

# Uniquehelp Limited

# Haydon-Mayer

## 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

This inspection was carried out on the 18 April 2017 and was unannounced.

Haydon-Mayer is a nursing home for up to 32 older people, some of whom may be living with dementia. On the day of the inspection there were 30 people living at the service. Haydon-Mayer is located in the town of Herne Bay. It offers residential accommodation over several floors and has two communal areas together with a conservatory on the ground floor which is also used as a dining area.

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.

We carried out an unannounced comprehensive inspection of this service on 5, 7 and 8 April 2016 and Haydon-Mayer was rated 'Requires Improvement'. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. We issued requirement notices relating to safe care and treatment, fit and proper persons employed and person centred care. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made and the breaches had been met.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

Staff completed incident forms when any accident or incident occurred. The registered manager analysed these for any trends to see if any adjustment was needed to people's support. Risks relating to people's health and mobility had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

Staff had the induction and training needed to carry out their roles. They had received training in people's healthcare needs. Staff met regularly with their manager to discuss their training and development needs. They had received training in topics relating to people's needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were supported to eat and drink healthily. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. Staff followed guidance and advice given by health care professionals. People's medicines were managed safely.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes formed part of their care. People were supported to dress how they wished and wear jewellery when it was important to them. People were treated with dignity and respect.

Staff were responsive to people's needs. Detailed assessments were carried out before people moved into the service. People's care plans were reviewed monthly by staff to ensure they reflected the care and support people needed.

People took part in a variety of activities within the service. People and their relatives told us musicians and entertainers regularly visited the service to perform and they enjoyed participating in bingo. There was a complaints policy in place and people's relatives said they knew how to complain if they needed.

Staff and relatives told us they thought the service was well-led. Staff told us they were well supported by the registered manager and there was an open and inclusive ethos within the service. The registered manager told us, "Our aim is to make sure people have their last days being looked after in the way they want."

The registered manager was experienced in working with older people and providing person centred care. CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and action was taken when necessary.

## 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.

Medicines were managed safely.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff knew how to recognise and respond to different types of abuse.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Staff had an understanding of Deprivation of Liberty Safeguards and the Mental Capacity Act. People were supported to make day-to-day decisions about their lives.

The service provided a variety of food and drinks so that people received a nutritious diet.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

### Is the service caring?

Good ●

The service was caring.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes.

People were encouraged to be as independent as possible. Staff

encouraged people to do as much as they could for themselves.

People were treated with dignity and respect. Staff gave people the support they needed in a discreet manner.

### Is the service responsive?

Good ●

The service was responsive.

Detailed assessments were completed before people moved into the service. People's care plans were updated regularly when their needs changed.

People took part in a variety of activities within the service.

Complaints were investigated in line with the provider's policies and procedures.

### Is the service well-led?

Good ●

The service was well-led.

People and their relatives said the management team was approachable and they could go to them with any issues.

The Care Quality Commission had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff, people, their relatives and other stakeholders to gain feedback and the results were analysed and displayed within the service.

# Haydon-Mayer

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 April 2017 and was unannounced. It was carried out by two inspectors 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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager and the area manager. We spoke with four members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During the inspection we spoke with 10 people and six relatives. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we spoke with the local safeguarding and commissioning teams.

We last inspected this service in April 2016 when breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection the breaches had been met and no further breaches were identified.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "The staff are fantastic, all of them make sure we are safe and happy." Another person told us, "Yes I can honestly say I am safe and well looked after at all times of day and night." Relatives told us that their loved ones received a high standard of care, and they were safe at the service as a result. One relative said, "The most important thing to us is safety, they have moved my father to a downstairs room as he like to wander around on his own and he will be safer without the stairs and lifts." Another relative told us, "We are really delighted with [our relative's] care; we know they are safe, well cared for and well fed. We can visit any time of day or night and find them happy and safe."

At the previous inspection medicines were not always disposed of in a timely manner and the home had excess stocks of people's medicines. People had been administered medicines prescribed to a different person. Audits had not picked up discrepancies for medicines not held in a blister pack. At this inspection improvements had been made and the breach in regulation found at the last inspection had been met.

People and their relatives told us medicines were managed safely and that people received them as and when they needed them. One person said, "My medicines are brought to me every morning without fail, no need for my wife or I to worry it is all taken care of for us" A relative said, "They are very prompt with their medicines and very aware if anything needs discussing."

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines, in line with best practice. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date.

