Care Quality Commission

Viridian Housing

Elm Lodge

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

Overall summary

This was an unannounced inspection carried out on 7 and 8 October 2014. At the last inspection on 10 November 2013, we asked the provider to take action to make improvements with respecting people's privacy and dignity, and recording and respecting their individual choices. We received an action plan from the provider telling us they would meet the relevant legal requirements by 13 December 2013. At this inspection we found the actions had been completed.

Elm Lodge provides accommodation for people requiring nursing or personal care for up to 75 older people. The service has five units, each with 15 single en suite bedrooms, with dining, sitting and activity rooms. Two units accommodate people with personal care needs, one unit accommodates people with personal care and dementia care needs, one unit accommodates people with general nursing care needs and one unit accommodates people with nursing and dementia care needs. At the time of the inspection the service had no vacancies.

The service is required to have a registered manager in post, and the registered manager has been at the service

Summary of findings

for more than three years. 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 said they felt safe at the service, were happy with the care they received and said staff treated them with dignity and respect. We saw staff caring for people in a gentle and professional way, demonstrating a good understanding of people's individual needs and how to meet them.

Overall medicines were being well managed and people were receiving their medicines as prescribed.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns.

Staff on each unit were able to meet people's individual care and support needs in an effective way, understanding and respecting the diverse needs of the people using the service.

Staff we spoke with and records we saw confirmed recruitment and training procedures were being followed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS is where the provider must ensure that people's freedom is not unduly restricted.

People using the service, relatives, staff, health and social care professionals spoke highly of the registered manager and her leadership skills. The manager kept up to date with new information and innovations that could benefit the service.

Systems were in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so these could be addressed.

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?

Good

The service was safe. People and relatives we spoke with were happy with the service provided and felt people were safe. The provider had appropriate arrangements in place to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk and records were reviewed periodically and when a person's condition changed, to keep the information up to date.

Staff recruitment procedures were being followed. Overall there were enough staff to meet people's needs and action was taken to cover short notice absences.

Medicines were being effectively managed within the service and the manager was receptive to good practice improvements discussed during the inspection.

Is the service effective?

Good

The service was effective. People were happy with the care they received and said staff understood their needs and knew how to meet them. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and demonstrated knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People received the support and assistance they needed with eating and drinking, so their dietary needs were met.

People's healthcare needs were monitored and people were referred to the GP and other healthcare professionals in a timely way, so their healthcare needs could be met.

Is the service caring?

Good

The service was caring. People said staff looked after them well and were caring towards them. We observed staff listening to people, communicating well with them and caring for them in a gentle and professional manner.

People and their relatives were involved with making choices and decisions about their care. Staff understood the individual care and support people required and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were kept up to date so staff had the information they required to provide the care and support people needed.

People were asked about their hobbies and interests so these could be taken into consideration when the activity programmes were planned.

People and their relatives knew how to raise any concerns and said they were listened to and felt any concerns raised were appropriately addressed.

Summary of findings

Is the service well-led?

Good

The service was well led. The service had a registered manager in place who demonstrated excellent leadership skills and communicated well with people, relatives, staff and health and social care professionals. Feedback about the registered manager from people, relatives, staff and healthcare professionals was positive and all felt the registered manager listened and responded to them well.

The registered manager attended meetings and events for the care sector to find out about and discuss any new ideas and innovations that could be introduced to the service to improve any aspects of the service provision.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed.

Elm Lodge

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 checked 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 7 and 8 October 2014 and was unannounced.

The inspection team consisted of three inspectors one of whom was a pharmacist inspector and an expert by experience with experience of dementia care and care homes for older people. 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 the inspection we reviewed the information we held about the service and the 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.

During the inspection we viewed a variety of records including eleven people's care records, servicing and maintenance records for equipment and the premises, 35 medicines administration record charts, four staff files, a selection of audit reports and a sample of policies and procedures. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime on one unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the mealtime experience for people in other units and interaction between people using the service and staff.

