Caretech Community Services (No.2) Limited

Kingston House

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Care service description

Kingston House is a residential care home for up to nine people with a learning disability. At the time of the inspection there were six people living at the service with dementia and/or physical disabilities. Due to people's complex needs everyone had a room on the ground floor.

Rating at last inspection

At the last inspection on 26 November 2014, the service was rated overall Good, with outstanding in caring.

Why the service is rated Good

The service was run by a registered manager who was present on the day of our visit. 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.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from risk of harm. Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. Regular environmental and health and safety checks took place to ensure the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements.

Medicines were managed and administered appropriately. People received their medicines as intended by their doctor.

Staff had received training in infection control and understood how to use this knowledge in practice.

People's health needs were effectively monitored and professional advice sought and acted on. Assessments were made to identify people at risk of poor nutrition and for other medical conditions that affected their health.

People were supported to have a nutritious diet. Meal times were managed effectively to make sure that people received the support and attention they needed and enjoyed their meals.

New staff received a comprehensive induction, which included shadowing more senior staff and an individual introduction to the care needs of each person at the service. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were at the centre of the service. Staff prioritised developing positive relationships with people and people valued these relationships. Particular attention was paid to staff understanding people's past histories as people were not able to communicate them. People benefitted from a core staff team who was stable and had supported them for many years. Staff were highly motivated to treat people with kindness, respect and compassion and ensured their choices and preferences were met.

People were offered an appropriate range of activities which focused on stimulating their senses, such as music. As people had complex health needs and found it difficult to go out, the service ensured people from the community visited on a regular basis.

The home was well led . Quality assurance systems were robust and there was a culture of continuous improvement. There was an open and positive culture and the registered manager was passionate about providing care for the people who used the service. Staff knew how to put the aims and values of the service into practice so people received personalised care.
There was a core team of staff who had worked at the home for a number of years and a low staff turnover.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Outstanding ☆

The service remains Outstanding

The service remains Outstanding

Staff were kind, caring and compassionate and had developed positive relationships with people.

People were supported by staff who valued their contributions and treated them with the upmost dignity and respect.

Staff knew people extremely well and understood their body language which enabled them to support people to make daily decisions and choices.

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Kingston 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 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 comprehensive inspection took place on 27 March 2017 and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale.

Most people were not able to tell to us about their experience of living at the service. We talked with one person and observed staff helping people with food and drink at lunchtime and supporting people with activities in the lounge. We spoke to the registered manager, deputy manager, a senior care staff and two care staff members. We also saw the communal areas of the home and three bedrooms. We spoke with staff about the care needs of two people who lived at the home, looked at their care plans and observed how staff supported them. This enabled us to see how people's care was planned and delivered. We also observed a handover from morning to afternoon staff.

During the inspection we viewed a number of records including three care plans, two staff recruitment records, the staff training programme, staff rota, medicine records, environment and health and safety records, risk assessments, staff team minutes, menus, compliments and complaints logs and quality assurance questionnaires. We also obtained feedback from two health care professionals.

Good

Is the service safe?

Our findings

People received support from staff in a way that ensured their safety. Staff responded appropriately to people's body language and supported people at their own pace to help keep them safe. Feedback from professionals and the services quality assurance processes confirmed that people's safety was paramount at the service.

Staff had received training in how to protect people from abuse and harm. They understood they needed to be vigilant and knew how to recognise and respond to the signs of abuse. Staff felt confident if they reported any concerns that they would be taken seriously. The company also had a whistle blowing telephone line to enable staff to share their concerns in a safe way with non-operational management staff. The contact details for the local authority and Care Quality Commission were on the noticeboard in the office, so they could be contacted as appropriate.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as nutrition, mobility and skin integrity. They included clear guidance for staff about any action they needed to take to make sure people were protected from harm. For one person it had been assessed that they were at risk of developing pressure sores. Detailed guidelines were in place giving clear directions to staff about how to minimise this occurrence. This included using a specialist wheelchair, input from the district nursing team, application of specific creams and periods of bed rest. Staff were knowledgeable about these guidelines and ensured this person was comfortable throughout the day.

Environmental and health and safety checks were carried out regularly to ensure the environment was safe and that equipment was fit for use. This included visual checks, maintenance of equipment and services and a separate health and safety audit from an external company. Staff had guidance about how to evacuate each person safely in the event of a fire and regular fire drills were undertaken. If an accident or incident occurred a diary of events was kept which recorded all actions and interventions. These events were reported to the company's head office so they could monitor the service and ensure that staff took the appropriate action. There was a business continuity plan in place for events that might stop the service from operating.

