Havering Care Homes Ltd

Upminster Nursing Home

Inspection report

Clay Tye Road
Upminster
Essex
RM14 3PL

Tel: 01708220201
Website: www.haveringcare.co.uk

Date of inspection visit:
27 January 2016
03 February 2016

Date of publication:
14 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 27 January and 3 February 2016 and was unannounced on 27 January 2016.

Upminster Nursing Home is a purpose built 35 bed care home providing accommodation and nursing care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. For example, hoists and adapted baths are available. People live in a clean and safe environment that is suitable for their physical needs.

The service had a registered manager. 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 and associated Regulations about how the service is run.

We last inspected this service on 23 February 2015. During that inspection we found that the provider was in breach of the regulations that related to safe care and treatment, consent and also dignity and respect. People were not protected as actions had not been taken to address issues of risk that had arisen. People were not protected from the risk of being deprived of their liberty inappropriately and were not always treated in a caring way. The provider did not have effective systems in place to assess and monitor the quality of the service or to respond to recommendations made in monitoring reports. The provider sent us an action plan stating the steps they would take to address the issues identified. At this inspection we found that improvements had been made and the regulations were now being met.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

People told us they felt safe at Upminster Nursing Home and that they were supported by kind, caring staff who treated them with respect. One visitor said, "I'm delighted with it here. I come every week and I have never witnessed anything that has made me upset."

We saw that staff supported people patiently, with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs. They provided care in a respectful way.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty. Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The provider monitored the service provided and people were asked for their feedback about the quality of

service. When issues or concerns were identified action was taken to address these.

People told us that they were happy with the food and drink provided and their nutritional needs were met. If there were concerns about their eating, drinking or weight this was discussed with the GP and support and advice was received from the relevant healthcare professional. However, people were not always consistently offered hot drinks and snacks throughout the day and night.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

Staffing levels were sufficient to safely meet people's needs. Systems were in place to review staffing levels in line with people's needs.

People's care plans were reviewed and updated to ensure that they contained all of the necessary information to enable staff to support them safely.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

Arrangements were in place to meet people's social and recreational needs.

The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in a clean, safe environment that was suitable for their physical needs. However, we have recommended that the provider review the design and decoration of the premises and make appropriate improvements in line with guidance on environment and surroundings from the Alzheimer's Society.

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People received their medicines appropriately and safely.

Risks were identified and systems were in place to minimise these and to keep people as safe as possible.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

The premises and equipment were well maintained to ensure that they were safe and ready for use when needed.

Is the service effective?

Requires Improvement

The service provided was not consistently effective. People told us that they were happy with the food and drink provided. However, they were not always consistently offered hot drinks and snacks throughout the day and night.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people who used the service.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

The environment met people's physical needs but we have recommended that some internal changes be made to assist people living with dementia.

Is the service caring?

Good

The service provided was caring. People were treated with

kindness and their privacy and dignity were respected.

Staff supported people in a kind and gentle manner and responded to them in a friendly and patient way.

People received care and support from staff who knew their likes and preferences.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Requires Improvement

The service provided was not consistently responsive. When any issues or concerns were raised action was taken to address these. However, people's needs were not always responded to in a timely way.

People were encouraged to make choices and to have as much control as possible about what they did.

People were supported to be involved in activities of their choice in the community and in the service.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these.

Is the service well-led?

Good

The service provided was well-led. People were happy with the way the service was managed and said that any concerns were taken seriously and dealt with.

Staff told us that the registered manager was accessible and approachable and that they felt well supported.

The provider sought people's feedback on the quality of service provided and their comments were listened to and addressed.

The management team monitored the quality of the service provided to check that people's needs were met and that they received the support that they needed and wanted. When this did not happen action was taken to address any shortfalls.

Upminster Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 January and 3 February 2016 and was unannounced on 27 January 2016.

The inspection team consisted of one inspector, a specialist nurse advisor 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 service.

