Runwood Homes Limited

Mulberry 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

This inspection took place on the 18 January 2016 and was unannounced.

Mulberry Court is a residential care home that is registered to provide personal care to up to 83 people over the age of 65. At the time of our inspection there were 80 people using the service.

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.

People had care plans in place which were detailed and included information about their backgrounds, healthcare needs, likes and dislikes and interests. People and their relatives had opportunities to be involved in the planning and review of their care. Risk assessments were in place for individuals and the environment to help keep people safe from harm. People had enough to eat and drink and were provided with a balanced and varied menu. The service provided activities which kept people engaged and allowed them to pursue interests and hobbies where possible.

Staff had a good understanding of safeguarding and received appropriate training to enable them to keep people safe from risk of harm. They had received training that was appropriate to their role and were regularly supervised by management. Staff had opportunities to contribute to people's care planning and the development of the service. Interactions between staff and people were positive and staff were knowledgeable about the people who used the service. Staffing levels within the home were appropriate to keep people safe. People provided consent to receiving their care and staff understood their responsibilities under the Mental Capacity Act.

Medicines were managed, stored and administered safely and people had access to relevant healthcare professionals where needed. The service had robust auditing systems in place and used these to identify areas for improvement and take appropriate action to resolve issues. Complaints were handled appropriately and meetings were held for staff, people and relatives to discuss matters concerning the service. Regular checks were completed to ensure the environment was safe.

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 were aware of how people could be safeguarded from risk of harm.

The service kept robust risk assessments to identify and minimise any risks to people in the home.

Medicines were stored and managed appropriately.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training which was relevant to their role and enabled them to provide effective care and support.

People's healthcare needs were identified and met, and they had a balanced, varied and nutritional diet.

Staff understood the principles of the Mental Capacity Act and ensured that people gave consent to receiving care.

Is the service caring?

Good

The service was caring.

Staff had a good relationship with people and interactions were positive, upbeat and compassionate.

People and their families were provided with opportunities to provide feedback on their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, person-centred and reflective of their changing needs.

The service had a programme of activities which kept people engaged and allowed them to pursue their interests and hobbies.

The service had a robust system for handling complaints.

Is the service well-led?

Good

The service was well-led.

Staff, relatives and people were positive about the management of the service.

Regular audits were conducted which identified areas for improvement around the service and took action to resolve them.

The visions and values of the provider were promoted through team meetings which provided staff with the opportunity to discuss issues affecting the service.

Mulberry 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 inspection took place on 18 January 2016 and was unannounced. The inspection was carried out by two inspectors from the Care Quality Commission.

Before the inspection, 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 12 people who used the service, six of their relatives, eight members of staff, the registered manager, regional director and chef. We spoke to seven healthcare professionals involved with the service who provided us with feedback. We looked at the care plans, healthcare records and daily notes for ten people, recruitment records for seven members of staff, quality audits, medicine records, accidents and incidents records and minutes from staff meetings and surveys.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "It's very safe in here. I'm not worried at all about that.-They know how to keep us safe." Another person said, "I feel safe, I can lock the door at night and you know you've got people around." A relative told us they felt their loved one was being cared for safely. They told us, "[Person] was in another placement before and I couldn't sleep for worrying about [their] safety, now [they're] here I know they're safe."

Staff were able to tell us about ways in which they kept people safe. One member of staff said, "We always make sure all equipment is working and all checks are completed as often as possible." Another said, "We've had safeguarding training, it's one of the first things we learn." Staff were able to recognise signs of abuse and knew how to report and record these to protect people from any risk of harm. Training records we saw confirmed that all staff had received training in safeguarding and that this was regularly refreshed and reviewed. We reviewed the log of accident and incidents kept by the service and found that where necessary, appropriate safeguarding referrals had been made to the local authority and the Care Quality Commission.

