Westdale Quaker Housing Association Limited

Westdale Residential Care Home

Inspection report

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Date of inspection visit:
09 February 2016

Date of publication:
30 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 9 February 2016. The inspection was unannounced. Westdale Residential Care Home provides accommodation for up to 19 older people. On the day of our inspection fifteen people were using the service.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily lives were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions. People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where the ethos was supporting people to live their life the way they chose. People praised the registered manager and staff for the way they went the extra mile to make them happy and to empower them to live as independently as possible. People were treated with dignity and respect in an environment which made them feel they were part of a family. Staff were caring and compassionate and ensured people's families were a part of daily life in the service.

People were supported to plan their care and support from the moment they decided to live in the service and they were involved in frequent reviews of their care. People were supported to have a varied and active social life and to follow their hobbies and interests. People were very happy in the service but knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously and acted on.

People were given the opportunity to be involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service provided.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to all aspects of their care and support.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Outstanding

The service was very caring.

People lived in a service where the ethos was supporting people to live their life the way they chose. Staff were dedicated to ensuring people were happy and to empower them to live as independently as possible.

People were treated with dignity and respect by staff who were caring and compassionate and ensured people's families were a part of daily life in the service.

Is the service responsive?

Good

The service was responsive.

People had involvement and control over the way they were supported and cared for and were involved in frequent reviews of their care. People were supported to have a varied and active social life and to follow their hobbies and interests.

People knew who to speak with if they had any concerns they wished to raise and felt these would be taken seriously and acted on.

Is the service well-led?

Good

The service was well led.

People were actively involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Westdale Residential Care Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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.

We inspected the service on 9 February 2016. The inspection was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, and information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with eight people who used the service and three visiting friends and relatives. We spoke with three members of support staff, two housekeepers, the chef and the registered manager. Westdale Residential Care Home is a registered charity and a committee oversee the running of the service. We spoke with the chair of the committee, who was at the service when we arrived. We looked at the care

records of three people who used the service, medicines records of twelve people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and the registered provider.

Good

Is the service safe?

Our findings

People we spoke with felt safe in the service. One person told us, "It was terrible giving up my home but I am safer here." Another person told us, "We are very safe here. We are well looked after."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. These staff knew how to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away.

Risks to individuals were assessed, whilst still enabling the person to be independent, and staff had access to information about how to manage the risks. For example some people went out into the community independently and the risks people could face had been assessed and information added to care plans guiding staff on how to minimise any risk. Staff told us they would observe how people were in any activity to assess whether they would be able to do so independently, such as going out to the shops or bathing themselves. One person told us, "We go out when we want but staff advise people if they feel they are not safe. We tell staff if we are going out in the garden so we are safe."

People received the care and support they needed in a timely way. People we spoke with told us there were staff available when they needed support. One person told us, "I am never treated with a brush off. If they say they will be with you in a few minutes they never let you down." Another person told us, "There is always a carer around." On the day of our visit we observed there were a number of staff available to meet the requests and needs of people.

There were enough staff to meet the needs of people who used the service. The registered manager told us that staffing levels were based on the dependency of the people who used the service and staff said they felt there were enough staff to meet the needs of people.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

All of the people we spoke with told us that staff gave them their medicines when they were supposed to. One person who used the service told us, "My medication is always here, I'm given it on time." Another person told us, "If I go away they have all my medication for me to last whilst I am away." We saw people had been given a survey to complete by the registered manager asking them if they felt their medicines were managed well. The results of the survey were very positive and people felt their medicines were managed the way they wanted.

People were assessed to see if they were safe to administer their own medicines if they wished to do so. People who administered their own medicines were given the support to do this. We saw there were systems in place for staff to ensure people were taking their medicines safely. We saw that the community pharmacist had attended the most recent meeting held for people who used the service and discussed medicines with people to ensure they understood the importance of taking them safely.

Other people relied on staff to do this for them. We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge they needed to support people safely and appropriately. One person told us, "They (staff) are always having training. We see them all together having training; they have done all sorts; first aid, fire drills and food hygiene." Another person told us, "The staff are all very good." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Training was also given in relation to the individual needs of people. Staff told us about one person who managed their own health condition and said they had received training on this so they knew what to do if needed.