Before our inspection, we reviewed the information we held about the service which included a report of a visit carried out by Havering Healthwatch in September 2015. We also contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with eight people who used the service, the managing director, the register manager, two nurses, six care workers, the activities coordinator, the care planning coordinator, the chef, the handyman and seven relatives. We looked at six people's care records and other records relating to the management of the home. This included three staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

People told us that they felt safe at Upminster Nursing Home. One person told us that staff being around at night helped them to feel safe. They said, "Somebody's here all night. Two or three carers all night." Visitors also told us that they felt people were safe.

When we visited in February 2015 we found that people were not protected as well as they could be and that actions had not been taken to address issues of risk that had arisen. On this visit we found that action had been taken to address this and the regulation was being met. Risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. For example, for those who could not use the call bell to summon assistance a system of half hourly checks was in place. This was confirmed by a visitor who said, "They call in [my relatives] room frequently. Every half hour or so."

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were usually ordered, stored and administered by nursing staff. Senior care staff who had received medicines training and had been assessed as competent assisted when needed. We observed a medicines round and found that this was carefully conducted. The nurse was calm, patient and informative when administering medicines. They completed the necessary records to confirm that medicines had been given.

Medicines were stored in appropriate metal trolleys and there were also appropriate storage facilities for controlled drugs. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. Keys for medicines were kept securely by the nurse to ensure that unauthorised people did not have access to medicines. Appropriate medicines were stored in the fridge, at the correct temperatures. Therefore medicines were securely and safely stored.

There was a system in place to assess and monitor staffing levels in relation to people's needs. Last year the provider had introduced a person centred software system. This computerised system recorded staff interventions and for 22 of the 32 people who used the service their risk assessments and care plans were also computerised. Staff were in the process of changing the remainder to the new system. This software system was also used to calculate and monitor required staffing levels. During the day there was one nurse and six care workers on duty. In addition there was a part time care planning coordinator and an activity coordinator. Staff were supported by domestics, catering staff and a handyperson. At night there was one nurse and three care workers on duty. Night time staffing levels had been increased since the last inspection in February 2015.

A person who used the service told us, "I've got a buzzer and they come quite quickly if I want a drink or something." There were sufficient staff on duty to meet people's needs. People told us that there were enough staff to support them. Staff told us that staffing levels were sufficient to enable them to support people appropriately and that the introduction of the computerised system had given them more time to spend with people. From our observations and from looking at staff rotas we found that staffing levels were sufficient to meet people's needs and to support them with what they chose to do.

Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they did not have any concerns about the way people were cared for and treated. They were clear that they would report anything of concern to the manager and confident that action would be taken. One member of staff told us, "If anything arises we are on to it. We encourage people to tell us things." People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider's recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. We looked at four staff files and found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse's registration with the Nursing and Midwifery Council was also checked to ensure that they were allowed to practise in the United Kingdom. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom.

Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. A 'fire safety' emergency box was in place. This contained a plan of the building including where extinguishers and call points were situated, details of cut off points for gas, water and electricity and emergency numbers. Therefore emergency information was readily available should the need arise. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. People were cared for in a safe environment.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Requires Improvement

Is the service effective?

Our findings

People who used the service and relatives felt that staff knew what they were doing and how to support them. One visitor told us, "[Our relative] always says she's happy here. Another said that staff had received training from a 'specialist' to enable them to care for [their relative].

When we visited in February 2015 we found that people were not protected from the risk of being deprived of their liberty inappropriately. During this visit we found that action had been taken to address this and the regulation was being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. Staff were clear that people had the right to and should make their own choices and understood that people's ability to make choices could vary from day to day. Most staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. None of the people who used the service had a DoLS in place but relevant applications had been made to supervisory bodies and the manager was awaiting their responses. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, "The food is nice. We've got two good cooks." A visitor told us, "The food's very well presented. It looks really nice and it's got texture to it.' At lunchtime on the day of the visit there was a choice of main course and dessert. One person said, "We get a choice. They'll give you something different if you want." A visitor told us, "There's a choice and they're asked the day before what they'd like."