There were risk assessments in place for each person to enable staff to support them safely. Before the inspection we had received information regarding a high level of falls within the home, and records showed that there had been a number of falls recorded in accident and incident logs. However, we saw that the risk assessments that had been put in place for each person were detailed and contained clear information as to how these risks could be mitigated. During our inspection we observed staff helping people with additional mobility needs to move around the service, and there were no specific environmental risks observed that might have increased the likelihood of falls. Each person had a risk assessment for moving and handling which detailed how they could be supported to move safely where appropriate. The service also completed general risk assessments which detailed the overall risk of accidents in the home. This included ways in which the risk could be reduced, for example mopping floors during mealtimes when people were congregated in one part of the home and ensuring that staff did not leave a wet floor unsupervised.

The service had clear protocols in place for dealing with emergencies and a contingency plan which detailed their actions in case of a variety of adverse conditions. Each person using the service had a personal evacuation plan (PEEP) in place which detailed how they would need to be supported in case of fire or emergency. Colour-coded stickers were placed on people's doors to indicate whether they were independently mobile or not, and what level of support would be required in an emergency. Fire equipment kept in the home was tested regularly and we saw fire and gas safety certificates which confirmed that checks had taken place recently at the service. Electrical equipment had been PAT tested and any maintenance issues in and around the home were promptly resolved by a dedicated maintenance staff employed by the service.

People told us there were enough staff to keep them safe. One person said, "There's enough staff here, they're never far away." Another person said, "If I call for help they can take a bit of time but they do come." We spoke with members of staff about the staffing levels who told us that these were safe for people. One member of staff said, "We do need more staff sometimes. People aren't at risk in my opinion but sometimes

we're very pushed for time." Another member of staff said, "We keep on top of everything, we work as a team and support each other and that means we can keep people safe, although it would be nice to spend more time with people."

Before the inspection we had received information that slow response times to emergency calls were sometimes leaving people at risk. The manager was able to demonstrate ways in which they had addressed this, including a staff deployment tool which was completed before every shift and assigned a member of staff to specific people on each floor. This allowed staff to concentrate on supporting a smaller group of people to allow them to better attend to their needs while on duty. People had call bells in both their rooms and communal areas of the home which allowed them to call staff when needed. During our inspection, we tested one call bell and a member of staff responded within 40 seconds. The management team had oversight of all emergency calls and were able to monitor these from the offices. This enabled them to notify staff if there were more calls than usual and to monitor response times.

During our inspection we encountered a person who was calling out from their room. We raised this with the Care Team Manager for that floor and they were able to describe why the person was calling out and ways in which they were attempting to meet their needs. We observed that staffwere regularly checking on the person to ensure that they were okay and that this was a known and assessed behaviour.

Medicines were stored safely and securely and there were systems in place to ensure that all medicines were being safely administered. The manager told us that only trained and competent staff were able to administer medicines and that the medicines rounds were undertaken by the Care Team Managers on each shift. We saw competency assessments which were completed by management following observations of staff during these rounds. Stock was regularly audited and spoiled or refused medicines were returned promptly to the pharmacy. The service had a fridge for all medicines which were required to be kept below a certain temperature, and all cabinets for medicines were locked and secure. We saw a positive report from the pharmacist who performed an independent check of the service's systems for storing and administering medicines.

People who required 'as and when' (PRN) medicines had a data sheet for each medicine which detailed the circumstances in which they would be administered. Each person had their own medicine file which included their picture, a list of regular medicines they took and information about how they preferred for these to be administered. Where people required creams or ointments to be applied, the home had created forms with body maps which showed where this cream was to be applied and required staff to sign to indicate that this had been applied. We saw that these were being completed regularly and correctly.

Staff were recruited safely to work in the service. We looked at staff files which confirmed that the service had sought proof of their identity, two references from previous employers and that each member of staff had completed a Disclosure and Barring Service (DBS) check. Application forms had been completed and staff had been assessed for their skills, competencies and experience before being recruited to work in the service. They did not begin work in the service until all their checks had been completed.

Good

Is the service effective?

Our findings

Staff received training which was relevant to their role and enabled them to deliver care and support which met people's needs. Staff confirmed that the quality of training was good and equipped them to fulfil the requirements of their role effectively. One member of staff told us, "We have loads of training, usually refreshed once or twice a year. There's a good mix of theory and practical work and it gives us all opportunities to develop." Training records we saw confirmed that staff had received a variety of training including in supporting people to move around the home, health and safety, medicines management and fire safety. This training was regularly refreshed and we saw a training matrix which confirmed that staff regularly completed this training and that new staff were trained in each area before commencing work.