Staff were given an induction when they first started working in the service. The registered manager told us that they had not had any new staff for some time and that any staff recruited in the future would complete the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

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 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.

People were supported to make decisions on a day to day basis. We observed people decided how and

where they spent their time and made decisions about their care and support. One person told us, "It's an open door here. We come and go as we please." Another person said, "If we don't want to do something it is up to us." A third said, "There is no compulsion to do anything. You please yourself what you do."

We saw that people's ability to make decisions about their care and support was detailed in care plans. The registered manager told us that all of the people who used the service had the capacity to make their own decisions and all three care plans we looked at contained an assessment which showed this. The registered manager and staff we spoke with had an understanding of the MCA and their role in relation to this. This meant if a person lost the capacity to make decisions staff would know how to support the person.

The registered manager displayed an understanding of DoLS. They told us they had not needed to make any applications as all of the people who used the service had the capacity to go out into the community when they wished to.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and said if they wanted anything extra they would be given this if they asked. One person told us, "There is more than enough food." Another person told us, "The meals are excellent, we have plenty to eat and can have seconds if we want to." A third person told us, "We are never hungry. There is plenty to eat."

We observed lunch and saw people were given a three course meal and there were extra portions offered. There was a drinking water dispenser in one lounge and in the other there was a jug of juice for people to help themselves from. Staff gave people hot drinks and snacks regularly throughout the day and one person told us, "They (staff) are always round with cups of tea." We saw people were also helping themselves to hot drinks from the tea trolley in one of the lounges.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. Where people had a specialist diet this was recorded in care plans and when we spoke with the chef they were aware of who was on a specialist diet. One person who used the service told us, "If we have a special need like decaf coffee we can have it." A staff member said if anyone appeared to be under par they would use a food and fluid chart to monitor their nutrition and fluid input. People were weighed regularly to assess any loss or gain. The records made of people's weight did not include an indication if there was any weight change or if any action was needed or had been taken. The registered manager told us this was detailed in people's daily records but said they would also add this to the weight records.

People were supported with their day to day healthcare and were supported to attend routine health appointments and health checks. There was a GP designated to the service and they held a surgery every fortnight and did home visits in between if needed. One person who used the service told us about the surgery and said, "If you have something you want to speak to the doctor about you just put your name down and you get seen."

People felt the staff managed their healthcare well and looked after them if they were not well. One person who used the service told us, "If you are not feeling up to scratch they will look after you." Another person told us, "They show great concern to make sure my healthcare is right all of the time."

Staff sought advice from external professionals when people's health and support needs changed. We saw people were supported to see the doctor, optician and chiropodist. External health professionals were also involved in people's care such as physiotherapists. One person had a health condition which needed to be

monitored and we saw the person was attending regular appointments for this. Staff told us they had knowledge about people's different healthcare conditions and knew the signs they needed to watch for that a condition was deteriorating.

Outstanding ☆

Is the service caring?

Our findings

People were supported by staff who cared about them and treated them with kindness. Without exception people told us they were happy and well cared for. One person told us, "It is absolutely lovely here, and I don't exaggerate. Everything is done to help you." Another person said, "I could go on, they are very caring." Relatives and friends of people who used the service also commented positively on the staff and the care received. One relative told us, "The staff really care." Two of them said to us they had put their name down on the waiting list for a room in the service. Another told us, "I have been in many homes and this is the nicest. They are friendly. It is home from home."

People who used the service and staff who worked there told us the ethos of the service was about encouraging people to live the way they chose within a family type environment. People told us that the staff were like a part of their family, as were other people who used the service. One person told us, "They are most helpful without overdoing it. It is the most excellent place, we are treated like family." Another person said, "We are like one big happy family here." A third person said, "Everybody knows each other, we all get on well together. The staff are like relatives. It's home from home." Throughout our visit there was a happy and lively atmosphere in the communal areas with a lot of activity and conversation between people who use the service and staff. People had clearly developed a good relationship with staff and with each other and there was friendly banter and warm exchanges. One person told us, "I have a laugh and a joke with them (staff) they call me 'Ceefax' as they know I will know the answer."