We spoke with fourteen people using the service, six relatives, the registered manager, the head of care, the head of nursing, two registered nurses, ten care staff, two activities coordinators and a laundry assistant. We also spoke with the hairdresser, three healthcare professionals, those being the GP, chiropodist and a senior nurse practitioner with the community dementia care nursing team, and the local authority contracts manager. We also spoke with three kitchen staff who were not employed directly by the service, but worked for a sub-contractor who was responsible for the catering provision and management at the service. On the second day of inspection the chief executive and the regional manager were present for the feedback we provided about the inspection.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. Relatives told us they believed their relative was safe. One person said, "Oh yes [I feel safe here]. Someone checks on me during the night." We asked people about their medicines and if they get these when they need them. One person said, "If I am in pain I give the girls a shout and I get painkillers if I want them and that seems to take care of it."

Staff told us they had been trained in safeguarding and were able to provide definitions of different forms of abuse. Policies and procedures on safeguarding and whistleblowing were in place and staff were aware of these. Staff said they would report concerns or suspicions of abuse or neglect to their line manager or to the provider's regional director if they felt concerns had not been addressed by senior staff. Staff knew to contact outside agencies such as the local authority safeguarding team to report abuse. The kitchen staff said they would report any concerns to the registered manager, but were not all clear on whistleblowing procedures. We spoke with the registered manager who said she would feed this back to the catering contractors so training updates could be arranged to bring their knowledge up to date.

Risk assessments had been completed for each person along with a risk management plan to minimise identified risks. Staff all said they read people's care plans and risk assessments before delivering care so that they were fully aware of individual needs and potential risks to their health and safety. Staff had received falls intervention training and described various methods used to keep people safe and minimise risks to their safety. These included removing hazards to reduce the risk of falls, supervising those with poor mobility while encouraging them to be as independent and mobile as possible and supporting them to use equipment. We observed staff supporting people with their mobility, demonstrating an understanding of each person's abilities and the support they needed. Where they were able, people moved freely around in the service, and all were encouraged to maintain as much independence as they could.

Accident and incident forms were completed for any incident, for example, falls, unexplained injuries and witnessed injuries. These were reviewed by the registered manager to ensure appropriate action had been taken, for example, reporting to the local authority and next of kin, and plans put in place to minimise recurrence. The registered manager said these were then sent to the provider's health and safety department who would also review them and advise if they felt there was any further action that needed to be taken.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment such as the hoist, the lift, gas appliances, and the fire alarm and emergency lighting systems had been checked and maintained at the required intervals, to ensure these were safe. Risk assessments for equipment and safe working practices were in place and had been reviewed annually, to keep the information current.

The staff records we viewed showed employment checks were being carried out to ensure only suitable staff were employed at the service. We saw that application forms and health questionnaires had been completed for each member of staff. The records also showed the provider had carried out checks including criminal record checks, references from the previous employers, proof of identity and right to work in the UK. We noted gaps in employment histories had not always been explained, and this was addressed during the inspection. We fed this back to the registered manager and the provider, and action was taken following the inspection to amend the provider's application form to present the section for employment history information more clearly.

Comments received in relation to staffing included, "They need more carers sometimes. Some mornings my relative is still in bed at ten. Weekends they are usually one short." One person told us, "Call bells are always answered quickly." Staff said there were usually sufficient numbers of staff on duty to provide safe and effective care. One member of staff said that they were sometimes rushed if a staff member cancelled a shift at short notice but that this was infrequent, while another said pressure on staff time was greater in winter when people were more likely to be ill and needed extra attention. Two people told us there had been occasions when their unit had been short staffed and they had to wait to be attended to. Other people we spoke with did not raise any concerns about the staffing and people said their call bells were answered promptly, indicating staff were available to attend to them when they needed assistance.

We viewed the staff rota for October 2014 for each unit and saw where someone had cancelled a shift, action had been

Good

Is the service safe?

taken to provide cover. The registered manager said she kept the staffing numbers under review and was able to use additional staff at times when people's dependency levels were increased, in order to meet people's changing needs. The service had a bank staff system in place, so staff who knew the service could be called on to cover shifts when needed. The registered manager explained the head of nursing and head of care hours were usually additional to the staffing numbers needed to meet people's needs, so they could undertake duties such as accompanying the GP to see people and following up on any changes to their care. She also said additional staff were arranged for escorting people to appointments, leaving enough staff on duty to meet people's needs. This meant staffing levels were kept under review and action taken to address shortages.

