The Royal Masonic Benevolent Institution Care Company

Cornwallis Court

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cornwallis Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cornwallis Court provides nursing and residential care for up to 74 older Freemasons and their dependants. The service is split into three units; residential, nursing and Geoffrey Dicker House. Geoffrey Dicker House is a separate building, which is part of Cornwallis Court and is specifically for people living with dementia.

Cornwallis Court was recently registered with the Care Quality Commission on 22 June 2017. The change in registration was the result of changes within the provider's organisation. There had been a consolidation process amongst all of the charitable arms of the Masonic Foundation and all the social care services now come under the Royal Masonic Benevolent Institution Care Company. The Nominated Individual remains the same.

Under the service's previous registration, there was an incident where a person fell on an exposed heating pipe and sustained burns. This incident is subject to an investigation and as a result, this inspection did not examine the circumstances of the incident.

This is the first comprehensive inspection under this registration and as such, they have not yet received a CQC rating.

There were 70 people living in the service when we inspected on 17 and 19 January 2018. This was an unannounced comprehensive inspection.

The service did not have a registered manager, the previous manager left in June 2017. However, there was an appointed manager who has been in post since 8 January 2018, nine days before this inspection. While a new manager was being sought the service was managed by the deputy manager who was supported by a registered manager of a sister service. The manager told us that they were in the process of applying for registration. 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.

The people who lived in the service told us that they felt safe and well cared for. There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how risks to people were minimised. There were sufficient numbers of trained and well-supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines

there were arrangements in place to provide this support safely, following best practice guidelines.

Both the manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

The organisation and the deputy manager were supporting the manager while they settled in. People using the service, and the staff told us that the manager had made a good first impression, was open and had good management skills. There were systems in place to monitor the quality of service offered people.

Further information is in the detailed findings below

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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result, the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Cornwallis Court

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 unannounced comprehensive inspection was carried out on 17 and 19 January 2018. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Many of the people living at the service were not able to tell us, in detail, their experiences of how they were cared for and supported because of their complex needs, which included people living with dementia. However, we used the short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime.

We looked at records in relation to five people's care and spoke with eight people who used the service and two people's visitors. We also spoke with the registered manager, the deputy manager, regional operations manager, the care operations director and seven members of staff, including care and activities staff. We also spoke with a visiting health professional. We looked at records relating to the management of the service, six staff recruitment records, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe in the service. One person said, "I have complete confidence in [the staff]." Another person told us, "I'm as safe here as I have ever been; there are people around to make sure I am." A relative commented that they felt that their relative was kept safe and well looked after.

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. When a safeguarding concern had arisen records showed that the service learnt from the incident and used it to improve the service. For example, the theft was reported to the police when one person had money go missing. The service acted on recommendations made by them. People who chose to look after their own money and not have the service manage it were reminded to use the locked drawers in their bedrooms to keep their valuables safe.

Risks to people were managed well. Staff were observed supporting people to manoeuver safely using equipment such as hoists and walking frames, and we noted that staff ensured that pressure-reliving equipment was used if needed. People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and repositioning people. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress so staff could limit behaviour that challenged.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was an up to date fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists for example.

Before this inspection, a person had received serious burns after falling onto an uncovered heating pipe, at the time the service had undertaken to ensure that all the radiators and heating pipes would be covered immediately. During this inspection, we checked to see if the action had been taken to protect people from similar injuries. We found that all the radiators and hot pipes were covered, meaning that people were protected from that danger.

People and staff told us that there were enough staff working at the service. One person's relative said, "I think there's enough [staff], if [my relative] needs help they get it without too long a wait." We noted that call

bells were answered quickly and staff were available if people were looking for help. An industry recognised dependency tool was used to calculate the numbers of staff needed and the rotas were planned in advance. The rota reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of staff to meet people's needs.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

People told us that they received their medicines on time. One person said, "They bring me my pills when I need them. The other day I asked what the big one they give me in the morning was for and they explained that I needed it to protect my tummy from other tablets I take."