People had developed friendships with each other and one person told us about a person who used the service who had died recently. They had been friends with the person and they told us it had made them happy that they were supported, along with some other people who used the service, to attend the funeral. They told us, "It was a celebration of their life." A relative we spoke with told us that their relation had formed a close bond with another person during the time they had lived there and told us they were hardly ever without each other. We observed one person who had arrived to stay at the service for a short time on the day of our visit. The person was greeted warmly by staff and introduced to people who used the service. We saw the people took an interest in the person and they were made to feel welcome. We saw that within a short space of time they were chatting and laughing with people and with staff.

People felt staff went the extra mile to make them happy. One person described toys that staff had bought into the service for the person's young relation to play with. They told us, "It is lovely that they have a large drawer of play toys so when my great grandchildren come and visit they have got something to do." Another person told us, "I am brassed off today, there are two of my favourite dishes on and I am going out, but they said they will keep one for me for when I get back."

People benefited from a staff approach and culture which enabled independence and we saw the impact was that people displayed a high level of independence and activity. Staff told us it was their aim to maintain people's independence as much as possible and we saw this was the case during our visit. A person who used the service told us, "We are pretty independent, I am able to shower myself every day. They assessed me first to make sure I was safe." Another person told us, "I do as much as I possibly can, I can go

out on the bus." A third person told us, "We have a monthly baking class and we make cakes and biscuits." We saw at lunch that vegetables were served in tureens to support people to put their meals on their plate independently and gravy boats were also given to each table.

We observed people going out into the community independently. One person who used the service told us, "There is no pressure and no limitation here, I can say I am going out, they may say be aware of the weather." Another person said, "We are kept an eye on without it being obtrusive." There were signs on the patio doors reminding people that they had unrestricted access to the garden but to remember to tell a member of staff they were going out, for safety reasons. People were encouraged to manage their own medicines, if they wished to and assessments deemed the person was safe to do so.

We saw that the support people were given in relation to being independent had a positive impact on them. People looked healthy and had a high degree of mobility. People were lively, displayed energy and were motivated to keep themselves busy throughout the day. One person told us, "There is always something happening, we have plenty to keep us busy." Another person told us, "You will never see us sat around falling asleep there is always something going on."

The registered manager told us that people were supported to attend places of worship. During our visit there was a planned service delivered by a local place of worship. We observed the service included remembering two people who had died and a person who was currently poorly. People told us that religious services were regularly held in the home from varying denominations and that if they chose, they could also attend a place of worship of their choice. We observed the religious service brought people together as a group and following the service one person started to play the piano. This attracted other people who used the service and they gathered around the person and sang to the music.

People were supported by a consistent team of staff, who knew them well. One person told us, "They never have new staff, they (staff) have been here for years." Staff we spoke with told us they enjoyed working in the service and told us that most staff had been working in the service for many years. Staff described the service as their second home and one staff member said, "I hope we make it feel like a home for them." Another staff member said, "I wouldn't be working here if it wasn't a caring home." A third said, "I love it here." Staff had a good knowledge of people's needs and preferences and we saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were given choices about what they did and what they ate. We saw there was a choice of two meals on the menu and one person told us, "We get asked for our input on the menu at the residents meeting." We observed the chef serving lunch and saw people were provided with the meal of their choice. We saw one person looked interested in the second option as well as the first and so the cook gave them both meal options. The cook then went on to offer other people a taster of the second option and some people ended up trying this along with their chosen meal. One person said, "I have never had this before, it's very nice."

We saw from records that activities and food menus were chosen by the people who used the service during regular meetings. One person told us, "We decide where to go on the minibus when we have our meeting." We saw that people had bedrooms which they had personalised and furnished to their tastes.

There were different communal areas for people to choose from including a traditionally furnished lounge with a feature fireplace. People and a visitor commented on how comfortable and homely this lounge was. Other people chose to sit in the 'garden lounge' which overlooked a large, accessible and attractive garden area. People told us that in the summer they would often sit out in the garden.

People's friends and relatives were made welcome when they visited and were able to be involved in the service. One person told us, "My [relative] stayed for lunch the other day and said 'I'm staying' the food was that good." Another person told us, "We are able to have friends and family here. They are all welcome." One person told us their relative was involved in the service and regularly came and attended to the garden and helped with activities. The friend and relatives of people who used the service told us they were always made to feel welcome and that they could visit whenever they wanted to.

