Methodist Homes

Cromwell House

Inspection report

Cecil Road
Norwich
Norfolk
NR1 2QJ
Tel: 01603 625961
Website: www.mha.org.uk

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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

Overall summary

This inspection took place on 22 and 23 September 2015 and was unannounced.

Cromwell House provides support and care for up to 38 older people who may be living with dementia. At the time of our inspection there were 38 people living there.

There was 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.

On the day of the inspection, the current registered manager was not available. We spoke with the person in charge who was currently undergoing checks to become the registered manager of the service following a period of absence. It is this person who is currently taking overall responsibility for managing the service and is referred to as the manager throughout this report.

Summary of findings

The Care Quality Commission is required to monitor adherence to the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were not being deprived of their liberty unlawfully. Staff understood about people's capacity to consent to care and had a good understanding of the MCA and DoLS which they put into practice.

People living in the home were supported by staff who were employed following robust checks to ensure they were suitable to work in care. There were enough staff to meet people's individual needs and they were well trained. Staff understood the importance of reporting any concerns in relation to people being harmed or abused. Medicines were managed safely and administered by staff who were trained and competent to do so.

Staff were supported in their roles and encouraged to develop their skills. People were treated with kindness and respect and their dignity was maintained. Care and support plans were individualised and took account of people's preferences. People were involved in making decisions and, where people were unable to do this, staff understood the correct procedure for making decisions on their behalf. People's needs were reviewed regularly and, where necessary, those important to them were involved.

People were supported in a warm, happy and supportive atmosphere and they felt in control of how they spent their days. People received enough to eat and drink and staff understood the importance of supporting people to maintain health. The service sought healthcare advice in a timely manner and followed advice. Activities were based around people's hobbies and interests and they were plentiful.

The service had an open and transparent culture and sought people's views and comments. Complaints and concerns were addressed and people felt confident in raising issues. People felt listened to and were complimentary about the care they received.

The manager was knowledgeable and experienced. The provider and manager took responsibility for carefully monitoring the service and premises in order to maintain a safe and caring environment. Records were detailed and consistent. Checks on the quality of the service were regularly undertaken. The service had, and was further forging, good links with the local community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The service had enough staff to meet people's needs and keep them safe. Staff were only employed after appropriate checks were completed.

Staff understood what action to take if they suspected potential abuse or harm.

Medications were appropriately stored, managed and administered.

Good

Is the service effective?
The service was effective.

People were supported by suitably trained staff that had the skills and knowledge to meet their needs.

Staff assisted people in a way that protected the rights of individuals and knew the process for those that were unable to make decisions for themselves.

People received enough to eat and drink and were supported to do this where needed.

The service sought healthcare advice promptly and followed advice given. This supported people in maintaining health and wellbeing.

Good

Is the service caring?
The service was caring.

People were supported by compassionate staff who treated people with respect and dignity. Staff encouraged people to make choices and promoted independence.

People were involved in making decisions about the care and support they received.

Good

Is the service responsive?
The service was responsive.

Staff knew people's individual needs, wishes and preferences. People's mental, physical and spiritual needs were met by a range of activities that were based on people's hobbies and interests.

Comments about the service were actively welcomed and people felt listened to. People felt confident in voicing any concerns they may have.

Good

Is the service well-led?
The service was well-led.

Staff worked as a team and felt supported. There was a manager in post who led by example and worked to the values of the service. Training, support and guidance assisted staff in providing a good standard of care and support to people.

Strong systems were in place to monitor the service, ensure people's safety and drive improvement.

Good

Summary of findings

The service had strong links with the local community.

Cromwell House

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 22 and 23 September 2015 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.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We contacted the local safeguarding team and the local authority quality assurance team for their views about the service.

During our inspection we spoke with four people who used the service. We also spoke with five relatives and looked at the way people were supported. 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.

We gained feedback from two health professionals visiting the service. We also spoke with the manager, cook, activities coordinator, kitchen assistant, two senior care assistants, a domestic and three care assistants.

We reviewed the care records of four people and medication records for five people. We also looked at records in relation to the management of the home including quality monitoring audits, staff training records and health and safety checks. We viewed the recruitment records for three staff.

Good

Is the service safe?