Medication administration records were checked weekly by the registered manager to ensure that people received their medicines when they needed them. Some people were prescribed medicine on an as and when basis (PRN) for pain relief or anxiety. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. Staff monitored their use to check they were effective.

At the previous inspection the relevant safety checks had not been completed before staff started work to make sure they were safe to work with people. The registered manager had failed to gain a full employment history and references for people before they started work. At this inspection improvements had been made. The breach in regulation found at the last inspection had been met.

Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. A full employment history had been gained for each member of staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager checked nurses had an up to date registration with the nursing and midwifery council.

Relatives told us that staff were knowledgeable about the risks involved in their loved ones care. One relative said, "Absolutely no worries at all. Having moved from the hospital we are simply delighted by the care, time and understanding here." Another relative said, "There will be someone to hand who knows what they're doing and what needs to be done you can be sure of that, it takes the strain off me having to worry about things."

Staff had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. Some people had a catheter in place to assist them passing urine. There was guidance and risk assessments in place so staff knew how to support people with their catheter care.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. Staff regularly checked this equipment and ensured that they were on the correct settings. Some people had pressure areas at the time of the inspection, but these had been present on people's admission. Staff were monitoring these areas closely and taking necessary precautions.

Staff recorded accidents and incidents when they occurred. Accident and incident forms were collated and the registered manager looked for any trends or themes so they knew what action to take to reduce the risk of incidents happening again. When people fell staff sought appropriate medical advice and some people had been referred to their doctor to see if there was a reason they were falling regularly.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us they were aware of the continuity plan and were confident they could reach a manager out of hours for advice if they needed it.

People told us there was enough staff to keep them safe and staffing rotas confirmed this. One person said, "The staff are on rotation but I get to know them and always have a good chat, I am never lonely and never worried about my safety." Another person said, "There always seem to be enough staff and they come as soon as I need them so that's all that matters to me." A third person said, "All I need to do is press this red buzzer if I need help or need to go to the toilet in the middle of the night and someone will come to help without fail." Staff spent time talking with people and did not appear rushed during the inspection. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness.



Staff knew how to recognise and report different types of abuse and people told us that they felt protected from harm. One person said, "I would definitely not hesitate in telling the manager if I had a concern but I have never had a single worry, not one!" Staff had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "It's simple, treat people the way I would want to be treated. If that is not happening, you report it. I could go to the deputy manager or the manager and just keep going higher in the organisation. If not I could report it to social services or the Care Quality Commission." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

## Is the service effective?

### Our findings

People and their relatives told us that staff knew how to support them effectively. One relative said, "The staff are all extremely pleasant and incredibly patient when helping [my relative]." Another relative said, "I have nothing but praise for the staff, [my relative] could not be more content."

There was an on going programme of training which included face-to-face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy.

Staff had also received training on people's specific needs such as dementia awareness, malnutrition, and challenging behaviour. Nursing staff had undertaken additional training in specific topic areas such as diabetes and palliative care. They shared the knowledge they had gained with the rest of the staff team. Nurses told us how important it was to keep their skills updated and were aware of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the Nursing and Midwifery Council).

Staff put their training into practice and gave people the support they needed. During the inspection one person became distressed and staff gave them reassurance in a calm manner. Staff supported people to move people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding. One person told us, "The staff all know what is what and exactly what they have to do."

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. New staff worked through induction training which included working alongside established staff. One member of staff told us, "I have done a lot of shadowing; I think it is better that way so you get introduced to people." New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 so that they can 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 and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "If

people can make decisions let them. We might use sign language or facial expressions to help us know what people are trying to say. Wherever we can it is important to let people speak and be themselves." The registered manager had made DoLS applications when necessary, however, these had not yet been authorised.

People were able to make day-to-day choices about what they wanted to do, eat and wear. Staff assessed people's capacity regarding each aspect of their care. When people did not have capacity best interest meetings, involving people's loved ones, were held to ensure that appropriate decisions were made on people's behalf and in the least restrictive manner.

People visibly enjoyed their lunchtime meal and the atmosphere was relaxed, with people chatting to staff and each other. People told us that they enjoyed the food and that it tasted good. One person said, "We have a good choice of food, always enough on the menu and always pleasant food."

People told us they had access to food and drink at all times of the day, and this was not restricted to set meal times. One person said, "I like my tea and biscuits mid-morning but sometimes I like it a bit early so I can just nod the wink and it comes." Another person said, "When I am a bit peckish I can ask for a sandwich or a biscuit like I would get myself at home but now it's made for me."

