planning their own care. One person told us, "The staff talk to me about my care needs." Staff told us that people were involved in making their own decisions. One staff member told us, "There is lots of choice. People choose their clothes and food. They also choose how they want us to care for them." We saw that people were asked information about how their routines and what they liked and disliked. We found that each care plan had a section about their personal preferences. This meant that people were asked about how they wanted the staff to meet their needs and were involved in planning their own care.

People told us that staff were respectful to them. One person said, "I am treated with dignity and respect." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, explaining what was happening, not patronising people, and treating people like adults. One staff member said, "I treat people how I would want to be treated." We saw that staff provided reassurance and explanations to people when they supported them. The service had received the Dignity in Care Award and the Quality Assessment Framework at gold level from Leicestershire County Council in 2015. This meant that they had been assessed as demonstrating an on-going commitment to promoting and delivering dignified care services. The registered manager told us that 15 staff had been trained as dignity champions. This meant that staff were committed to promoting dignity and equality in the home.

People were encouraged to be as independent as possible. One person told us, "I give myself a wash. I'm quite happy to do this so do it all myself." Staff told us that they prompted people to do things for

themselves when they could. One staff member told us, "I promote independence." We saw that people were encouraged to do what they could for themselves. This meant that staff were encouraging people to continue to use the skills they already had and not deskill people by doing things for them.

People told us that their family visited them and they could come when they wanted to. One person told us, "They can come in and visit whenever they want. They can go in and out of the office. It's like being in your own front room when they visit. Friends and relatives can have a meal in the dining room." A relative told us, "We can come whenever we want. We are made to feel very welcome." We saw that there were areas set up around the home where people could get drinks and snacks. The registered manager told us that this was for relatives and visitors as well as people who used the service. We saw that relatives and friends visited throughout the day of our visit.

People could be confident that their personal details were stored securely and protected. We saw that confidential information was kept securely. This ensured that people could only access this when they were authorised to do so.

People were encouraged to personalise their own private space to make them feel at home. One relative told us, "The home scores high on homeliness." We were invited to see three bedrooms and people had brought their own items with them to decorate their rooms. We saw that each bedroom door had a letter box, and a brass number, and some had a picture of the person. This helped people to feel like they had a front door for their own room and is considered to be good practice where people were living with dementia.

The communal areas had been decorated in a homely manner. There were areas where books and a record player were available so that people could use these.

Good

Is the service responsive?

Our findings

People told us that they received care in ways that were important to them. One person said, "I like to know what I am taking my medicines for. If I ask the staff will talk me through this and why I am taking them." Another person told us, "The staff know what I like." A relative commented, "They give good care." Staff confirmed that information about people's routines and preferences had been included in their care plan. We saw that the care plans detailed information about people's preferences. For example, we saw that it was recorded if people preferred a bath or shower and when they preferred this. We also saw that people's preferences around eating and drinking had been recorded. For example, we saw that a person preferred cold drinks instead of hot drinks.

People and their relatives told us that they had contributed to their care plans. One relative told us, "We were consulted. Our comments were taken on board." The registered manager told us that people's needs were assessed before they moved into the home and that this involved the person and their family. We saw that an assessment had been completed that included key information about the person, their needs, what was important to the person and their history. Care plans contained information about what each person liked and things that were important to them. Staff were able to tell us about people's care plans. The care plans had been updated monthly to help ensure the information was accurate. Relatives told us that they had been involved in the reviews. One relative said, "We will always discuss changes and we can comment if we wish." We found that care plans identified people's needs and how to meet these needs and that they included guidance about implications of being diagnosed with a specific condition. For example, we saw in one care plan that the person had been diagnosed with a health condition. We found guidance in place about symptoms and things that the person and staff should not do.

Staff shared information about people effectively. A handover was held between staff and the information was recorded, however we saw that there were gaps in the information that had been recorded. For example, information had not been recorded about each person who used the service. However this could have been because there had been no changes to their needs or their care. We saw that staff shared information about any changes to care needs, or if something had happened. This meant that staff received up to date information before the beginning of their shift about changes to a person's needs when they had changed. We discussed this this with registered manager who told us that they would make sure that staff recorded all information about each person.

People were supported to maintain relationships that were important to them. A relative told us that the service had arranged a birthday party for their relative and also supported them to celebrate occasions such as weddings. They said, "The staff couldn't do enough." We saw that the service had arrangements for relatives to bring pets to visit, and during our visit we found a number of children visiting with their families. One person told us that they participated in walks with a local group and that they enjoyed doing this as they had people who they knew in this group. This meant that people were enabled to continue to participate in family celebrations and maintain friendships and family relationships.