We looked at the medicines management for the service. People's current medicines were recorded on the Medicines Administration Records (MAR) and we saw that there were records of medicines received into the home and people's allergy status to prevent inappropriate prescribing. There were no omissions in recording administration and when we checked stocks of medicines all counts tallied and we were able to confirm medicines had been given as prescribed. All medicines prescribed as a variable dose such as 1 or 2 and the anticoagulant warfarin were recorded accurately. Nurses recorded on the back of the MAR the reason why they gave as required (PRN) medicines but we noted that there were no detailed individual (PRN) protocols in place to identify the needs of people with respect to pain, seizures or mood particularly when they were not able to communicate. This was fed back to the registered manager who said it would be addressed immediately following the inspection.

We observed medicines given at lunch time to three people. We saw that the nurse was patient and reassuring and gave the medicines efficiently and signed the MAR when the medicine had been taken. One person was prescribed medicine for pain relief when needed. We saw how the person was asked if they were in pain and they said that they were, and were given the appropriate pain relief. Another person was able to manage their own injections. There was no risk assessment in place but one was completed and agreed with the person at the time of the inspection. We saw evidence of regular review of medicines recorded on the MAR charts and dosage changes were clearly documented. Copies of hospital discharge letters were kept in people's care plans for ready access and to refer to for any queries.

Supplies of medicines were stored securely. We noted that when the medicine required cold storage in a fridge to maintain its potency that the actual fridge temperatures were being recorded and were within recognised safe levels. The minimum and maximum daily temperature of fridges on some units were not always recorded and therefore did not evidence that the temperatures were always being maintained at a safe level. The registered manager said this would be addressed immediately following the inspection. The provider had policies and procedures in place to manage medicines safely and these were currently under review to incorporate recent national guidance. The provider carried out monthly medicines audits and MAR charts were checked daily in the units, so medicines were closely monitored to ensure they were being accurately administered and managed. Medicines were being well managed and this meant people received their medicines appropriately and safely.

Good

Is the service effective?

Our findings

People and their relatives expressed satisfaction with the staff and those we asked felt staff had the skills they needed to look after them or their relative effectively. One person said, "I'm alright. It's fine here. I'm fine. All the girls are wonderful. All of them." A relative told us. "The staff are properly trained, they always give me feedback about what's going on."

Staff said they received training to provide them with the knowledge and skills they needed to care for people effectively. Training records identified any gaps or updates required and we saw training had been booked over the next 6 weeks to train staff in topics that had been identified as due for updates. Examples of this were medicines management, food safety, infection control and safeguarding. The registered manager had been rolling out a programme of dementia awareness training, and 45 staff had so far completed this training. Staff we spoke with were positive about the training they received and said it helped them to understand and more effectively meet people's individual needs. We saw staff caring for people effectively and being able to meet their individual needs well. For example, staff communicated well with people in all units and took time to make eye contact, speak slowly and clearly and listen to people carefully so that they understood what they wanted. Staff were aware of the varied communication abilities and requirements of people and were able to tell us how best to speak with different people.

We saw supervision sessions for all staff were planned and took place every 2-3 months. Regular staff meetings also took place and staff said they were able to express their views and were listened to. We read the minutes from two recent meetings and saw where staff had raised points, the registered manager had looked into these and taken action to address them, which she then reported back on at the next meeting, so they were kept up to date.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom is not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS were in place and the registered manager understood the criteria and process for making a DoLS application.

The registered manager and staff had attended training in MCA and DoLS and staff demonstrated an understanding of acting in a person's best interests in line with the Mental Capacity Act 2005. We observed staff offering people choices, listening to them and meeting their wishes. Where someone liked to go out of the unit but was vulnerable and at risk if unaccompanied, staff said they would accompany them so they could go out for a walk. Another member of staff gave the example of someone who needed assistance with their personal care but did not understand and resisted help. They explained staff were on hand at all times, so could gently encourage the person until they were ready to accept the help they needed. People were free to walk around the units and we did not observe any potential restrictions or deprivations of liberty during our visit.