People told us that cold drinks were readily available and we saw this in the lounge throughout the day and also in people's rooms. However, they also told us that tea and coffee were not so readily available. One person told us that tea should be offered at 8pm but that it did not always happen. We saw that in a monitoring visit carried out by independent consultants in January 2016 people had also said that hot drinks were generally only offered four times a day. The registered manager told us that sandwiches were available throughout the night if people wanted them. Although people were aware of this some told us that they were not always offered. The managing director and the registered manager checked computerised record and found this to be the case. They had arranged a meeting with the relevant staff to address the

issue and to ensure that people were offered hot drinks and snacks throughout the day and night.

At the time of the inspection none of the people who used the service had a specific dietary requirement due to their culture or religion. However, a variety of dietary needs were catered for, for example, diabetic, soft and pureed diets. We saw that a person with diabetes was offered an alternative dessert and they told us that they received alternative biscuits and cake that were suitable for them. People's menu choice and dietary needs were recorded on a colour coded chart. This enabled the cook and care staff to quickly and easily identify what people needed and wanted and lessened the risk of any errors being made. People were provided with meals that met their needs.

Overall people were supported to eat and drink sufficient amounts to meet their needs. One visitor told us that staff cut their relative's food up into very small pieces so they could manage to eat it. Some people ate independently and others needed assistance from staff. We observed that staff appropriately supported people to eat and that they were not hurried. We saw that for people who required a pureed diet each food was pureed and served separately to enable them to enjoy the different tastes. Staff recorded what people had eaten and drunk and how much. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

People were supported to access healthcare services. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible and the GP visited for a weekly 'surgery'. In response to difficulties in obtaining timely physiotherapy input the provider had sourced and arranged funding for private physiotherapy input. They were exploring the possibility of extending this to cover occupational and speech therapy. This was particularly important as some people were using the service on a short term basis for rehabilitation after hospital treatment in preparation for returning to their own home. People's healthcare needs were met.

Staff told us and records confirmed that they received the training they needed to support people who used the service. Training included safeguarding, infection control, moving and handling, mental capacity and dementia. An annual training plan was being developed and staff had identified their training needs. We saw that at beginning of February 2016 all staff were booked to complete further dementia training and a nurse told us that wound care training was arranged. Nurses had been trained to carry out more complex tasks that people needed, for example catheterisation. People were supported by staff who received appropriate training to enable them to provide a service that met their needs.

The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was approximately every three months. Staff confirmed that this happened and also that they had a yearly appraisal. One member of staff told us that they were given feedback and asked about new ideas and training needs. They told us that the management team were approachable and supportive and that they provided, "Good support and advice." There were systems in place to ensure that staff had up to date information about people's needs and any changes. One member of staff said, "Handovers are good and other carers update you when you are off. It's quick and easy to look things up on the iPod." Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

The service was provided in a large purpose built building in a semi-rural area. There were four floors with a lift to each floor. Adapted baths and showers were available as was specialised equipment such as hoists. Improvements to the environment were in progress. A wet room was being fitted and also a new hairdressing room. Plans were in place to fit the conservatory with blinds to deflect sunlight and make it

more comfortable. All 35 bedrooms had ensuite facilities and many had red paint framework around the ensuite doors. This had been recommended by a dementia care nurse to assist people living with dementia to distinguish these facilities. The top floor of the building had in the past been used as a separate unit for people living with dementia and contained some murals and sensory items. There was also a 'dementia friendly' garden. However, this principle had not been extended to the remainder of internal communal areas and although people lived in an environment that was suitable for their physical needs, overall it was not supportive for people living with dementia. We recommend the provider review the internal environment and make appropriate improvements in line with guidance on this from the Alzheimer's Society.

Good

Is the service caring?