Staff were used flexibly to ensure that there were enough staff on duty at all times. There was a minimum of three staff each day to support six people, four of whom required two staff members to support them with transfers in and out of their wheelchairs and their personal care. An additional member of staff was available at times during the week to ensure people could go out, attend appointments and undertake activities. The pace of the service was relaxed, people were not rushed and were given one to one attention at mealtimes. At night time there were two waking night staff. This ensured that people were regularly checked and supported to be repositioned if required.

Potential employees' completed an application form and were interviewed to assess their skills and attitude towards caring for people. A number of checks were carried out including obtaining two suitable references, the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff

had a criminal record or were barred from working with children or vulnerable people. All these checks helped to minimise the risk of unsuitable people being employed by the service.
There were safe systems in place for the management of medicines. Staff who administered medicines had received training and had their competency assessed. Medicines were stored appropriately. Regular audits and checks were undertaken to ensure they were in date and given as prescribed. When people were given their medicines a clear record was made on the medication administration record. Details of people's individual requirements in relation to their medicines were kept including what a person's medicines were for, any side effects to look out for and how they took their medicines, such as on a spoon or with a drink. Clear guidance was in place for people who took medicines prescribed 'as and' when required.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to do so effectively. Feedback from professionals and the services quality assurance processes was that people received effective care. "I am always kept informed of my relative's health and care", a relative commented. Health professionals told us that they were contacted appropriately for advice and that it was always acted on promptly. Staff demonstrated they had a detailed knowledge of people's specific health care needs. Therefore, they were able to recognise any discreet changes in people's health care needs and act on them to ensure people's health was maintained.

People's care plans gave clear written guidance about all aspects of people's health needs such as their skin care, eye care, mobility and eating and drinking guidelines. A record was made of all health care appointments including why the person attended and any recommendations. The service had close, supportive links with a range of healthcare professionals. People's weights were recorded so that prompt action could be taken to address any significant weight loss. People's health care needs were reviewed each month and included a written summary, to help monitor people's health. When people had been admitted to hospital, a member of staff accompanied them, in addition to providing hospital staff with the person's full medical history. This was because people had severe and profound learning disabilities and were not able to verbalise any distress or pain they experienced. Staff described how they were able to advocate on people's behalf to ensure people received the medical support and assistance they required.

People were supported in maintaining a balanced and nutritious diet. There was a four weekly menu with meal options and pictures were used to help people understand what was available to eat. Clear information was available in the kitchen about people's likes, dislikes, allergies and the consistency of people's food and drinks due to swallowing difficulties. A record was kept of how much people ate and drank to ensure that people received sufficient amounts of food and fluids to keep them healthy. People had detailed guidance about their specific eating and drinking needs from the speech and language therapist and dietician and these were followed by staff. For example, for people who used a PEG tube (percutaneous endoscopic gastrostomy) that feeds directly into a person's stomach, there were detailed steps on the volume of each feed, the position of the person when receiving food and how much water to flush between each feed to prevent any blockages.

Mealtimes took place in the dining room where people were supported to eat at their own pace. Staff were extremely patient and observed their reactions to ensure they supported them to eat at the correct speed. Staff spoke with people throughout the mealtime, explaining what they were going to eat and asking if they wanted any more. People's facial expressions indicated that it was a positive experience for people and staff.

New staff completed an induction at the company office to gain the training and skills which they required for their role. Staff then completed the Care Certificate which covers the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. The majority of staff had completed a Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove

that they have the ability and competence to carry out their job to the required standard. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. Most training was provided by e-learning and staff said it was comprehensive. All staff had completed specialist training in dementia. Specialist training had also been provided in chest physiotherapy; a technique used to loosen secretions in the lungs which people are not able to remove by coughing, and feeding people with a PEG tube (percutaneous endoscopic gastrostomy). PEG is a tube that feeds directly into a person's stomach. One person was receiving this under the supervision of a qualified health professional.

Staff said they felt well supported. There was an effective system in place to support, offer assurances and to monitor staff development. Staff received formal supervision, observations of their practice and an annual appraisal. Each supervision reflected on the last session to identify areas of staff growth.

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. Staff had received training in this area and people's mental capacity had been taken into consideration when planning their care needs. Where people did not have capacity to make decisions best interest meetings had been held with relevant professionals and relatives so a decision could be made on their behalf. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to ensure that care at the service was provided in people's best interests and did not deprive them unnecessarily of their freedom.

Outstanding ☆

Is the service caring?

Our findings

People were supported by staff who were highly motivated to offer care that was kind and compassionate. Feedback from professionals and the services quality assurance processes was that people were treated with the upmost compassion, care and kindness. Everyone had rated the service as "Excellent" with regards to staff's caring attitude and communication skills. One relative commented, "If only all care homes were as good in every aspect as this one. The staff are very good and this is the reason it is a very good home". Professionals described the service as "Fantastic", "Welcoming" and "A lovely atmosphere".