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The service was clean and hygienic. One person said, "It's lovely and clean, my room is kept spotless." Another person said, "The girls [the domestic staff] never stop, they do a good job." One person's relative said that the service was, "Very clean, they have been doing a lot of decorating recently."

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and hygiene. The service was kept clean and had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded. There were systems in place to reduce the risks of cross infection. There was a notice in the entrance hall to the service, which advised visitors to use the hand sanitisers provided throughout the building. All the bathrooms and toilets had liquid soap and hand sanitisers and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents.

Good

Is the service effective?

Our findings

The manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The management team were able to demonstrate that they had a good understanding of relevant guidance and standards; they received regular legislation updates shared through the organisation. Staff meeting notes evidenced that updates were shared with the greater staff team. The manager was aware of recent changes to our inspection process and knew how the changes would affect our inspection.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gives them the opportunity to achieve their potential, free from prejudice and discrimination. One staff member told us, "We make sure that we respect people's differences. We are all different in lots of ways, I respect people's choices and help them when I can." The manager told us that these were topics that were revisited during staff supervision and at team meetings.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, if people that were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by email or video conferencing.

The service used the organisation's computer programmes to record service and organisational information. Staff were able to access on line training as well as the provider's policies and procedures on the system. By having this information on line, the provider was able to ensure that only the latest versions were available, which meant that they were easily able to update to take into account necessary changes in line with legislation. People's care records were also kept on line, meaning they could be updated quickly to reflect changes in people's healthcare and support needs.

People told us that the staff had the skills to meet their assessed needs. One person said, "They [the staff] look after me well, I have little sight but they explain why and what they are doing as they go." One person's relative told us, "They have made a big change to my [family member's] life, they are getting more and more independent every day."

Staff told us that they had the training and support they needed to carry out their roles. They were provided

with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. If not already achieved, care workers were encouraged to undertake this qualification after their three months probationary period. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved. Staff completed the training the provider expected promptly and updated it when necessary.

The manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The manager told us that they liked to be visible throughout the home. Staff told us that, if needed, the manager and deputy manager led by example and helped on the 'floor'. One staff member told us, "When we are rushed the management come and help us get back on track. One day there was an emergency that took two staff off the floor, [the deputy manager] came and lent a hand."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital.

People told us they were supported to access health professionals when needed. One person told us, "If I'm unwell, [the staff] will ask me if I would like to see the GP. We are very lucky here, they call the surgery and the doctor will normally be here the same day." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care. One visiting health professional told us that the staff knew the people they supported and were able to tell them of any changes or concerns about the people they were visiting. They also told us that the staff worked well with them and referrals were made to them appropriately.

The service supported people to maintain a healthy diet. People told us that they chose what and where they wanted to eat, but their comments on the quality of the meals provided was mixed. For example, one person told us, "The food is fantastic, beautiful, absolute heaven." Another person said, "It depends whose cooking, the quality is mixed."

We talked about the food quality with the manager; they told us that they had recognised that not everyone was happy with the quality of food on offer. They explained that their meals were outsourced, meaning that they had a contract with an outside company to supply the groceries, prepare and then serve the meals to people. The service had recently renewed their contract and negotiated changes that would lead to an improved mealtime experience for people. This included new table linens, cutlery and menus that are more varied and a consistent quality of the cooking. The changes were due to start soon after our inspection.

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. The cook on duty during our inspection was knowledgeable about people's assessed needs and preferences in relation to food and said that staff kept them updated.

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.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. People's care records showed that DoLS had been applied for or had them in place. We observed that staff knew people well, including who was subject to DoLS restrictions, and this allowed them to support people in making decisions regardless of their method of communication.