Our findings

People who lived at Cromwell House told us they felt safe. Comments we received from people who used the service included, "Oh yes, they're very good here" and "I feel firmly safe, the building is locked, and they are nice people here, although there is a staff turnover". Three out of the four people we spoke with named the management team staff they could raise any concerns with. One person told us, "There's no need, I have no concerns".

The staff we spoke with demonstrated that they understood signs of abuse and how to report any concerns they had. They told us they had received training in how to recognise, prevent and report abuse and that this was updated annually. This was confirmed in the training records we viewed. A staff member described the home as being, "…very on top…" of any potential concerns. They felt confident the provider would deal with any concerns but were also aware that they could contact outside agencies directly. Our records also showed that the provider had appropriately reported concerns in the past and liaised with the local safeguarding team as required.

Care records demonstrated that potential risks to people had been identified, assessed and recorded. This included where people were at risk of, for example, falls, pressure areas and not eating and drinking enough. We observed that pressure mats were in place for those people that were at risk of falls. This meant staff could be alerted when people were moving about and could intervene promptly to support them to remain safe. A record of what people had eaten and how much fluid they had drank was in place for those that were nutritionally at risk. We observed that drinks were thickened for those people that had been assessed as requiring this by a health professional to minimise their risk of choking. Accidents and near miss incidents were reported and analysed with action plans in place to minimise further occurrence.

One person told us, "They're very keen at not putting folks at risk here. They make you wait till there are two of them when you are getting up or wanting to move around. Sometimes it can be annoying but I do understand".

Risks associated with the premises had been identified, recorded and reviewed regularly. We saw that maintenance checks for fire fighting equipment and the water system had been completed regularly. Health and safety checks on people's rooms and the communal areas were completed monthly and included checking that the emergency call bell was working. Window restrictors were also checked on a monthly basis. Regular maintenance records were in place for mobility equipment such as wheelchairs and hoists. This demonstrated that the provider made sure the premises and equipment were safe for people to use.

The manager told us about the recruitment processes for new staff. This included making appropriate checks to make sure they were suitable to work in care. Staff confirmed these checks had been completed before they began in post. The staff files we looked at also confirmed the correct recruitment processes had been followed to ensure that only suitable people were employed to work at the service. An induction programme for new staff was in place to equip staff with the necessary skills to carry out their role. Staff confirmed they had completed this.

People living at the service and visitors we spoke with felt there were sufficient staff within the home to meet people's requests for assistance. Some people we spoke with felt the home was not as well organised at weekends. One person who lived at the service told us they felt there was less staff at weekends. However, the other three people we spoke with did not feel there was any difference to the service at these times. One person said, "I think I see mostly regular staff. I don't think it's much different at weekends".

The staff we spoke with felt staffing levels were sufficient to meet people's needs. Two staff stated that there wasn't always enough time to talk with people who lived at the service. Staff did, however, confirm that an extra member of staff had been arranged to assist a person whose needs had increased. Staff also confirmed that the manager and deputy manager were always ready to undertake any care tasks as required.

We observed that there were enough staff on duty to support people safely. We saw that call bells were answered promptly. One person who used the service told us, "They're [the staff] excellent. I have a dongle (showed us a fob around their neck) and if I press it they are here within a few minutes at most. They're helpful". A visitor told us that they felt staff were, "…generally responsive…" to call bells. We found that medication administration records were appropriately completed with no omissions in recording. This showed that people were receiving their medicines as the prescriber had intended. Medications were stored safely in a locked room and at the correct temperature.

Good

Is the service safe?

We observed a member of staff administering medication. Correct procedures were followed including checking medication against the medication administration record. We observed that the medication trolley was locked at all times when unattended. We noted guidance on medication prescribed for occasional use was in place for staff. Staff we spoke with had knowledge of who to contact for advice on medications and their administration if needed.

Staff told us they received training in the administration and management of medicines and this was confirmed by viewing the training records. Checks to ensure staff were competent in administering medications were completed annually by the manager including those staff that administer topical creams only. We viewed records that demonstrated the service managed medication administration errors in a timely and appropriate manner.

Good

Is the service effective?