Our findings

When we visited in February 2015 we found that people were not always treated in a caring way. During this visit we found that action had been taken to address this and that the regulation was being met. People told us that staff were kind, and caring. One person said, "They're nice. Very caring." A visitor told us, "We've been in before and they've been in here holding [our relative's] hand and chatting." Another said, "We feel happy. If we can't get up, we feel [our relative] is being cared for." We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. A visitor told us, "The carers are lovely to [our relative]. They're all very friendly. There's a nice atmosphere here."

People's privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. When supporting them with personal care they ensured people were not too exposed and that doors and curtains were closed. One visitor told us that when staff came to support their relative with turning or personal care they were asked to leave the room whilst this was happening. A person who used the service said that they had been asked if they were happy to be supported by male staff.

Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said there was a regular staff team, good teamwork and that they worked flexibly to ensure that people were consistently cared for in a way that they preferred and needed.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One member of staff told us, "We try to get them to do things for themselves so that we don't take all their independence away.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they did, where they spent their time and what they ate. 'Residents and relatives' meetings had taken place and minutes of the meetings were displayed on the notice board. People were asked for their opinions about what happened at the service and to them.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice. One person who was receiving end of life care told us that they were very satisfied and comfortable with their level of care and they were complimentary about the staff. Nursing staff had received training to enable them to effectively administer pain relieving medicines to people at the end of their life. This helped to ensure that people were comfortable and as pain free as possible. We saw that in a thank you card a bereaved relative had written, "Thank you for making [our relative's] last few months wonderful. We could not have wished for better care for them." Another had said, "Thank you for making (our relative's] last days comfortable and with dignity."

Do Not Actively Resuscitate (DNAR) forms were in place for those who had wanted this. Colour coded flashes were present on people's paper folders for quick identification of who had DNARs in place. As a result of our

discussions with the registered manager slight changes were made to the computerised system to ensure that this information was readily available to all staff via that system. People benefitted from the support of a caring staff team.

Requires Improvement

Is the service responsive?

Our findings

Most people who used the service and their relatives were positive about the way the staff responded to their needs. For example one visitor told us, "They have to turn [my relative] every two or three hours and that always seems to have been done." A person who used the service said that their buzzer was answered quite quickly.

However, the service provided was not consistently responsive. One person told us that they were diabetic but were not always offered food during the night and another said that they were not always offered a late evening drink. One of these people also felt that at times they waited a long time to be assisted to the toilet. In addition we observed a delay in another person being supported to use the toilet. The computerised recording system had shown that over the Christmas period some people had not been turned as often as required. This had been identified by the manager during their monitoring of the service and addressed with staff. The management team were working with staff to ensure that these sorts of issues did not arise and that people's needs were met in a timely manner. We found that when issues were identified action was taken to address these.

People's individual records showed that pre-admission assessments had been carried out by the registered manager or trained staff. Information was also obtained from other professionals and relatives. The assessments indicated the person's overall needs. One visitor told us that another family member had been involved with their relative's pre assessment. Another said, "The manager went to the hospital to talk to them about what [my relative] needed." The assessments indicated the person's needs and gave staff the initial information they needed to enable them to support people when they started to use the service.

People's care plans contained details of their likes and dislikes, what they preferred to be called and their life history. They contained sufficient information to enable staff to provide care and support in line with the person's needs and wishes. For example, one person's care plan identified what nightwear they preferred, that they liked the ensuite light left in at night and what toiletries they liked to be used. Care plans were discussed with people who used the service and their relatives. One visitor told us, "I've seen it. I've written things in the booklet. I've read the file and I've signed that."

We saw that care plans were reviewed each month and updated as and when necessary. Most care plans and assessments were computerised and the system automatically flagged up when information needed to be reviewed and if this was not done then it was flagged up as overdue. This meant that staff could clearly see what needed reviewing and the management team could monitor this very quickly and easily. Changes in people's care needs were communicated to staff during the handover between shifts and recorded on the system. This meant that staff had current information about people's needs and how best to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. When able, they chose where to sit, what to eat and what to do. A member of staff told us, "It's up to them. We ask them if they are ready to get up. If they say no we leave it and go back later." We saw that people were consulted and staff asked their permission before doing things for them. At lunch

time we heard staff ask people if they wanted support. For example they said, "'Would you like me to cut your pasty for you" and "Would you like this."