People told us that they took part in activities that they were interested in and enjoyed. One person said, "A

person comes round to tell you about the activities. I enjoyed taking part in a war time dressing up session and talking about the second world war." Relatives told us that the local church provided a service, and that the local scout group had visited and spent time with people who used the service. We saw that people were supported to take part in activities. An activity co-ordinator had been employed who visited the home each day to carry out activities such as arts, crafts, bingo and who had developed a singing group. The registered manager told us that this group had been invited to sing in local events such as the Christmas church service. We saw activities taking place on the day of our visit including the singing group. This was well attended and people appeared to enjoy participating in this activity. We saw that there were activities planned for each day. These included in house activities such as bingo and art as well as external people visiting the home such as singers. We observed staff supporting people on a one to one basis to participate in activities. One relative told us, "[Staff member's name] brought a book over and read it with [person's name]. We found that pictures of activities and trips were displayed. A relative told us that they felt that it would be good if activities were held in both sides of the home. The registered manager told us that people from both sides of the home were encouraged to participate in all the activities and that people did choose to come to participate. Staff told us that people enjoyed the activities and that they tried to offer people meaningful activities. One staff member told us, "One person likes to be kept busy so we bring her towels and things to fold." Another staff member said, "We do a lot with the residents on a day to day basis."

All of the people we spoke with told us they would raise any concerns if they had needed to. One person told us, "If I have any concerns I have raise them with the senior on duty." A relative said, "We can talk to the manager if we want to, we don't have any concerns." We saw a complaints procedure and suggestions box was in place and was displayed in the main entrance to the home. This included timescales for when a complaint would be responded to. We saw that all complaints that had been received were responded to within the timescales recorded in the policy.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the service. One relative told us, "It is a happy place. They have a very good approach to managing the home. The place is informal without losing its efficiency." Another relative said, "I can't fault it. [Person's name] is in the best place."

People and their relatives told us that they knew who the manager was and that they felt listened to. One person told us, "I see the manager walking around the home. I can talk to her if I want to." A relative told us, "The management are all very accessible. We can talk to them at any time." Staff told us that they felt they could approach the manager. One staff member told us, "The manager is a good support." Another staff member said, "I find the management approachable." The registered manager told us that they had been in post for nearly five years. There were planned changes to the management structure. People, their relatives and staff told us that they had been informed of the changes. One staff member told us, "I feel sad but there are people who can take over when the manager leaves. They have explained everything to us." People who used the service and relatives were aware of the changes. We saw the registered manager spent time with people during our visit and talked to them and their relatives and people took the chance to say goodbye. The registered manager told us that they liked to make sure that they spent time in the home to see what was happening and to develop relationships with people who used the service. We saw on the day of the inspection that the registered manager spent time walking around the home and talking to people who used the service. This meant that the registered manager was aware of the day to day culture in the home and made sure people knew who they were.

People who used the service had a 'residents committee'. We saw that they held meetings that gave them the opportunity to share their views about the service. The meetings were chaired by a person who used the service and the management team were not present unless they were asked to attend. The committee would share minutes with the management team where they wanted changes made to the service. The registered manager told us that changes had been made to the menu following feedback. This meant that people had the opportunity to have an open conversation about what they thought about the service and to provide feedback to the management. People and their relatives had been asked for feedback through a questionnaire to ask them about the quality of the service that had been provided. One person told us, "They service continuously improves, morning noon and night." A relative said, "I have not had a formal request for feedback but the management are very accessible and have asked for feedback. I don't think a formal process is necessary. It seems to work." We saw that the last questionnaire had been sent out in December 2015 and the next one was planned to go out in May 2016. The registered manager told us that general feedback was given to people and information about the results from the questionnaire had been available on noticeboards around the home. The registered manager told us that changes were made as a result of the questionnaires. For example, people had requested drinks at 7.30pm so this had been introduced. This meant that people were encouraged to provide feedback and their views had been sought.

We saw that the registered manager carried out monitoring to review the quality of the service that had been provided. This included checks on the environment, documentation, falls and medication. However, the audit on medication had not picked up the medicine management problems that we found during our visit.

We discussed this with the registered manager who agreed they would include the areas that had been identified as part of the audit. They told us that an external pharmacy had also carried out an audit on the medicine systems that were in place. We saw that this audit had taken place and this had not identified the same areas that we had found that required improvement. The registered manager told us that they carried out checks throughout the service each day. These were not recorded however we saw that the registered manager had requested that maintenance had been completed and that documentation had been updated. The registered manager agreed that they would look to record the audits that had been completed.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the deputy manager and team leaders. They were also supported and monitored by the owner who visited the service on a regular basis. The registered manager told us that they owner was at the service on a daily basis and was available if needed at other times. A new management position was due to be introduced from May 2016 in the form of a director. This role will be carried out by the current registered manager.

The registered manager understood their responsibilities to report events that they were required to report to CQC. They had reported events to CQC appropriately.