Our findings

One person told us, "I'm fulfilled in all respects" while another said, "They look after everyone very well". A visiting health professional told us that the staff had good knowledge of the people they assisted. They gave us an example of where a staff member had effectively reassured and calmed a person prior to treatment being given. Another visiting health professional told us the staff always kept them well informed regarding people's individual health needs.

Staff reported they received training in areas such as fire awareness, first aid, moving and handling practices and food safety and that it was updated regularly. Training to support people living with dementia was completed by all staff and the training records we viewed confirmed this. A number of staff had gained qualifications with others having the opportunity to do so. One staff member felt they were well trained and that requests for further training had never been turned down. Another staff member felt the training they had received was good and thorough. One staff member also told us they had received the training to become an assessor for the new Care Certificate. Extra training had been provided to meet the more complex individual needs of one person living in the home and this was confirmed by staff. We concluded that people were supported by staff who were knowledgeable and competent to meet their needs.

Staff told us they felt supported in their work. One staff member stated, "Everyone knows what they need to do in their job role". Staff told us they had regular supervisions and annual appraisals which gave them the opportunity to discuss their work and any development needs. One staff member told us there were additional one to one meetings should they be required for performance related issues. A newer member of staff confirmed they had received regular review meetings throughout their induction.

Staff were able to tell us how they offered people choice in their daily lives, for example how they wished to spend their day, what they would like to eat, drink and wear. During lunch, we observed a staff member quickly assist a person who asked to sit at a different table. We spoke with staff about how they gained consent from people before assisting them with care and support with one staff member telling us, "Even if I know a person needs help I would ask permission to assist". Staff understood that a person's capacity to make an informed choice may fluctuate throughout the day. They gave an example of this and explained that, if a person refused their medication, they would return a little later to try again.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA aims to protect the human rights of people who may lack the mental capacity to make decisions for themselves. The DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best interests, to deliver essential care and treatment, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful.

Staff had received training in the MCA. They showed that they understood how to support people to make informed decisions about their care. Where people were unable to do this for themselves, action was taken to ensure decisions made reflected people's best interests.

Staff understood the principles of the DoLS and the importance of protecting people's rights. Action had been taken to ensure applications were made in accordance with these principles. This is to ensure that any restrictions made to a person's freedom by the support they receive are properly considered

The staff we spoke with showed a good knowledge of the people they supported and they knew who had a DoLS authorisation in place. Staff explained strategies to support people with behaviour that could challenge others and had knowledge of preventative measures for those they supported. We concluded that the service was meeting the legal requirements of the MCA and DoLS and that people's legal rights were being protected.

Throughout the day we observed that people were offered a choice of hot and cold drinks. At lunch we observed staff checking with people that the food being provided was what the person had ordered. Vegetables were served in a bowl on each table and we saw staff offering people the choice of whether they would like to help themselves or whether they preferred staff assistance. We observed that people's wishes were taken into account throughout. We observed a staff member assisting a person to eat at their own pace so they could enjoy their meal. Four staff

Good

Is the service effective?

members were available in the dining room throughout lunch and they were attentive to people's needs. This meant that staff were available to assist people if required. The atmosphere was calm, friendly and organised.

All the people we spoke with were positive about the food provided. People told us the food was excellent, that the choice of food suited them and that it was plentiful. We observed that fresh fruit was readily available. Snacks were available at any time. Home-made soup was available each day. One person told us, "They're [the staff] always fetching round drinks and snacks, it's good". The people we spoke with all said they had had the opportunity to tell the staff what food preferences they had. We observed specific diet requests being adhered to and the staff we spoke with had knowledge of individual requirements. Kitchen staff informed us that they used a communication book to ensure they are kept up to date with the nutritional needs of people. We saw that a note had been made in this book to inform all kitchen staff that a new resident had a specific nutritional need. One visitor told us that sometimes things are omitted such as crusts not removed from bread when this is the person's preference but that, overall, the service is "very, very good".

People's weight was monitored regularly in order to identify, and remedy, any concerns in relation to people's eating and drinking. We observed that some people had been identified as at risk of losing weight and that staff were monitoring what they were eating. This was in order to see if any further advice was required. We also saw that some people were being monitored to ensure they had enough to drink. Although we observed that the total amount of fluid being drunk by a person each day wasn't being calculated, we saw that they were being offered enough to drink. The service had identified a staff member each day to be a hydration champion. This was to further assist in ensuring people were kept well hydrated. We observed that people had access to a choice of drinks throughout the day.

