Sanctuary Care Limited

Furzehatt Residential and Nursing Home

Inspection report

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15 April 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 14 and 15 April 2016 and was unannounced.

Furzehatt Residential and Nursing Home provides care and accommodation for up to 62 people. On the day of the inspection 59 people lived in the home. The service provides care for people with physical and mental health conditions, which includes people living with Dementia.

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

Support plans did not in all cases provide consistent or up to date information for staff. Guidelines in place to check people when they were in alone in their bedrooms and to monitor weight were not in all cases being followed or documented as agreed.

On the days of our inspection there was a calm, friendly and homely atmosphere. People appeared relaxed a happy. People and their relatives all spoke highly of the care and support Furzehatt Residential and Nursing Home provided. One person said, "I am happy here, we get the best of everything, I am 100% satisfied". Staff interacted with people in a caring and compassionate way. For example, staff spent time sitting with people and checked they were comfortable and happy. One staff member kneeled down next a person and said how lovely their nails were, which had just been manicured by staff.

The design and décor of the building had been carefully thought out and took account of people's needs. People were able to move safely around the building and had sufficient space to enjoy time on their own or in the company of others.

People told us the staff were caring and they felt they mattered. They said staff listened to them and respected their wishes. Staff we spoke with were clear about the importance of respecting people. They consistently spoke about people being individuals and treating people as they would like to be treated. Comments from staff included, "When supporting people with personal care, I put myself in their position and think how I would feel and treat them with the upmost respect", "I'm here for people's best interests. I'm here to care and that's what I do. I make sure everyone is happy and well looked after".

A range of activities were available to meet people's needs and particular interests. Staff had considered innovative ideas to evoke memories and trigger reminiscent thoughts and conversation. For example, memory boxes and personalised activity baskets had been put together and provided in each person's bedroom.

The service had an open door policy, relatives and friends were welcomed and people were supported to

maintain relationships with those who mattered to them. Staff were well supported through induction, supervision and on-going training. Staff were encouraged to enhance their skills and professional development was promoted.

Staff told us they were supported and encouraged to question practice. Staff said they were aware of the values of the service and these were regularly discussed and promoted. Staff were inspired and motivated to provide a good quality service and had a clear understanding of their role and what was expected of them.

People had their medicines managed safely. People received their medicines on time and in a way they preferred. Care and support focussed on each person's individual needs, their likes, dislikes and routines important to them. When people were unable to consent to their care or support discussions took place to ensure decisions were made in their best interests. When people's needs changed staff reacted promptly involving other social and healthcare professionals if needed. The food in the home was of a good quality and catered for people's specific dietary needs and preferences.

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice was sought to help safeguard people and protect their human rights. All staff had undertaken training on safeguarding adults from abuse, and felt confident any incidents or allegations would be fully investigated. People told us they felt safe living at the home.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of accountability within the management structure. People, friends and family and staff described the management of the home to be approachable, open and supportive. People told us, "The manager is always around, she will come into my room to say hello and check I am ok with everything".

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised had been used to help drive continuous improvement across 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.

Staff had a good understanding of how to recognise and report any signs of abuse and the service acted appropriately to protect people.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by safe and appropriate systems for handling and administering medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People were supported when required to have their health and nutritional needs met.

Is the service caring?

Good

The service was caring.

People received care and support from staff who promoted their independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were informed and actively involved in decisions about

their care.

Relatives and friends were welcomed into the home without any restrictions on visits.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Information in support plans were not in all cases consistent. The arrangements for checking people and monitoring people's weight was not in all cases clear, and records to confirm these checks had taken place were not always completed as required.

Activities were meaningful and were planned in line with people's interests. Staff used innovative ways to involve people and help them feel part of the home and valued.

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly.

Is the service well-led?

Good

The service was well led.

People were actively involved in developing the service and their views were valued.

Staff understood their roles and responsibilities and were supported by an open and inclusive management team.

Staff were motivated and inspired to develop and provide a quality service.

Quality assurance systems drove improvement and raised standards of care.

Furzehatt Residential and Nursing 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.'

The inspection took place on the 14 and 15 April 2016 and was unannounced.

The inspection was undertaken by three inspectors and a Specialist Advisor (SPA) The Specialist Advisor was a registered nurse.

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

During the inspection we spoke with 19 people who used the service, five relatives, the registered manager, regional manager and 10 members of staff. We also spoke with two healthcare professionals and a representative from Plymouth City Council Quality Review Team.