We received mixed feedback regarding the food provision in the home. One person said, "The food is good. The two chefs are brilliant. On Sunday they do jerk chicken and rice and the desserts are lovely." Other comments included, "The food is sometimes alright and other times it's not", "There's a good choice of food and drink" and "My relative enjoys breakfast and supper but struggles with lunches sometimes. Maybe it's too big a meal for them." We spoke with the registered manager about the food provision and she explained she met weekly with the cook, which the cook confirmed, and also met regularly with the manager for the contractors and discussed any points regarding the food, so these could be addressed.

The service had a four week menu with choices and alternative options available. Meals to meet people's religious and cultural needs were served and people told us they enjoyed these meals.

Specific food requirements were also recorded in people's care records, so they could be catered for. The cook said they catered for people's differing dietary needs and said this included providing fortified meals for people identified as needing additional calorie intake. We observed the lunchtime meal on three units. People were given a choice of eating in the dining room or having their meal in their own rooms. There were different food options offered at

Good

Is the service effective?

lunch time and people had selected their choice the previous day which we saw recorded on the menu in the kitchen. People were assisted to eat where necessary and staff were attentive and gave people time to eat at their own pace. Staff were observant and prompt to see when someone needed support or assistance with eating, but also respected people who wanted to try and manage independently.

We saw daily records of food and fluid intake were being maintained for those people whose nutritional status required monitoring. People's weight had been monitored monthly in all cases and records were up to date. Senior staff said if they had concerns about people's weight they would refer them to the GP to be reviewed.

People's healthcare needs were identified in the care records we viewed. Healthcare professionals said they were contacted with any concerns and the staff listened to them and followed the advice they gave. The service had a GP who visited twice a week. They told us staff kept people under review and contacted the surgery appropriately for anyone who was unwell and required GP input between the regular visits. Healthcare professionals were all positive about the service and said staff were available to accompany them during their visits, took on board any changes in treatment and followed this through to ensure people received the care and treatment they required. There were records of GP visits in all the care records we reviewed and records of other contacts with health professionals such as chiropodists, psychiatrists and hospital specialists. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Good

Is the service caring?

Our findings

At the last inspection on 10 November 2013, we asked the provider to take action to make improvements with respecting people's privacy and dignity, and recording and respecting their individual choices. We received an action plan from the provider telling us they would meet the relevant legal requirements by 13 December 2013. At this inspection we found the actions had been completed.

People and their relatives were happy with the care bring provided at the service. Comments from people included, "I like living here. The staff are very good and give me privacy when I want it.", "The staff are very pleasant and give me a choice of what I want to do and when I get up. I like to have my bedroom door open.", "The staff are very good, very patient." and "Here everyone is very polite and helpful." Comments we received from relatives included, "The assistants are very friendly. You are always welcome when you visit.", "I'm very happy with the standard of care here. [Relative] has a choice of when she goes to bed and when she gets up and she has said she prefers her door to be open so she doesn't feel isolated. The staff are very nice and very efficient and treat her with sympathy and dignity.", "[relative] was assessed by the local authority before she came here and the staff have been very welcoming." and "The care is quite good as far as I can see. I couldn't fault it."

People were supported by kind and attentive staff. We saw care staff understood people's individual needs and limitations and communicated with them in an empathetic and appropriate manner. We saw people were offered choices and their independence was promoted. Our observations showed that staff were gentle and patient with people and took time to explain what they were doing when they were assisting them. We heard staff speaking with people using their preferred term of address, and people responded positively to staff. For example, on the

personal care unit for people with dementia we observed a member of staff conversing with two people. She kept a conversation going that the people were able to participate in and enjoy. The member of staff knew what to say to each of the people that would interest them and engage them.

Before people came to live at the service, pre-admission assessments had been carried out to identify the person's needs, wishes and interests. Relatives had been given the opportunity to look around the service prior to their family member being admitted, to see if it was somewhere they might like to live. All the care records we saw were comprehensive and covered different aspects of people's care including physical, medical and social needs as well as information on the background and history of each person, their individual preferences, cultural needs, food choices and routines. From our conversations with staff and our observations we saw people were able to make choices about their care and staff respected these choices. People and relatives confirmed they had been involved with the development of their care records and were able to express their views so these were included.