People we spoke with said they had access to health professionals. One person told us, "I see the GP when I need to". Another person said, "If there are issues with medication, they [the staff] get the doctor in if necessary. There have been two occasions when this has happened. The continence nurse comes in regularly to check everything's going in the right direction".

During our visit we observed health professionals visiting the service. When we spoke with visitors to the service they all felt staff had good knowledge of the people they supported. One told us, "The home is good and I believe the staff here have the skills to meet my relative's needs. They see the GP if necessary and the staff ring me to update me". One relative told us that the person they visited had been, "… very sleepy, so they called the paramedic. They then rang me to let me know".

We observed records that showed staff acted promptly when they had concerns relating to a person's health. People had access to a wide range of healthcare professionals to support their needs and received ongoing support from, for example, chiropodist, GP and district nurse. A staff member was able to tell us what action they had taken when a person presented symptoms that suggested they were unwell. The care records showed this was promptly and correctly managed by the service.

Good

Is the service caring?

Our findings

One person living in the home told us staff were most certainly kind and compassionate and another said, "They look after us". Visitors we spoke with said, "The staff are kind, compassionate and respectful. I know them now and get on with them well. They're very approachable" and, "You couldn't get a better team". One visitor was very positive about the attention to detail one particular staff member provided and said, "My relative couldn't be better looked after anywhere else". Another visitor we spoke with told us, "The staff are wonderful. They're attentive and kind and build relationships with families. I don't think you could improve anything".

Throughout our visit we observed staff interacting with people in a respectful, reassuring and warm way. We saw staff kneeling beside people's chairs to speak with them and, in one instance, offering verbal and physical reassurance whilst helping someone to move with the assistance of equipment. We saw staff sit beside people and gently place a hand on a person's arm to offer reassurance. One person we spoke with told us, "I pressed my buzzer last night as I was really worried about [name of relative] and they came and sat with me and held my hand. They were very kind". We observed staff promptly assisting a person who needed support with their lunch. On another occasion we saw staff intervene in a timely manner when a person said they had pain.

During our visit we saw staff interact with people in a friendly, jovial but appropriate way. Staff addressed people in the manner they wished. For example, one person told us that he was addressed in the manner he wanted because staff had asked him what he would like to be called. We also saw staff communicating with people in an open and honest way. For example, we saw a staff member explain to a person what was happening in their room that prevented them from returning to it at that present time. The staff member gave reassurance and offered a time frame for when their room would be safe for the person to return to.

People we spoke with felt their privacy and dignity was maintained at all times. The staff we spoke with had knowledge of the people they supported. We saw staff consistently maintaining people's dignity and privacy. We saw staff knock and wait before entering people's rooms and, in one instance, ensuring a blanket was in place before assisting someone who required a hoist to move. We observed signs on people's bedroom doors that gave them the choice of allowing staff to 'please come in' or 'please knock and wait'. We observed staff adhering to people's choices. Whilst assisting people to move, staff were observed offering the person an explanation and giving guidance.

All the people we spoke with felt they had choice over how they lived their lives and that their preferences were adhered to. One person told us, "I pretty much do what I like". We saw the activities coordinator encourage people to take part in activities but respect the wishes of those that chose not to participate. One person we spoke with said, "If I don't want to do something I don't, and that's okay". No one we spoke with felt the service restricted people in any way. Visitors felt the home encouraged people to do as much for themselves as possible. One told us, "Oh yes, they do encourage, [name of relative] has mobility problems but is so much brighter with the support being received". During our visit we observed a staff member assist a person to maintain independence by offering them a spoon rather than a fork to eat their lunch with. All the people we spoke with were clear that staff were discreet. One told us about the approach of staff, "They're careful and their behaviour is very civilised".