We spoke with staff about specialised training they received to enable them to better support people using the service. We saw that all staff undertook an 'e-learning' course in dementia awareness. One member of staff said, "The training we have to better understand dementia is good. I learned a lot through it and was inspired to become a dementia friend. It's helped me to better understand the condition and how it affects people." Staff were provided with information relating to other conditions that people lived with including epilepsy and diabetes. The manager told us that staff did not currently receive specialised training in these areas but were encouraged to learn 'on the job' and through team meetings and supervisions. We saw minutes from meetings which confirmed that people's specific healthcare needs were routinely discussed, and staff we spoke with were knowledgeable about people's conditions and how to meet their needs. Some staff told us they had been made 'champions' in specific areas, for example we spoke to one member of staff who had been made a dementia champion and another who was the skin champion for the home. This showed us that staff were encouraged to develop and enhance their knowledge to deliver more effective care.

Staff told us they had received a full induction prior to beginning work with the service. They were issued induction packs included information about their roles and responsibilities, policies, supervision agreements and confidentiality. New staff worked alongside an experienced member of the staff team for a period of time. Staff told us they received regular supervision and performance reviews from managers. One member of staff told us, "We have supervisions every two months, it gives us the chance to talk about any issues affecting us or the home. I make sure I have my say- most of the time I feel listened to." We saw a supervision matrix which confirmed that staff were receiving supervision at least once every three months and performance reviews on an annual basis.

Staff we spoke with were knowledgeable about the Mental Capacity Act and associated Deprivation of Liberty Safeguards. 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. One member of staff said, "It's how we know people aren't being unfairly restricted of their freedoms." However we did find that one member of

staff was not able to describe exactly what these meant. The manager told us that they reinforced the requirement for staff to understand these legislations often, and we saw a copy of a memo distributed to all staff which told them of the need to learn and understand these better. All staff had received training in the MCA and DoLs and we saw that both had been discussed routinely in team meetings.

DoLs authorisations were in place for a large number of people who had either had window restrictors placed in their rooms or were unable to leave the service without supervision. We saw that in each case, a capacity assessment had been completed and that people and their friends/relatives had been included in the decision making process where appropriate. People who didn't have authorisations in place either had applications pending or were not being deprived of their liberty.

People we spoke with told us they had consented to receiving care from the service, and that staff routinely asked for consent when delivering care. One person told us, "They have to ask our permission and I appreciate that." Staff understood the principles of consent and told us they would always ask permission before providing support to people. We observed that on one occasion a person was moved by a member of staff with no communication. However, the majority of interactions were prompted by staff seeking consent before carrying out any care. We saw that consent was regularly discussed in meetings and staff were able to describe ways in which they ensured that people were happy to be supported.

People we spoke with were enthusiastic about the quality of food being provided. One person told us, "Yes the food's alright, we get a lot of choices over what we eat." Staff were able to tell us about ways in which they supported people to have enough to eat and drink. One member of staff told us, "We always ask people if they have enough to eat and drink, offer them snacks and try and make sure they're satisfied with what's on offer." During our inspection we observed people being offered snacks and drinks regularly throughout the day and people had a variety of confectionary, fruit, hot and cold drinks and were supported by staff.to eat this where necessary

Menus were provided in both written and picture form and provided a good range of options for people. We saw that there were meat and vegetarian options available, but the chef told us that when people did not want either choice, they would prepare a specific meal for them.
We saw a list in the kitchen which detailed people's allergies, dietary needs and likes/dislikes. This allowed the kitchen staff to ensure that meals provided were safe for the person and met their unique needs and preferences. The list also included people's birthdays so that cakes could be prepared for them. The manager regularly performed audits of each floor which looked at people's dietary needs and checked that the kitchen was stocked with foods and drinks appropriate to the overall needs of the people using the service. The service routinely asked people for feedback on the quality of food provided. We saw feedback forms created by the provider which sought people's opinions on their meals and asked them to provide a list of things they would like to see on the menu in future.