Records of preferences with regard to time of rising and going to bed was available in the majority of care records we viewed and people we asked confirmed they were able to choose. One person said they were taken to bed at 6.30pm, however they qualified this by saying they were tired and ready to go to bed at that time. Information about whether people liked to have their bedroom doors open or closed was also recorded, so staff were aware, and people we asked confirmed they were able to choose if they wanted their door open or closed, with their choices being respected by staff. People's preferred term of address was recorded and from our observations it was clear staff knew the different ways in which people liked to be addressed and respected this. Cultural, dietary and religious preferences were acknowledged both in the care plans viewed and also by staff we spoke with, demonstrating respect for people's diversity and choice.

We observed staff speaking with people in a gentle and polite manner, showing them respect. People were dressed in a way that reflected their individuality and bedrooms were personalised with pictures and other personal items to make them homely. Each person had their name displayed on the door of their room, so they and others knew where their bedroom was. When we observed the mealtimes staff were attentive. We saw people were served drinks in different receptacles, some a cup and saucer, some in mugs and others in special drink containers to meet their individual needs. These observations demonstrated staff understood people's differing needs and wishes, and respected them. At all times we saw staff took the time to ensure people were relaxed, comfortable and being valued as individuals.

Good

Is the service responsive?

Our findings

People said staff responded to their needs and encouraged their independence. Comments from people included, "Another thing I like about this place is I've got photographs and they said: "Put them up!" and you see I have, or they did for me. I've got my own TV and record player.", "I have an electric scooter. I go to various places on it, the local shops." and "I like a glass of wine in the evening. You ring your bell and ask and they bring it." Comments we received from relatives included, "The manager is very welcoming and approachable and is always very responsive if we need anything or have any queries.", and "The care my relative gets is pretty good. We've had a few issues but they were resolved really quickly. The home is very friendly and they make everybody welcome."

Each person living at the home had an individual care record that contained a comprehensive, person centred care plan and risk management plan. Assessments of nutrition, continence, skin condition/pressure sore risk, falls risk and weight and nutritional monitoring had been carried out. There was evidence of input from people or their relatives in the majority of the care records we viewed. The care plans covered different aspects of care including physical, medical and social needs as well as information on the background and history of each person, their individual preferences, cultural needs, food choices and routines. Preferences related to clothing, routines, footwear and social activities, and people's preferences as to where they spent their time was also recorded. Individual characteristics and behaviour patterns were documented and in the dementia care units care plans included details of any behaviour that challenged and how best to manage this for each individual. This meant staff had a clear picture of people's needs and could respond to them and provide them with appropriate care and support. Care plans had been reviewed monthly and we saw where information had been updated to reflect changes in people's care needs. People and relatives confirmed people were receiving good care and their wishes were being respected.

The activities coordinator staff told us between them they provided a seven day a week presence in the service. They spoke enthusiastically about their work and said they had a good budget for trips and supplies. There was a full programme of activities and entertainments organised to help to keep people involved in the daily life of the service and interact with others. Copies of the programmes were displayed on the wall of each unit in written and pictorial formats. Both group and one to one activities, particularly for people who stayed in their rooms, were provided. We noted that there were several well kitted out activity rooms and these included rooms for reminiscence, a library, arts and crafts, a movie room, seaside rooms and an indoor garden. We observed the activity co-ordinators during the day and they interacted well with people.

During the inspection a musical session took place and people were encouraged to sing, reminisce and interact with each other if they wished. We saw that other people preferred to stay in their rooms and this was respected by staff. We attended a religious service in one unit and people congregated and music was being played. Tea and cakes were served and then the church service themed for Harvest Festival took place. People enjoyed the service even if they were not always able to follow exactly what was going on, and it was a positive experience for them. Where people had religious and cultural needs, these were being met within the service.