People were supported to have their privacy and were treated with dignity. One person who used the service told us, "The staff are all very friendly and very discreet. Nothing worries them at all, they are most helpful." Another person told us, "They (staff) respect our privacy and dignity all of the time, they wouldn't dream of coming in my room without knocking." We saw the registered manager had carried out a survey to test if people felt their privacy and dignity was valued by staff and the results of the survey were very positive.

We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in detail in their care records to ensure staff would know what to do when the time came. The deputy manager was a dignity champion and the registered manager told us as part of this role observations of staff were undertaken to ensure they were working to the expected values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and treating people as individuals in their own right.

Good

Is the service responsive?

Our findings

People's needs were assessed and planned prior to them moving into the service and continuously reviewed with the person. People described visits to the service prior to deciding if it was the right place for them. One relative described taking their relation to visit a number of services and that immediately on entering Westdale Residential Care Home their relation had made the decision they wanted to live there. The person who used the service told us, "As soon as I arrived I thought to myself, this feels right." Another person described how they had moved into the service for a short time before deciding if they wanted to live there. They told us, "I have been here for ten years and I don't regret one day."

We saw that after a person had been living in the service for a month, the registered manager held a meeting with them and their relatives or representatives to discuss how they had settled in and if they were happy with the support they were getting. We saw the registered manager completed a holistic review of each person's care and support every month and care plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to their health and wellbeing during the previous month. Throughout this process people were included in the discussions to ensure their care was planned the way they wanted it to be.

People had written about their life history and this was placed in their care plan so that staff knew about people's life and their achievements. Staff we spoke with had a very good knowledge of people's life, which meant staff would know how individuals preferred to be supported. Each person had been given a keyworker (a named member of staff) who took special interest in them, dealt with their queries and ensured they were involved in their care. One person told us, "I like all of the staff and especially my keyworker." We saw people had recently been given a survey to complete by the registered manager asking them if they felt they were happy with the level of involvement they had in the planning of their care. We saw people had commented positively about the discussions they had with their keyworker each month to discuss their care.

People were supported by staff who were given information about their support needs. We saw that people's care plans contained information about people's health needs and guided staff in how to support them. For example one person had a long term health condition and we saw there was a detailed plan in place informing staff of how to recognise the person's condition might be deteriorating.

People were supported to follow their interests and live an active and fulfilling life. The service was run by a registered charity and the board of committee, made up of volunteers and one person who used the service, were actively involved in the service. People told us that the committee did fundraising events to raise money to pay for people who used the service to have activities and trips out into the community. People told us there was also a minibus owned by the service and told us this enabled them to go out on regular trips in the community. One person told us, "We go out at least once a week." Another person said, "We have been to all the country parks, we go everywhere." People told us about a wide range of trips that were arranged to places like the theatre and the concert hall.

People's lives were enriched by links with the community. People had developed relationships in the service and also in the wider community. People told us about a range of external entertainers who visited the service, for example two different organisations visited regularly to support people to take part in physical exercises to keep fit and there was a beauty therapist and hairdresser. There were also in-house activities such as arts and crafts for people to take part in and one person told us, "We have been making cards for birthdays and Easter, everything really." We saw that special events had been celebrated such as a New Year's party which was held in the service. People told us they had thoroughly enjoyed this and there had been a singer to entertain them. One person said, "It was very good." We saw the service had also been nominated by a supermarket chain to receive a funded Christmas party and this had been held in a leisure centre. People told us this had been enjoyed and there were photographs of the event displayed in the service. The relative of one person joked with us that their relation had 'stood them up' on one occasion. They told us, "We were supposed to be going out but [relation] said they were having such a good time here that they didn't want to go out." We saw the impact of this range of activities was that people were motivated, active and engaged in daily life.

On the day of our visit we observed people going out into the community independently. One person told us, "I go out for a walk every day." Another person spoke with us as they returned from walking round the garden. They told us, "I like to have a walk in the garden a bit of exercise does me good."