People's weight was recorded routinely depending on assessed need. For people who were at risk of not eating or drinking enough or had been assessed as being underweight, weight checks were performed more regularly. People's nutritional needs were clearly established in their care plans. We observed the lunchtime meal and found that it was an upbeat and positive occasion. The quality of the food was good and people were offered a visual choice of options. Where people required additional support with eating, we observed staff sitting with them and cutting up their food. We saw one member of staff leading a sing-a-long while another went around checking everybody was happy with their meal. When one person expressed they did not like the food, they were provided quickly with a suitable replacement.

One member of staff told us they had been appointed to be the pressure care champion for the service and

was able to describe how they recognised and reported any signs of pressure ulcers. We saw that pressure ulcers were graded and that referrals were made to external healthcare professionals where appropriate. Before and during the inspection, we received feedback that the service had not always recognised signs of discomfort and reported these promptly. However we found that there were robust systems in place for assessing and monitoring pressure care needs and that appropriate referrals had been made in the majority of cases to ensure that any injuries were treated by the District Nursing team.

Appointments with healthcare professionals were recorded in multi-disciplinary and family records and detailed the exact reason and outcome of each visit. We saw that referrals had been made to healthcare professionals where appropriate and that people were routinely receiving visits to ensure that any healthcare issues were being assessed and treated. For example where one person had developed a pressure ulcer, we saw that the service had recorded each time the District Nurse had visited and changed their bandages.

Good

Is the service caring?

Our findings

People told us that staff were kind and compassionate and that they felt well cared for in the service. One person told us, "I've been here some time now and I enjoy it, the staff are lovely and you couldn't wish for better. They wait on you hand and foot. Everybody's lovely." Another person said, "Yes it's very nice here. The staff are good- they look after us really well." We spoke with a relative who told us, "I come in four times a week and from what I see people are well cared for, they have a keyworker and you can always talk to staff."

The service tried to encourage staff to develop understanding and compassionate relationships with people. For example we saw memory boxes which were being placed outside people's rooms and contained a number of items which were specific to that person. The ground floor of the home was decorated in a 'London Underground' theme which included underground maps, signs and wall prints. The manager told us that during consultation they had found that a lot of their residents had a connection with London and related to this imagery well. Staff we spoke with were able to describe people's social histories, interests, conditions and spoke about them warmly and positively. One member of staff said, "It's all about the [people], they're the reason I come in every day and leave with a smile on my face. Just knowing I've made a little difference to their lives is so rewarding." Another member of staff told us, "We want to make people's lives a little bit more special- we hope that we make a real difference."

We observed that interactions between people and staff were positive, upbeat and friendly. Staff were talking to people using their preferred names, laughing and joking and encouraging them to be involved. We observed one person dancing happily to music, and they were joined by a member of staff who was happy to dance with them and encouraged others to get up and join them. This helped to create a vibrant and positive atmosphere and keep people stimulated and interested. We also observed one person approach a member of staff complaining of being in pain. The member of staff immediately attended to the person and supported them to their room to help them.

People told us they felt involved and listened to by staff and management. One person said, "We have meetings and people always ask us how things are going." The manager told us that the provider had consulted with people about colour schemes that were going to be used to decorate the home. Another person told us, "They always ask 'are you sure you're happy, is there anything we can do?' They are lovely." The service held residents meetings once a month and encouraged people using the service to attend and provide feedback on the quality of care and support being offered. We also saw minutes from relatives meetings which were held once every quarter and gave relatives the chance to visit the home and talk with people and staff about their experiences of the service. One member of staff told us they routinely included families in all care planning. They said, "We always include them in planning- we have a couple of families who live abroad so we send them regular emails instead of calling, just so they're kept up to date and able to give us feedback." The service published a monthly newsletter which provided people with updates about the home, and included information about activities, upcoming events and changes, and provided people with the opportunity for their contributions to be included in each issue.