People were supported and encouraged to eat a healthy and nutritious diet. Some people had special tubes where they were fed directly into their stomach with a liquid diet. People received the amount of nutrition they needed and were monitored to make sure their weights were stable. When people lost weight staff sought advice from dieticians and followed the guidance they received.

People's health was closely monitored by the registered nurses and when it was necessary, health care professionals were involved, to make sure people were supported to remain as healthy as possible. One person told us, "When I need to see a doctor for my legs I always get the help I need and someone will come with me if I have to go to the hospital." Another person said, "I have to have my eyes tested but I don't need to worry about that it is all organised for me"

Some people had diabetes and there was clear guidance in place to tell staff how people may appear if their blood sugar levels were too high or too low. Staff had been trained to test people's blood sugar levels and knew what to do if they were outside of a healthy range.

If people's health deteriorated and they required more support staff responded quickly. On the day of the inspection one person told staff they felt unwell and a doctor was contacted to come visit the person promptly.

# Is the service caring?

## Our findings

People and their relatives spoke positively about the care they received and the kind and caring nature of staff. One person said, "The staff are lovely, very patient, very kind and what is more they really do care it is not just a job." A relative told us, "We cannot fault it, caring and beyond." Another relative said, "The staff are lovely, every one of them, I cannot fault them."

Staff knew people well and had built up strong relationships with them. There was a sign in the entrance hall of the service stating, 'Our residents do not live in our workplace. We work in their home.' Staff all told us that they believed the service to be people's home, and that it was important they were able to live their lives the way they wished. One person's care plan said, "Likes to wear jewellery all of the time. Has got bracelets, rings and chains." We visited the person in their room and they were wearing their jewellery. We asked them about their rings and chains and they proudly showed us them, smiling whilst doing so.

Staff treated people with compassion and kindness. We saw many natural, empathetic interactions between staff and people. Staff spoke to people calmly and gave them reassurance if they were distressed. One staff member told us, "If someone is tearful or sad then obviously we would support them. It could be a little touch, or holding someone's hand to ensure people know that we are there." Another staff member said, "One person can get quite upset. I talk to them really calmly and nine times out of ten that works. If not then I'll move away and come back later."

People told us that they were able to choose if they would like a male or female carer. One person said, "I don't mind who looks after me male or female but we can make a preference." People's care plans confirmed that if they had expressed a preference this was recorded and rotas showed that these preferences could be met.

People told us that they were involved in planning their care. If people needed assistance or wanted their loved ones involved this consistently happened. One person told us, "I have got a care plan but I prefer to let my daughter discuss that and I think it is done once a month." Another said, "My wife and son discuss my care and any planning that needs to be done." A relative told us, "I have a meeting about dad about once a month and can call whenever necessary, that's never a problem."

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. One relative told us, "The staff are all welcoming, open and above all caring." Relatives we spoke with said they were always kept well informed about any changes to the health and welfare of their loved ones. One relative said, "I feel that I can approach anyone of the staff concerning my husband at any time of day or night."

People personalised their rooms in line with their particular likes and preferences. Some people had decorated their rooms with pictures of things that were important to them such as family members or loved ones. A person told us, "I've got all my own bits and pieces around me." A relative told us, "I brought all my dad's own knick-knacks in and his photographs to make it feel more homely."

People told us that staff treated them with respect and dignity. One person said, "The girls always knock before they come in and always ask permission first." Another said, "If I want privacy I just ask for my door to be closed." A relative told us, "[My loved one] likes to keep his door closed until he's ready for the day and this is always respected." Staff always waited to be invited into people's rooms and asked as they left if people wanted the door left open or closed.

People were encouraged to be as independent as possible. People told us that staff gave them the time they needed to complete tasks on their own. One person said, "I don't get rushed, I can take as long as I fancy and someone will always step in to help if needed." Another person said, "I take for ever to get dressed but I prefer to dress myself and take my time"

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "They are all marvellous here, they look after me regally here I have no complaints about a single thing." A relative told us, "The staff always make the time to have a chat to re-assure me that my dad is ok when I leave." Another relative said, "I discuss [my relative's] care at least once a week and am very involved in what is decided"

At our previous inspection care plans did not always contain clear instructions for staff to follow to meet individual care needs. There was conflicting information for staff regarding people's dentures and the assistance people needed to move safely. Staff had not documented when one person had become distressed and shouted loudly during the inspection. At this inspection, improvements had been made. The breach in regulation found at the last inspection had been met.