An activity coordinator was employed for 30 hours per week and we saw photographs of a variety of celebrations and activities displayed around the building. Activities included arts and crafts, word search, crossword, story reading, reminiscence, games, baking and card making. The activity coordinator had asked people what they liked and had made a time table based on this. They told us that this was flexible and that if people were not enjoying something then they did something different. They also spent time with people who were cared for in bed. This was either reading to them or talking to them. A visitor told us that when the weather was suitable people had been in the garden and planted plants with staff. Entertainment and social gatherings were also arranged. We saw that people had enjoyed visits where different pets and animals had been brought to the service. We saw photographs of people holding owls during one of these visits. There had been a barbeque and a Christmas party with an entertainer. Families and friends were invited to these. Arrangements were in place to meet people's social and recreational needs

We saw that the service's complaints procedure was displayed on notice boards in communal areas around the service. Complaints were logged and actioned by the registered manager. People were confident that any issues or concerns would be addressed by the registered manager. One visitor told us, "I have a good relationship with the nursing staff. If there's a problem I speak to somebody. They added that on one occasion they had found a problem in their relative's room. They had mentioned it to staff and it was addressed. People used a service where their concerns or complaints were listened to and addressed.

Good

Is the service well-led?

Our findings

People told us that they were happy with the management of the home. One visitor said that the director had talked with them when their mother was ill. They said, "They're either in the office or having a walk round." Another said, "There's always one of them about." People told us that when they had raised concerns these had been responded to. A number of concerns had been raised about the way that one person had been supported. Relatives of the person said, "The manager was on the ball and got it sorted out quite quickly." They were also satisfied with the contact they now had with the service. They said, "Any concerns they do ring us and ask. They do inform me about what they're going to do."

When we visited in February 2015 we found that the provider did not have effective systems in place to assess and monitor the quality of the service and that there was a lack of evidence to demonstrate the service had responded to recommendations made in monitoring reports. During this visit we found that the action had been taken to address this. We saw that any recommendations from monitoring visit or as a result of issues or concerns were put into an action plan which was closely monitored and updated by the managing director. The updated action plan clearly indicated action that had been taken and when.

There were clear management and reporting structures. There was a registered manager in overall charge of the service and in addition to care workers, there were nurses who led each shift. Staff reported good team working and a happy staff group. They described the home as a good place to work.

People were consulted about what happened in the service. They were asked for their opinions and ideas. For example, we saw that when new chairs were being purchased people were asked to try them and give their opinion before an order was placed. People thought that one chair back was not high enough so this was not ordered. We saw that meetings for relatives and people who used the service had been held in October 2015 and January 2016 and there were plans for these to continue. People were listened to and their views were taken into account when changes to the service were being considered.

We found that the registered manager and the managing director monitored the quality of the service provided. This was by direct and indirect observation and discussions with people who used the service, relatives and staff. The computerised recording system enabled the management team to check at a glance that required interventions had been carried out by staff. This and other details of what was happening in the service were displayed on the computer screen in the manager's office. Any overdue or uncompleted tasks were automatically flagged up. The manager also occasionally worked a night shift and weekends to enable them to monitor the service at these times and also to be more accessible. Both the registered manager and the managing director visited the service unannounced outside their normal working hours. We saw that night visits had taken place in November 2015 and January 2016. External consultants also carried out quality audits and made reports of their findings and recommendations for improvement. People were provided with a service that was monitored to check that it was safe and met their needs.

The provider sought feedback from people who used the service and their relatives through quarterly quality assurance surveys. Feedback was formally sought from staff twice yearly. In addition the consultants,

provider and the managing director also spoke to people during their visits. Minutes of these meeting were displayed on the notice board for those who were unable to attend. People used a service which sought and valued their opinions and these were used to improve and develop the service.