People were complimentary about the environment that they lived in. One person said, "I love this room, it's exactly how I want it and I feel very comfortable and at home." Another person told us, "This place is lovely, when the decorators aren't around the entrance hall is a good place to sit, it's warm, comfortable and you see what's going on." Improvements were ongoing and the redecoration of the main entrance was well underway. We saw that appropriate risk assessments had been drawn up and safeguards were in place to protect the people who lived there from the risks involved the decorators working in the service. These included not allowing open paint cans to be left unattended or power tools being left to cause a hazard to people passing through the area.

One staff member said, "They [the people using the service] have been highly entertained by the work going on." The manager shared their future plans for improving the environment by changing the use of some of the less used rooms to make the home more comfortable and homelike.

The units dedicated to the care of the people living with dementia had signage that would help people to orientate themselves. One person's relative told us that they felt the way the unit was arranged and decorated helped their relative feel relaxed and at home.

Good

Is the service caring?

Our findings

People felt that staff treated them well and that they were kind and caring. One person said, "The girls [staff] are kind." Another person said, "I feel comfortable here, I can tell the staff anything. They are so friendly and listen well."

We saw many examples of positive and caring interactions between the staff and people living in the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and many laughs. Staff had developed friendly and warm relationships with people and approached them with a bright greeting and people responded in the same way. During our observations, we noticed that one person greeted every staff member that passed with a smile and a kind word and the staff stopped for a quick chat. Then, for each one, the person pointed at them and looked to us and said, "This is the best of the lot." This was obviously a standing joke, as all the staff smiled widely and both the person and the staff member burst into laughter.

While asking one person about the furniture in their room they told us, "Most of it is mine, but not that small side table. That was downstairs in the corridor. One of the [staff] brought it to me one day and said, 'This looks like your sort of thing, it would fit in here, would you like it?' They were right. It matches the rest of my furniture, that was thoughtful wasn't it?" Another person told us, "The carers are lovely, so kind and nothing is too much trouble. Even the cleaners ask if there's anything I need when they've finished cleaning the room."

People's privacy was respected. We saw that staff closed bedroom doors when they were supporting people with their personal care needs, which respected their dignity and privacy. While we talked with one person staff knocked and asked to come in. They explained to the person that they needed to help them take their medicine. We asked if we should leave and the staff member answered, "That's up to [the person]. Would you like the inspector to leave or are you happy for them to stay?"

People told us that staff encouraged them to maintain their independence and to continue to do tasks for themselves were they could. They said that they continued to make decisions about their care and that staff listened to what they said. One person said, "I have a preference for female carers and that's what I get." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. The care plans included people's usual routines, likes, dislikes, and preferences. During the assessment process, people were asked if they had any cultural needs that they wanted to be met by the service, if there were any we saw them recorded in their care plans. People had signed the documents to show that they agreed with their contents.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people could entertain their visitors, in private if they wished. This included the main lounge and the library. We saw people receiving their visitors; one person's relative told us that they were always made to feel welcome when they visited their relative.

Good

Is the service responsive?

Our findings

People told us they were happy with the standard of care they received. One of the management team completed an assessment with people before they moved in. This helped to ensure that the service could meet the person's needs. Records identified that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

The electronic care plans recorded information about the person's likes, dislikes and their care needs. Care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs. We observed staff supporting people in ways that reflected their wishes. For example, one person, who had told us they preferred female staff helping them, told a male staff member they needed help with their personal care. The staff member told them that they would go and find a female staff member. This showed that the person's preference for the gender of carer was being respected.

People were supported and encouraged to maintain their independence in areas that they were able to, including choosing their own clothes, how to spend their time, what to eat and when to get up and go to bed. We talked with people about how their needs were met, they were positive and about the staff's supportive and caring attitudes. One person said, "I choose what to do and when I do it. There are quite a few organised activities but I am quite a solitary person, I like to read and do crosswords. I get up when I want and choose when I go to bed." Another said, "I do spend a lot of time in my room, but [the staff] come and make sure I'm okay and not fed up or lonely."