Staff said they got to know about people's individual interests and supported them to follow these. They also said there was an outing arranged each week to a local place of interest, garden centre or to a pub. People could make suggestions in meetings where they would like to go.

People knew what to do if they had any concerns and were aware of the complaints procedure, which was on display in the service. People told us they could speak with the staff or the registered manager if they had any concerns, and they felt they would be listened to. One person who used the service told us, "If there was anything upsetting me I would feel able to say." Another person said, "If we have any grumbles we can either speak to someone or save it for the meeting and bring it up there." A further person told us, "If you want to speak about something they don't fob you off." One person represented the people who used the service and told us, "I attend the committee meeting every month and if there were any concerns I would make them aware."

People could be assured their concerns would be responded to. We viewed the service's complaints records and saw one minor concern had been recorded. The record showed the registered manager had dealt with this straight away and resolved the issue with the person.

Good

Is the service well-led?

Our findings

People we spoke with were complimentary about the service. One person told us. "It's always improving here, we are always having new carpets and rooms decorated." Another person told us, "It would be difficult to identify anything they could do better."

Staff also spoke positively about the service and said they felt they delivered care that was centred on individuals. One member of staff said, "I would put my mum in here and another staff member agreed with this and said they would do the same. Another member of staff told us, "It is a lovely place to work."

There was a registered manager in post and she was clear about their responsibilities and always notified us of significant events in the service. People we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. The registered manager had just returned from holiday and we saw people asking her if she had a good holiday and showing a real interest in her return. One person who used the service said, "There you go. You have just seen for yourself how natural things are." Another person told us, "The manager is helpful and has a great capacity for listening and helping." A third told us, "She (the registered manager) is very good."

People were supported by a team of staff who were part of an open and inclusive leadership. We observed staff and they looked relaxed, happy and were organised in their work. One person who used the service told us, "They (staff) work well as a team. Staff we spoke with told us they felt the managers were good leaders and were approachable. They told us the registered manager was a hard worker and expected everything to be done by the book. Staff felt they could speak to the registered manager and be open about mistakes they may make. They were aware of the whistleblowing procedure and said they would use this if the need arose.

Staff said the management of the service recognised where improvements were needed and spoke of feedback they were given. One staff member spoke of having their care plan they had prepared marked with comments to show where it could be improved. Staff were given the chance to discuss issues at regular meetings held. Meetings were held with different groups of staff such as care staff, night care staff and housekeeping staff. We saw meetings were also used to discuss relevant topics such as safeguarding, care plans and medication.

People who used the service were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the registered manager could capture their views and get their suggestions and choices. We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say about plans for a new conservatory to be built. People we spoke with confirmed they were given a say about any changes in the service and could make suggestions at the meetings held.

The service was run by a registered charity and a committee, made up of volunteers visited the service regularly for meetings and to assess the quality of service people were receiving. One person who used the

service was also the 'resident's representative' and joined the committee for meetings each month. They told us they were able to take suggestions to the committee, which had been raised by other people and also shared information from the committee meetings with other people who used the service.
People told us the committee visited regularly and spoke with them about how they were and on the day we visited there was a committee member in the service supporting the registered manager. Records showed a committee member visited and carried out routine checks on the service every other month. This included a tour of the premises, speaking with people who used the service and with staff.

We saw that survey forms were sent to people who used the service and their relatives on a regular basis. There were survey forms for people to comment on the service as a whole and also themed surveys for topics such as safeguarding and medicines. One person told us, "We are always getting surveys on food, hygiene and different things." We saw the results of the surveys completed in the last year were very positive. We saw that following the surveys being completed they were analysed and the registered manager put in place an action plan for any suggestions people had made.

People could be confident that the quality of the service would be monitored. We saw there were audits carried out on medicines and food practices in the kitchen. There was a comprehensive housekeeping folder which showed what cleaning was done on a daily, weekly and monthly basis. This showed all areas of the home were cleaned regularly with a 'deep clean' carried out at set intervals. We saw there were audits completed on the environment and to ensure the required health and safety checks were carried out. Weekly checks were carried out on the service's mini bus and fire safety checks were completed. There were hazard logs used to report issues which needed attention and we saw these were promptly responded to.