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 to us. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at seven records related to people's individual care needs and 19 records specifically related to the administration of medicines. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in safeguarding adults and this training was regularly updated. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training. Staff said they believed reported signs of abuse would be taken seriously and investigated thoroughly. Staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. One staff member said, "Safeguarding is often discussed in meetings as well as training". Some of the staff were unclear about who to contact externally should they feel their concerns had not been dealt with appropriately by the service. This was discussed with the registered manager during the inspection who told us this information was available for staff and would be reinforced to ensure their understanding as a matter of priority.

People's medicines were managed and given to people as prescribed. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. Systems were in place to help ensure people received their medicines at the correct time and records confirmed this. A designated staff member had the responsibility of overseeing medicines and undertook regular audits and staff competency checks.

Medicines administration records (MAR) were all in place and had been completed appropriately. Medicines were locked away, temperatures had been checked and fell within the guidelines that ensured the quality of the medicines were maintained. Staff were knowledgeable with regards to people's individual needs relating to their medicines.

Risk assessments were in place to maintain people's independence and keep them safe. For example, one person chose to spend time in their room but was at risk of falls. A plan was in place to check on this person regularly as well as providing them with specialist equipment to reduce the risks of injury. People were supported to take everyday risks. We observed people moved freely around the home. Where people were able, they made their own choices about how and where they spent their time. For example, one person told us, "There are keypads on some of the doors to keep people safe who need it, but I am able to come and go as I please".

People consistently told us they felt safe. One person said; "I do feel safe living here, I don't want to move, I'm happy here". Another person told us, "I feel safe here, I wouldn't want to go back home, I know I am safer here now". A relative said, "Yes, I think […] feels safe and well cared for.

People were supported to understand what keeping safe meant and to report any concerns. For example, the activities co-ordinator organised a Breakfast club and during this social meeting asked people if they felt safe. They said, "People always tell us they feel safe and know who to speak to if they have any concerns".

People's needs were met in an emergency such as a fire, because they had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and the fire service, so they could be supported in the correct way. Regular visual checks and audits were undertaken to ensure the environment, facilities and equipment remained safe and fit for purpose. A business continuity plan was in place with contacts and emergency procedures to deal with a range of adverse events, such as flooding and /or power loss, which could affect the running of the service and well-being of people living there.

People were supported by suitable staff. Good recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "All my checks were completed before I had my first shift".

Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. For example, one file related to a qualified registered nurse. It contained information of their registration from the Nursing and Midwifery Council. The service had a system that flagged when registration had expired so checks could be carried out to ensure it had been renewed. This evidenced staff had the skills and qualifications necessary to perform and carry out safe practice under the title they used.

People and their relatives told us they felt there were enough staff to meet their needs and keep people safe. Staff confirmed there were sufficient numbers of staff on duty to support people but did comment that a recent turnover of staff had resulted in a higher than usual use of agency staff. Some of the staff said they were concerned the use of agency staff could result in inconsistencies in care. This was discussed with the registered manager during the inspection who acknowledged this concern and said a recent recruitment drive was in place to recruit new permanent staff. The registered manager said they had also looked at improving the recruitment process so new staff were fully aware of the tasks expected of them before they started work. They said this would hopefully prevent staff leaving after a short time and further improve staff consistency.

Staff followed good infection control practices. We observed hand washing facilities and disinfecting gel were available for staff and visitors around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques, and were able to explain the importance of good infection control practices and how they applied this in their work. There were clear policies and procedures in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs.
One person stated, "The staff know how to look after me and how I like things done". A relative said, "The staff do the things that are needed, they know what is important and make sure they are in place".

Staff confirmed they received a thorough induction programme and on-going training to develop their skills and knowledge. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's need. One staff member said, "After my induction, I knew exactly what to do and felt ready to go". Newly appointed staff completed the care certificate (Designed to improve consistency in the sector specific training health care assistants and support workers receive in social care settings) They shadowed other experienced members of staff until they had achieved it and had been observed as competent in their role.

In addition to mandatory training, staff received tailored training that reflected individual people's precise needs. For example, the registered manager had sought training for staff on improving outcomes for people with Sepsis. This reflected the fact that two people had suffered with this illness recently and it was felt that an increased knowledge and understanding would help effectively meet people's needs in the future. Staff felt training was of a high standard, comments included, " You couldn't ask for any better, so much on offer", " Training is excellent, anything we are interested in like palliative care, dementia, wound care, we ask and we get it" and " Training is all good, we are encouraged to better ourselves". One staff member spoke highly of the training provided to staff in relation to Dementia, they said, "Dementia training was amazing, and so important. If you understand Dementia you can understand people's emotions and help support them".