People told us they felt they were treated with dignity and respect. One person told us, "They (staff) always

tap on the door before coming in." Staff were able to tell us about ways in which they observed people's privacy and dignity. One member of staff said, "When we have our handovers we make sure our colleagues have enough information to ensure that we're respecting their privacy and dignity- for example if somebody's expressed that they prefer to have alone time in their room in the morning we make sure that they're aware of it so they're not unnecessarily disturbed." There was information displayed about promoting people's dignity. The manager explained that these were changed monthly to provide staff and people with a variety of information regarding the importance of promoting dignity and privacy. We saw audits completed monthly which detailed indicators of 'supportive and enabling care', which looked at observed body language, interactions and how privacy and dignity was being promoted and they also included suggested improvements.

Information was displayed in people's rooms which made them aware of who their keyworker was and people were made aware of who they could speak to if they had any concerns. Advocacy information was included in people's care plans and was visible on display throughout the service. Confidentiality was observed and staff told us they would not discuss any issues affecting the person's care with anybody outside of the service. We saw letters that had been sent out to all people before a local authority inspection. These informed them that professionals might request to look at their care plans and providing them with the opportunity to state if they had any concerns about this. This showed us that people's private information was being respected.

People's end of life wishes were established in their care plans. The service had received several compliments from relatives who praised the staff and management for how their loved one was supported toward the end of their life. We read one such compliment which said, "To staff at Mulberry Court, as a family we pass along our sincere appreciation for all the care, attention and love shown to our beloved [relative]. The last year in particular was difficult for [them] as a result of [their] loss of independence and memory. It has been comforting knowing [they] was in good hands and was treated with dignity and respect despite [their] challenges. Thank you all."

Good

Is the service responsive?

Our findings

Care plans were detailed and gave a comprehensive insight into the person being supported and their needs. People told us they were involved in planning their care and consulted about the contents. One person said, "They always show it to me, I don't always understand it but they read out what's in there." We saw that people's social histories and backgrounds were included which enabled staff to better understand where the person had come from and their unique personality. We saw family trees for each person which included all of their relatives and important people in their lives. A relative told us, "When they first come in they look at who they're best suited to living with and encourage them to develop relationships with people who share the same interests."

People's individual needs were established through pre-admission assessments which included information about healthcare needs, mobility, memory and any risks factors involved in their support. Information from these assessments was then used to inform the rest of the care plan. We found that the information contained within these plans was detailed and reflective of each person's needs. For example where people were stated as living with dementia, a dementia dependency tool had been completed which considered all of the ways in which the condition might affect the person and how staff could support them to manage any associated difficulties.

These plans established the exact level of care and support required in each area. For example where one person required personal care, the care plan broke down the exact tasks and routines and level of support required for each. One person had been identified as needing encouragement to join activities and the support plan included details of exact ways in which staff could support them with this. This enabled staff to gain a better understanding of how people preferred to be supported on a day-to-day basis.

Staff completed daily observation notes for each person that gave an overview of their daily activities, health and well-being. These were then used during handovers to ensure staff coming on duty were aware of any pertinent information about each person before commencing their shift. If people's needs had changed or they required extra support due to observed changes in mood or health, then the service used a close observation tool protocol which required staff to monitor and record their condition regularly.

People's changing needs were recognised and met by the service. For example the manger was able to provide us with an example whereby a person's family had requested for them to move rooms due to a lack of stimulation on a higher-dependency floor. We saw that the service had consulted with the person, gained their consent to support them to move rooms and then reviewed the decision later on. The person confirmed that they felt more stimulated in their new room and was happier as a result. Another person told us that they had asked not to be supported by specific members of staff and that this had been met by the service.

People told us they enjoyed the activities on offer. One person said, "I can go out for walks and things when I want to or there's always stuff taking place in the home. I have friends here and the entertainment on offer is wonderful." The home employed two full-time and one part-time activity co-ordinators who were tasked

with providing activities throughout the day. During our visit we observed people dancing, listening to music, watching films, enjoying a visit from a PAT dog and being given a list of activities that were taking place in the next few weeks. Activities scheduled included floor darts, skittles, arts and crafts and ball games. The staff told us about activities people had enjoyed over the last year, including an 'around the world' week where staff cooked a variety of native dishes and played different music from around the world. We saw that the people enjoyed regular outside entertainment including therapy sessions with miniature ponies, visits from local schoolchildren and singers. People were also encouraged to participate in trips outside of the home and had been for pub lunches, day trips and visits to local shelters.