Along with their preferences and expectations, people's personal histories were recorded if they were happy to share them. This enabled the staff to get to know people well and to be able to support them in the way they wanted to be. Care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences.

Different activities and outings were planned and staff worked together to make sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. Two activities managers planned the programme of activities, which was displayed around the service. People chose what they wanted to do and the staff acted in accordance with their wishes. There were photographs in the service of people taking part in activities.

The activities managers recognised that mealtimes were important occasions for the people who lived in the service. After consulting people, changes had been made to the breakfast routine. The mealtime was made more relaxed and was referred to as the breakfast club. Staff sat and ate with people, passed the time of day, made plans and enjoyed a relaxed, more social atmosphere. Similarly, people finished their meal off with 'after lunch drinks' in the main lounge.

The service had a minibus so people were able to takes trips to the local town, the seaside and places of interest. One person said, "I went on the trip before Christmas to do some shopping, it was a small group, only me and one other resident."

Outside entertainers were booked to come and entertain people. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. In the summer, the service organised garden parties and people's families and friends were invited.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "I haven't needed to complain, staff help me if I need to have a grumble." Another person told us, "They changed my mattress for a "wavy" one which I found made it difficult for me to sleep. I asked for my old mattress to given back to me and it was, although they explained I might suffer as a result because it was to stop me getting sores. I was happy to take the risk." When asked about the person's comments, a staff member explained that they had tried to persuade the person to keep the pressure-relieving mattress, but the person had been assessed as being able to make an informed choice.

Another person said, "The managers here are very easy to get on with, I would have a conversation rather than say I have a complaint, but I don't think I've had anything serious to complain about."

There was a complaints procedure in place, which was on display in the service. Records showed that complaints were investigated and that the service had used the lessons learnt to improve the experiences of people using the service.

People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. We saw letters and cards received by the service from people's relatives thanking them for the care and attention their loved ones had been given. One relative said in a card, "Thank you for the wonderful care you gave [my relative] at the end of their life and the kind way you supported me and the rest of our family." Another card read, "Thank you for being there at the end. It was lovely to know [my relative] wasn't on [their] own."

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the management of the service. One person said, "I've met the new manager and we've had a couple of chats and seem to be on the same wave-length. She's told me what she wants to achieve [within the service] and asked my opinion. It's the same when the regional manager visits, she comes to see me and I admit I like being included." Most of the people we spoke with told us that they had met and talked with the new manager. One person told us that, "I've met her; there was a meeting last week where she introduced herself to us."

At the time of our inspection, there was no registered manager; the previous manager had left in June 2017. However, a new manager had been in post since 8 January 2018, nine days before this inspection. While the new manager was being sought the service was managed by the deputy manager who was supported by a registered manager of a sister service and the care operations director.

The new manager said they felt well supported by the deputy manager, the regional operations manager and the organisation as a whole. The regional operations director was their mentor and was supporting the manager during their induction. The care operations director arrived at the service soon after the start of our inspection for a scheduled meeting as part of the new manager's induction. They arranged to remain for the rest of our inspection to support the manager through the process.

The provider operates an extensive induction process in which all new members of the home management teams receive one to one inductions with all of the organisational senior leadership team, including all of the care operations team.

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. For example, there were comments about the poor quality of food provided. Improvements were made to the whole catering process in response.

We were told by staff that the manager was often seen around the home, during our observations we saw them stop to say hello and ask how people were as she passed by. Staff said the manager was very visible and supportive. One staff member said, "She will praise you when you have done well, which makes you feel appreciated."

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs, and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service. One staff member said, "All of the senior staff here are approachable and give us support when we need it."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including general practitioners and district nurses.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations.

The management team and the provider assessed the quality of the service through a regular programme of audits. The service used the organisation's computer programmes to record information and to carry out quality assurance audits. This meant that the provider could remotely monitor their performance. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.