There were clear, accurate guidelines in place for when people needed assistance with moving and handling. Staff moved people safely and explained to people what was happening when they did so. When people had dentures this was recorded in their care plan, and people we spoke with told us they received the right support with their oral care. One person had recently had a tooth removed and the support they needed following the operation was documented within their care plan. Care plans were reviewed monthly to ensure they remained accurate and up to date.

People received the care and support they needed, in the way they wanted. Preferences with regard to people's personal care and daily routines were documented in their care plan. Staff told us that they felt records had improved and they now had more guidance on how to support people.

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and the person's funding authority as possible. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person. Plans were reviewed regularly and updated as staff got to know people better.

An activities co-ordinator had recently been appointed at the service and organised a range of activities for people to participate in. During the inspection people received hand massages, had their nails painted and some people had their hair cut. The weather was sunny and some people went for a walk along the sea front. People told us they enjoyed the variety of activities. One person said, "We had singers in yesterday and I think that there is bingo tomorrow so there's no time to get bored." Other people told us about their visits out. One person said, "I had a little outing along the front at the weekend and we get out when we can and when the weather is warmer." Another person said, "I like to sit in the lounge in the mornings and my pal took me out for a coffee this morning and I am off again this afternoon with my wife and daughter."

The service had a complaints policy which staff were aware of and knew the process for. There had been four complaints received in the past year. Recording was inconsistent and although there was evidence that complaints had been resolved it was difficult to track how complaints were received, that timescales had been kept to and feedback had been given to complainants. Staff meeting minutes showed that

concerns had been raised regarding a lack of activities, however there was no other reference to this complaint. Similarly staffing records showed that disciplinary action had been taken regarding staff conduct, and the registered manager told us this was due to complaints from people, but there was no record of this initial complaint.

The area manager had identified poor complaints management through their regular checks to the service and in response had recently introduced improved documentation for receipt and monitoring, together with categories to assist analysis of trends. This was in the process of being introduced and we will follow this up at our next inspection. The registered manager had stated in a recent resident's meeting that if people had, "Any worries or concerns, do not wait for a residents' meeting, management have an open door policy and are always available."

Relatives told us that they knew how to complain and said they would raise any concerns with the registered manager. One relative said, "I can always ask for help or let them know when I am not happy and there is without fail someone to listen." Another said, "I had one little niggle when my husband first arrived and it was dealt with immediately and satisfactorily." A third told us, "If I have any concerns for my husband I can always call and speak to someone who knows."

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well-led. A person told us, "There always seems to be someone to listen to my worries and someone to help." Another person said, "I think it is all ship shape here." One relative told us, "The manager always has her door open and we can call whenever we like." Another relative said, "[My relative] and I are 100% confident with [my relative's] care and the management at the home, we are here pretty much every day and if we can't make it in we call and always get a thorough and comprehensive response from the staff and the manager."

The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were a registered nurse and had completed a level four qualification in leadership and management. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. One staff member said, "I get very good support. I have been with this company for ten years." Another said, "The support is really good. I would go to [the registered manager] if I had any problems."

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The registered manager told us, "Our aim is to make sure people have their last days being looked after in the way they want." Relatives agreed with this vision and told us, "I have no worries what so ever about [my relative's] care, that is why we chose this home as they have such a good reputation locally."

Staff meetings were held monthly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again.

The registered manager made regular monthly checks on the service including areas such as medicines, care plans, infection control and clinical areas such as falls and pressure concerns. Additional quarterly audits were completed covering areas such as the premises, equipment and quality of service delivery. Recent audits had identified that some wardrobes required fixing to the wall and this was seen to be completed at the inspection. An area manager completed additional checks on the service and had identified that complaints management and tracking could be improved. We will follow this up at our next inspection.



People and their relatives, staff and other stakeholders were asked for their feedback about the service on a regular basis. People were given an easy read questionnaire that was colour coded so it was easier to understand. Feedback had been read and considered and the provider acted to address any issues that were raised. A specific activities survey had been completed in February 2017 and all responses seen were positive.

People and their relatives also had the opportunity to give their feedback at regular resident and relatives meetings. When areas for improvement were identified these were immediately actioned. One person had raised that the door to the sluice room was banging, and another that the ramp outside was broken and these were seen to have been fixed at the inspection. Although the registered manager was acting on feedback they did not always feedback the action they had taken to people. The registered manager agreed this was an area for improvement.

People had detailed care plans and risk assessments in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.