The service had a number of amenities for people living in the home, including an on-site shop, hairdressing salon and tea room. Staff told us that people made regular use of each facility and that they had opportunities to volunteer in each. During our observations we saw people being encouraged to help out around the home, including assisting with cleaning, making tea and collecting people's cups and plates.

The service had a policy in place for handling complaints and people, staff and their relatives told us they knew who to complain to and would feel comfortable raising a complaint if necessary. One person told us, "I will speak to the boss if I have any worries." A relative said, "If I say anything they act on it quickly."

Good

Is the service well-led?

Our findings

People we spoke with were positive about the management of the service and felt supported by the registered manager. They were able to tell us who the manager was and felt that they could approach her with any issues. One person said, "The manager is really nice, I can talk to her whenever I want." We spoke with a relative who told us, "The manager is extremely nice, she holds appointments every Wednesday for us to go and speak with her and she always responds to our issues. A healthcare professional felt that the service was well managed, saying, "The manager is always there, she's very approachable."

The management team consisted of the registered manager, deputy manager and care team managers for each floor of the home. Prior to the inspection we received information that the manager was not always spending time monitoring the home. We reviewed rotas and records which showed us that the manager worked regularly at the home. We also noted that she had good knowledge of people using the service, staff and systems in place. We saw a board in the office which provided a comprehensive overview of everyone being supported by the service, their room numbers, health conditions and any other information relevant to their care. This allowed the manager to have a comprehensive oversight of activity in the home. During our inspection we saw the deputy manager walking around the home regularly to monitor activity on each floor and provide care and support to people. The care team managers we spoke with were knowledgeable, approachable and understood the needs of the people on their assigned floor.

Staff told us they felt well supported by management. One member of staff said, "Management is very supportive and understanding." Another member of staff told us, "The manager is perfect. Very good, supportive, approachable and fair. No complaints at all. It's wonderful here, every day is different and I can't express enough how much I enjoy working here." Another member of staff was keen to tell us about the developments within the service since they started working there, telling us, "I've watched it progress from 17 residents to where it is today, it's amazing really. But it's never lost that personal touch."

People were issued with a 'Philosophy of Care' document which contained the visions and values of the provider, which were described as, "we aim to provide a happy homely environment and create a friendly atmosphere within which the unique needs of individuals are recognised and fulfilled." We found during our inspection that these values were echoed by staff and reinforced through staff meetings and displays which communicated these values. One member of staff said, "We've had challenges but we know at the end of the day we're here for the residents. That's the core value we all have."

The home held regular staff meetings to provide members of staff with the opportunity to discuss any issues affecting the home. One member of staff we spoke with told us, "We meet regularly; we have a lot of different meetings. It gives us a chance to keep up with what's happening in such a big home." We saw that a variety of topics were discussed in these meetings which enabled staff to keep abreast of developments in the service and key messages from management. The service also held meetings between care team managers, activity co-ordinators and staff working on each floor. This enabled staff to discuss specific issues which were then bought to the main staff meetings. For example we saw that pressure ulcers had been discussed at a recent meeting to keep all staff aware of their roles and responsibility to report any potential concerns

in this area.

The manager undertook a monthly self-audit which looked at various areas of the service and identified areas for improvement. We saw compliance reports which were issued each month by the Regional Director which included details of falls, observations around the home and a report which included actions required to improve. We saw that the majority of these actions had been resolved by the service. For example one report suggested offering people a visual choice of meals by showing them the options served on the plates during mealtimes. We observed this practice taking place during our inspection, which showed us that the action had been met and the information had been cascaded down to the staff team. Weekly performance indicators were issued by management to provide an update to all actions and outcomes established by the home and detail progress. This showed us that the service was striving for continual improvement.