We saw from care records that people were involved in the planning of their care and support and, where appropriate, people that are important to them were consulted. For example, one person told us the staff involved them in the planning of their care but that they preferred the staff to make some decisions for them in regards to some minor healthcare needs. Another person told us "I negotiated with the staff on the time I get up". We saw that people's needs were reviewed regularly. Appropriate written consent was in place in all care plans we viewed. The visitors we spoke with confirmed they were kept informed of any change in their relative's needs and felt the staff communicated well with them. All the people we spoke with said they felt supported to make decisions.

To help people feel at home, their bedrooms had been personalised with personal possessions, photographs and their own furniture. For those that wanted to, photographs of how they looked currently, and when they were younger, hung on the wall outside their bedrooms. This helped to orientate people and remind staff of people's histories.

Good

Is the service caring?

Three out of the four people we spoke with did feel improvements could be made around mealtimes. One person felt staff took them into the dining room too early meaning they had to wait. They told us, “Mealtimes could be slicker. You sit for ages waiting for your meal. It could be better”. Another told us, “The staff in the dining room talk amongst themselves. The noise is often too loud”. During our visit, we observed lunch being served and we did not observe staff talking inappropriately together. We saw that the dining room was attractively decorated with tablecloths and artificial flowers on each table. We did, however, note from minutes of a meeting held with people who use the service that they had brought up the dining room experience with the manager. We viewed documents that showed the manager was addressing this in order to make improvements.

Prior to admission, the manager told us people are sent information on an advocacy service. This information was also on display in the foyer of the home. This demonstrated that the service supported people to access services that could assist them and speak on their behalf.

Good

Is the service responsive?

Our findings

We saw that people's needs had been assessed prior to entering the service to ensure the home could meet that person's requirements. Care and support plans had been drawn up on an individual basis. These plans were person-centred and gave staff enough information to be able to effectively assist and support people. Staff told us there was a handover meeting at the start of the shift which they found helpful in keeping up to date with people's needs and a communication book was available between senior staff members.

The support plans reflected people's needs and wishes. For example, one support plan indicated what bed linen a person preferred. Another person preferred to inform their family themselves when they had seen the GP and this was recorded in their communication care plan. Following a recent GP visit, we saw from the care notes that staff had recorded that this person would inform their family themselves. This demonstrated the service supported, and adhered to, personal preferences.

Staff we spoke with were able to give examples of how they communicated with people who had specific needs. For example, staff spoke of using pictorial prompts and writing things down for people who had a hearing impairment. One visitor we spoke to told us, "The carers have great connections with the residents and phone relatives with updates, which is good. They are welcoming and lovely, I have a really good relationship with the staff. They always offer us drinks when we come, we're made to feel welcome here".

In consultation with people, we saw that detailed information had been drawn up on people's histories and a 'map of life' was in place. A document that explored people's ambitions was also evident. This allowed staff to have meaningful conversations with the people they supported. Detailed and person-centred support plans to meet these needs had been developed. We saw that people who use the service had been consulted on what activities they wished to pursue. We saw that outings had taken place that people had asked for. This demonstrated that the service listened to people and responded to their needs and wishes.

All the people we spoke with were positive about the activities that took place within the home. One person told us, "It is typical of [staff member's name], she works hard in the resident's interests". Another person told us, "The activities coordinator is very good, my relative likes to join in". The service employed one full time activities coordinator and had a dedicated prayer room, as well as other communal areas, available to people. The plan of activities was varied and full and displayed in the foyer so that people would know what was happening and could decide whether they wanted to join in. People were able to take part in activities both inside and outside the home.

All the people we spoke with said they felt there was plenty for them to do and were enthusiastic about what activities took place within the home. One person had shown a particular interest in trains and a visit to a local steam railway had been arranged by the home. Regarding this outing, one person told us, "We had a wonderful day". The service had also arranged for people to become members of a special interest club.

During our visit we observed a cognitive therapy session. This activity was facilitated by a local group of volunteers that specialised in creating therapeutic groups for people with memory difficulties. This activity was very well attended. The session lasted most of the morning and we heard much laughter, chatting and singing. We observed that people were smiling and fully engaged. The home had good links with the community and local groups. The activities coordinator had recently arranged for people to attend a local church once a month to listen to a classical concert. An arts project with the local college and an inter-generational scheme with a local school had all taken place. People had access to a chaplain twice a week and music therapist once a week. A film night was arranged on a weekly basis. The activities coordinator was also due to begin a therapeutic arts course.