Staff said they felt well supported by their colleagues and the management team. Staff received formal supervision with either the registered manager or senior nurse. Team meetings were held to provide staff the opportunity to discuss practice, highlight areas where support was needed and share ideas on how the service could improve. Comments from staff included, "I get good support from the management, they take me under their wing".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).The 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 capacity to make particular decisions, any made on their behalf must be in their best interests and as be as least restrictive as possible. We also checked whether any conditions on authorisations to deprive a person of their liberty were being met. 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 care homes are called the Deprivation of Liberty Safeguards (DoLS).

Records confirmed best interest discussions and meetings had taken place when people lacked the capacity to make significant decisions. For example, best interest discussions had taken place in relation to one

person's health. The registered manager said as family members were involved and had their views it was important the person's rights and wishes were heard and acted on.

The registered manager was up to date with changes in law regarding DoLS and had good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications had been made. These records evidenced the registered manager had followed the correct procedures and had included professionals and relatives in discussions and the application process when appropriate.

People were involved in decisions about what they would like to eat and drink. Prior to a meal people were shown a sample of what was on the menu on a small plate. This visual prompt helped people decide what they wanted to eat. Feedback during residents meetings was used to help create the menu for the home and this helped ensure people's preferences were met. Catering staff were knowledgeable about people's specific dietary needs, including those who required a diabetic diet, pureed food or high calorie diet. This information was available in the main kitchen for staff to refer to. Each person had a Malnutrition Universal Screening Tool (MUST) score, a research based tool to identify if a person was malnourished or at risk of malnutrition.

People were relaxed during lunch. Tables were prepared with a copy of the menu for the day. People were encouraged to be as independent as possible with staff assisting only when support was needed or requested. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed. People told us the meals were nice, hot and of sufficient quantity. Comments included, "Lovely", "I am one satisfied customer, I had a lovely dinner" and "The food is good and there's lots of choice". Drinks and snacks were made available to people throughout the day. This helped ensure people were sufficiently hydrated and not hungry between meals.

Information regarding allergies or other intolerance to food had been documented. Staff had questioned the appearance of a rash as a possible gluten intolerance and suggested soya milk as an alternative to a person's current diet. A relative said they had been really grateful for this observation and advice and it had really helped improve the problem for the person concerned.

Care records showed health and social care professional advice had been obtained regarding specific guidance about delivery of certain aspects of care. Records confirmed staff had made referrals to relevant healthcare services promptly when changes to a person's health or well-being had been identified. A relative commented that they felt staff were good at ensuring people's healthcare needs were met.

Adaptations had been made to the interior of the building and signage and decoration had been added to meet people's needs and promote independence. Consideration had been given to the décor and furnishings to help ensure people felt comfortable and familiar in their surroundings. For example one of the sitting rooms had an old fashioned radio playing and a cuckoo clock on the wall, which the residents made remarks about and enjoyed the sound of. Items were placed on the walls outside people's bedrooms to evoke memories and trigger reminiscent thoughts and conversation. Improvements to the reception area provided a welcoming feel for people, relatives and visitors.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. Comments included; "Staff work very hard and are very caring, smashing", "I am very happy, the staff are very caring, we are a big family". A relative said; "I think they do care, they treat people like they are important and more than just a number". The registered manager said they felt staff were willing to go that extra mile. They said, " Carers took one person to their grand-daughters sports day, something the person had so much wanted to do".

There was a warm and welcoming atmosphere in the home. Staff interacted with people in a caring and compassionate way. For example, staff spent time sitting with people and checked they were comfortable and happy. One staff member kneeled down next a person and said how lovely their nails were, which had just been manicured by staff. They talked about the colour of the polish and how nice it felt to be pampered. It was a positive interaction with lots of communication between the person and staff member. We saw that when staff walked through communal areas they said hello to people and commented about the day or what they were doing. The smiles and laughter we heard indicated people enjoyed these interactions, which created a pleasant and homely atmosphere.

Staff showed concern for people's well- being and responded promptly when people showed signs of distress or discomfort. For example, we saw a staff member speak gently to a person who showed signs of anxiety. The staff knelt down next to the person, held their hand and asked them gently if they were ok and if there was anything they could do to help. The person relaxed and was clearly reassured by this interaction. Comments from staff included; "If a person is low, I remind them about happy times, and it brings a smile to their face", "Talking about people's families can bring back happy memories and bring people out of feeling low".