A relative told us people had received training in using a computer. We spoke with the registered manager also, who told us four staff had been trained as trainers, and training had been carried out with people on the general nursing and personal care units. The registered manager said this was also being rolled out for people on the dementia care units. Through research the appropriate equipment for people to use had been identified, for example, a specially designed computer mouse to assist people with dementia to easily recognise and use it. We asked about the internet access within the service. The registered manager explained there was a computer room on the first floor with internet access and she was in discussion with the telecommunications suppliers to provide internet access throughout the service. This showed the service were working to provide people with the knowledge, skills and facilities to use up to date communication technology.

The service had a complaints procedure on display. The majority of people we spoke with knew how to raise a concern and people were confident to speak with the senior staff or the registered manager. Relatives we spoke to were aware of the complaints procedure although they had not had cause to use it. The registered manager said people were encouraged to express any concerns either individually or at the residents meetings. We looked at the

Good

Is the service responsive?

minutes of the two most recent meetings and saw that where people had raised any issues, the registered manager had looked into them and reported back with her findings. During the inspection a relative raised a concern and we saw this was responded to appropriately by staff who took action to get the situation addressed. We viewed the complaints file and saw the complaints received had been acknowledged, investigated and responded to in a timely way.

Good

Is the service well-led?

Our findings

People and relatives were positive about the registered manager and felt she was visible around the service and was approachable. One person told us, "The manager comes round often to check everything is ok." People and relatives said they were encouraged to discuss any issues or questions they might have and they felt they were listened to and the registered manager took action to address issues raised. We also received positive comments about the registered manager and the way they managed the service from the GP and the local authority contracts manager.

Staff all told us they felt well supported by senior management who they considered to be approachable and responsive. They were confident they could raise any concerns or issues with either their line manager or the registered manager and they would be listened to. Staff meetings took place every two months to discuss general issues and encourage staff to express their views, as well as supervision reviews every two to three months and annual appraisals. The registered manager told us her staff understood the importance of treating people as individuals and said she encouraged her staff to enjoy their work. We observed staff throughout the inspection and they all had a good attitude with people and demonstrated confidence when carrying out each aspect of their work. The registered manager was courteous and clear during all her interactions we observed with people, relatives and staff and also during her interactions with the inspection team.

Staff comments about the registered manager included, "The manager is very good. She encourages us and motivates us." and "The manager is a good listener. She respects and honours our ideas." This showed us the registered manager was approachable and responsive to her staff. All the staff we asked said if they had a relative who needed to be in a care home, they would be happy for them to live at the service. One senior member of staff said, "Staff work to make it a better place for people to be."

Staff said the training provided at induction and as part of their ongoing personal development was adequate and appropriate. We observed the positive way in which staff responded to people and they demonstrated a good understanding of the differing care needs of each individual. The service had many staff who had worked there for some years, and this was commented upon by healthcare professionals, who felt staff had a good knowledge of each person and provided a stable environment for them to live in.

The registered manager said meetings took place with managers from other care home services the provider owned locally. This provided a forum to facilitate managers to meet and share areas of good practice and discuss any issues, and to work together on solutions to address them. She also attended the local authority Care Home Providers Forum meetings, to keep up to date with information relevant to care homes in the borough. She said she also attended trade exhibitions specific to the provision of care services to look at new ideas for the care sector and had a staff representative who attended the tissue viability link group meeting. This way the service was keeping up to date with current ideas, innovations and good practices.

There was an auditing system in place to monitor the service. The regional manager visited the service each month and looked at each aspect of the service and spoke with people, staff and visitors to obtain their views, to monitor the quality of the service. In house audits were carried out on various aspects of the service, including medicine management, accidents and incidents and care records. For example, the registered manager carried out three monthly audits of the care plans and where shortfalls were identified, these were recorded along with the staff member responsible for reviewing the records, so the member of staff knew the work to be done to bring the records up to date. The registered manager also carried out a monthly audit of areas of the service including accidents and incidents to look for any patterns or trends, so action could be taken to address these, for example, providing falls intervention training for staff. This meant there were processes in place to monitor the service and address any issues identified in a timely way. Notifications were being sent to CQC for any notifiable events, so we were being kept informed of the information we required.