We concluded that the activities the home provided assisted people in maintaining their physical, mental and spiritual wellbeing. The activities also provided an opportunity for people to spend time with others and reduce the risk of social isolation.

All the people we spoke with felt comfortable in raising complaints and found the manager approachable. People told us the manager listened and had an open door policy. On raising a concern, one person told us, "I had reason to speak to the manager. The concern I raised was acted upon". There were further examples of how the manager had responded to complaints and concerns. These were

Good

Is the service responsive?

well documented with responses on file. The records we viewed showed complaints had been thoroughly investigated and responded to in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

All the people we spoke with knew the names of the manager and deputy manager and felt they were approachable. One staff member told us, "The manager has always been supportive and by my side". One visitor to the home said they found the manager to be available whenever they needed them. Two people we spoke with who use the service told us that they would like to see the manager and deputy manager more with one commenting, "If I was the manager, I'd appear in the lounge and dining room more often". However another said, "Oh yes, I see the manager regularly, she is often around". We observed the manager in communal areas.

During our visit we saw that people's views were encouraged in a variety of ways. This was done through meetings, questionnaires and surveys. Following an open day the service had in June 2015, we saw people who use the service had been asked how they felt about the day. Responses were collated and an accessible report had been produced and distributed.

All the people we spoke with felt they were listened to and encouraged to give their views. Regular meetings were held for people who use the service and their relatives. Three out of the four people who use the service we spoke with had attended meetings. They all agreed they felt comfortable in suggesting ideas and speaking openly. One person told us, "Oh yes, they listen to you" while another said, "They try to be helpful, particularly if you ask for something "During our visit we noted that there was a post box in the foyer for people to put comments in, anonymously if they so wished. We viewed a number of complimentary letters and cards. One recent card wanted to thank the staff for making a recent birthday party so enjoyable for a person using the service. Another commented on the friendly atmosphere and how impressed they had been with the standard of care.

Staff confirmed meetings were held monthly. One staff member told us they felt comfortable giving their views in these meetings and that they felt listened to. From the minutes we viewed, we noted that the meetings included opportunities for staff learning and reflection on work practices. They showed the manager praising staff and awarding 'employee of the month'. We saw that, prior to meetings taking place, staff were encouraged to add items to the list of topics up for discussion. Staff told us they were happy working in the home and felt confident in raising any concerns they might have with the manager. Staff told us their colleagues were supportive and team working was good. A visitor to the service felt the home was well organised and well run. The manager told us they felt supported to do their role. We concluded that staff and others were confident in expressing their views in a culture that was open and encouraging. Systems were in place to monitor the quality of the service. We saw a range of audits and checks were carried out to ensure standards in the home were maintained. For example, we saw that the provider had a system in place to monitor accidents, incidents and near misses. This enabled the manager to identify any factors which may contribute to accidents or incidents and to address any emerging patterns.

A sample of care records was audited on a monthly basis by the deputy manager to check they were up to date and accurate. We saw two audits that required actions to be taken to care records. On viewing these records we saw that both highlighted actions had been completed by the due date. A 'standard and values' inspection was also completed by the provider on an annual basis. This ensured the provider knew what was happening in the service and took responsibility for any actions that were required. We also viewed records that demonstrated the service took action to address poor or inappropriate practice when necessary. We concluded that the systems in place assisted in maintaining the required standard and driving improvement.

Following a period of absence, the manager had returned to the service and was currently undergoing checks with the Care Quality Commission to become the registered manager. In their absence, the deputy manager had been registered and had been managing the home on a day to day basis. This ensured that the people who use the service had continuity and stability in the manager's absence. People told us they had been kept up to date with the management changes. We viewed minutes from meetings that confirmed updates had been given to people who use the service and their relatives.

The manager told us they felt supported in their role. They told us their manager was always available for advice and guidance and that they saw them regularly. Further support was received from managers of the provider's others homes

Good

Is the service well-led?

and the manager told us they met regularly. The manager told us they also used industry websites and magazines to keep their knowledge up to date. This demonstrated that the manager received support to fulfil their role.