Staff had a good knowledge of people they cared for. They were able to tell us about individual's likes and dislikes, which matched what people told us and what was recorded in individual's care records. Staff told us they had time to get to know people and were able to sit and chat with people as well as attending to other care tasks. A new initiative had been introduced three months prior to the inspection called, 'Together at ten'. Each day at a set time the staff if possible would stop what they were doing and speak to a person they had not spoken to that day. The registered manager said this was for all staff but had been initially requested by office and reception staff who felt they did not always get the opportunity to speak to people. Staff said this had been positive, comments included, "It is good, just gives us time to stop and actually spend time talking to people", "Care is more than just tasks".

People's needs in terms of their disability, race, religion or beliefs were understood and met by staff in a caring and compassionate way. Care records contained sensitive information about people's cultural needs regarding their end of life plans. Detailed notes explained exactly how staff would make sure a person's wishes would be respected. The registered manager and some care staff had undertaken training specifically related to end of life care. The registered manager said this training helped ensure staff had the skills and knowledge to meet people's wishes and to provide dignified and appropriate end of life care.

Staff promoted people's independence and respected their privacy and dignity. Comments included, "I am very independent and I like to do most things for myself, the staff respect that", "Staff are very good at making me feel comfortable when I receive personal care". A care plan we looked at emphasised the importance of respecting the person's wish for privacy. The plan stated staff must always be discreet when providing assistance with personal care. The person concerned told us this wish was respected and carried out by staff. We saw staff knocked on people's bedroom doors and awaited a response before they entered. Staff greeted people respectfully and used people's preferred names when supporting them.

Relatives and friends were welcomed in the home and were able to visit without any restrictions. One relative said, "We visit most days, we are always made to feel welcome, the staff and manager always say hello and check we are ok".

Requires Improvement

Is the service responsive?

Our findings

Care records contained a range of information about people's health and social care needs. Each person had a support plan organised into different areas of care, such as personal care, mobility and health needs. The plan included information about what the person needed help with and what they were able to do themselves. Support plans also included specific information about how the person chose and preferred to be supported. For example, one plan stated the person liked to attend to personal care tasks independently, but would ask staff for help when needed.

Some of the support plans contained inconsistent information about people's needs and support arrangements, and it was not in all cases clear what information was current and up to date. For example, one person's file had a sheet at the front stating they needed 15 minute checks by staff when they were in their room alone. However, the section of the support plan specific to this area of care stated half hour checks were required. Staff were aware of the need to check this person, however, they were not clear about timings and had not signed to confirm checks had taken place. A senior member of staff said the person also required hourly comfort checks, which required the staff to go into the person's room and ask if they were comfortable and check if they needed anything. The staff said this did take place, however, the records available for staff to record these observations had not been completed as required.

The support plans for some people detailed they required monitoring of their weight at specific times. Weight charts were in place, but in some cases had gaps without any explanation as to why the check had not taken place. Staff said the reason for some gaps had been when people had been unwell or had chosen not to be weighed. These discussions and reasons had not in all cases been recorded. It was evident within records that for some people monitoring of weight was important to ensure the correct use of equipment such as pressure relieving mattresses. This issue was discussed with the registered manager at the time of the inspection and we were told this would be addressed as a matter of priority.

Some people had been assessed as being at high risk of skin damage, such as pressure ulcers. A wound folder was in place for staff with copies of risk assessments and management plans for each person concerned. We found some inconsistencies in recording practices from one care plan to another. For example, one person's plan included a photograph of the wound and a detailed wound assessment, whereas another plan did not follow the same format and photographs were not available. A photo of a wound is considered best practice in order to accurately record any changes in the progression/ deterioration of the healing process. It was also noted re-positioning charts in some cases lacked sufficient detail to prevent pressure ulcers from occurring. This absence of detail was discussed with the registered manager at the time of the inspection, and we were told the information would be updated as a matter of priority.

People's support arrangements were reviewed and updated on a regular basis and where possible people and significant others were involved in this process.

People were supported to follow their interests and take part in social activities. Comments included, "There

is always plenty to do and we can choose if we want to join in". Staff said, "People choose how they spend their time, we have lots of activities on offer and people go out for day trips" The homes activities coordinator spent time with people getting to know their interests and put together a weekly activities plan, which was clearly displayed on notice boards in the communal parts of the home. The plan showed a picture of the activity, as well as when and where it would take place. We saw people doing group activities such as painting, baking and exercising to music. Staff also spent time with people on a one to basis painting their nails, reading the paper or just having a chat. The activities coordinator said each day she would sit and have lunch with a different person. They said this could be in their room, whilst they watched a television programme or sat in the garden in the summer months. They told us, "People seem to enjoy the company on a one to one basis, it can be really nice".

Thought had been given to the needs of people who chose or needed to spend time in their bedrooms. The activities co-ordinator had put together personalised baskets containing items of a particular interest, which could be used by staff to initiate conversation. For example one person had a folder with pictures of rabbits, based on their love of rabbits when they were a child.

The design and layout of the home meant people could choose whether or not to join in an activity without it affecting where they sat or what they chose to do. There was plenty of seating around the home and bright sunny conservatories for people to relax in and look out at the garden. One person said, "I love to go out into the garden, they make it very attractive in the summer and I can just sit and watch". A relative said, "[….] chooses to spend a lot of time in their room, but it's fine they have everything they need and can watch all the football they want".

People were given the care and support they needed in terms of their race, religion, and beliefs. A number of people told us they attended 'bible studies' held at the home and were supported to take communion once a month.

The provider had a policy and procedure in place for dealing with complaints. This was made available to people, their friends and relatives. The policy was displayed clearly at the entrance to the service and on notice boards around the home. The registered manager also kept a record of any minor concerns raised by people, which included documentation about how these had been dealt with to prevent them escalating to a more concerning issue.

People knew who to contact if they needed to raise a concern or make a complaint. Comments included, "If you have a complaint they listen to you and rectify it", "I did have a complaint about my bed, but they soon sorted it all out for me". People who had raised concerns confirmed the issues were dealt with to their satisfaction and without delay. One person said they had raised a concern when the menu had been changed without people being told. They said the registered manager dealt with it immediately and asked a staff member to go to the shops to get what they would normally have to go with their meal. The person concerned said they felt this was a very good response and went above what they would have expected.

Good

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff described the management of the home to be approachable, open and supportive. People told us, "The manager is always around, she will come into my room to say hello and check I am ok with everything". Staff said, "Managers are very approachable, I'm here for the residents and so will say if I don't think something is right, […] (registered manager) is very approachable".

The registered manager told us one of their core values was to be open and supportive. They said, "People and staff know my door is always open, I get out and about so people see me". The provider sought feedback from people and those who mattered to them in order to enhance the service. Resident and relative meetings were held regularly and surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice.

Staff were inspired and motivated to provide a good quality service. They had a clear understanding of their role and what was expected of them. Throughout the inspection we saw staff smiling and looking happy as they worked and supported people, comments from staff included, "I love it here, everyone is so friendly", "I love my job, absolutely love it. It is a pleasure to come to work", "It's fantastic working here, no two days are the same. It's a challenge but I've never looked back since I started here". Good practice was recognised, and staff were made to feel valued as part of a team. A box was available in the reception area for people and visitors to write comments about particular members of staff and good practice they had experienced. A monthly kindness award was presented to a staff member as a result of this feedback. Staff said, "A certificate is given in recognition of good work, it is nice". Staff meetings were held to provide a forum for open communication. Staff told us they were supported and encouraged to question practice.

Information following investigations and incidents were used to aid learning and drive quality across the service. The registered manager had undertaken a falls, pressure ulcer and accident audit to analyse any patterns and to consider any changes needed in practice. For example, as a result of a falls audit one person was offered a room on the ground floor and a pressure ulcer audit instigated the need for a referral to the Skin Viability Nurse and change in the person's support arrangements.

The provider held monthly managers meetings when all managers across the Southwest could meet and discuss practice. The registered manager said this was a good opportunity to share practice and learn from experiences and incidence that had occurred in different services.

The registered manager confirmed the service measured their performance against recognised quality assurance schemes. These included a six step end of life programme and a Dementia champion's scheme. This helped ensure best practice when staff carried out their duties. The registered manager maintained

their own professional development by attending regular training and local provider events to share and discuss best practice. The provider used an observation tool called 'Sit and see', to assess and monitor the care, kindness and compassion provided by staff. The registered manager said they would use the tool to observe staff when they provided care, such as mealtimes and in the communal areas.

The provider and registered manager continued to explore ways of improving the service. Careful consideration had been given to improvements to the environment and an extension to the building had provided improved and comfortable living space for people. A service improvement plan was in place with a colour coded traffic light system to prioritise work and changes needed.

There was an effective quality assurance system in place to drive continuous improvement across the service. The registered manager and senior staff completed spot checks of the environment as well as checking with people if they were happy or if they had any concerns. Regular audits were undertaken of people's medicines and personal finances. A number of environmental checks were completed on a weekly or monthly basis including, checks of fire equipment, temperature controls and call bells. The regional manager for the organisation undertook monthly compliance visits and provided support and guidance to staff and management in relation to quality and practice issues.