Staff prioritised developing positive relationships with people and people valued these relationships. The core staff team was stable, had supported people for many years and knew people extremely well. When speaking about people, staff described and focused on people's positive characteristics and their past achievements. For example, one person was not able to communicate and had limited physical movements. Staff proudly told us about how they used to take part in activities and daily life when they first moved the service. They described in detail their individual participation and the enjoyment they gained from this. At the inspection this person looked unresponsive and their body language did not change when we tried to communicate with them. However, when a staff member called their name and threw a ball to them, they caught it and responded to the interaction. Staff praised this person for their interaction and participation. This demonstrated people responded well to staff and that staff continued to ensure people were engaged in activities they enjoyed.

Staff communicated with people in a kind, attentive and compassionate manner and understood and responded to their moods and body language. People had complex physical and communication needs which meant they required one to one support to be fully engaged with the support they received. Staff interacted with each person in a unique way, such as using physical contact, eye contact, or mirroring a person's smile to ensure they were involved in what was happening around them. At mealtimes, people received individual support from attentive staff. Staff focused on the person, explained what was happening and was led by the person with regards to the pace of the meal. People took a long time to eat a meal and staff maintained a calm and engaging manner to ensure people maintained the upmost dignity. People were continually reassured by staff that spoke with them and explained what was happening and made them physically comfortable.

Ensuring staff had the skills to effectively communicate with people in a patient and caring manner was the focus when recruiting new staff. A major part of the process when interviewing new staff was their interaction with people. All potential staff were introduced to people and observations were made as to how they initiated contact with people and how they responded to people's reactions. The registered manager explained how these natural skills of giving people eye contact and a calm personality were not easy to learn but were essential in supporting the people at the service. An assessment of these skills was made using feedback from these observations and their manner and attitude when answering a number of questions at the interview.

People's individual contributions were valued. They and their relatives had been involved in recording their

life history. These were very detailed with the use of pictures and included where people used to live, what they liked to do and people who were important to them. Memory boxes had been introduced and contained photographs, cards and objects that could trigger a positive memory for people. One person had been looking at their handwritten notebooks which were held in their memory box. They had completed these books with things that were important to them, before they began to live with dementia. People's lives, when they first moved to the service, had been recorded on DVD's and there were photographs of people displayed at the service which showed what activities people engaged in each year since people had lived there. Staff described how one person had been 'Wrapped up' in a DVD about themselves and people they knew last weekend. The recordings also provided insight into people's character, interests and abilities, before their health deteriorated and so helped staff to support people to make decisions in their best interests, on a day to day basis. Therefore, they knew them well and were able to share memories with people about things they had done.

Staff supported people to be as independent as possible and to be involved in decisions about their care. Most people were not able to communicate verbally and staff explained how they used photographs, pictures, body language and symbols to support people to communicate their needs. For example, one person's understanding fluctuated. Some days they understood when staff asked if they wanted a glass of milk and communicated by giving a 'thumbs up' signal. At other times they did not understand verbal communication and were shown a picture of milk, so they could make a choice. Where people did not have the capacity to make their own decisions and no relatives to represent them, staff had involved independent mental capacity advocates (IMCA).

The registered manager was part of the company's empowerment strategy. They met with a group of other people who worked for the organisation and attended conferences and discussed ideas about how to empower people. The registered manager explained how people who used the service could not be empowered by staff unless staff themselves had a shared understanding of what empowerment meant. Therefore, staff had been asked what they understood by "Empowerment" and if they felt empowered. The responses had been returned to the registered manager and were due to be reviewed at the end of the week. The registered manager had empowered a number of staff by developing their skills to enable them to successfully take on a more responsible role within the service. . "He is a good mentor. He is very encouraging and has given me the confidence I need", a staff member told us. People therefore received continuity of care from a staff team knew them well and who were inspired to develop a service that was compassionate.

People were the centre of how each day was organised. For example, staff explained how one person had not slept well the night before and so was still asleep in bed until late morning. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Treating people respectfully was central to the philosophy of the service and staff understood how to put this into practice. For example, one person had very thin hair which meant it could come out easily. The guidance in their plan of care was to brush their hair with a soft brush and only to do so once a week to ensure they maintained a full head of hair and their dignity. For another person, it was recorded that they were unable to participate in daily tasks as much as they would like and had done so in the past. This was taken into consideration when supporting them with their personal care and household tasks so they were as fully involved as possible and their contribution valued. For example, at lunchtime this person did not receive any support to eat to promote their independence. However, staff kept a discrete eye on them to ensure their well-being.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Family members were welcome and special events, such as birthdays were celebrated. When a new

person had moved to the service, the staff who had cared for them previously visited on a regular basis so they had familiar faces around them. People were less able to get out due to their health needs so the staff team ensured they kept in contact with other people who used services. Each year around 100 people and staff from the company were invited to a summer BBQ and a music man provided some of the entertainment.
The registered manager had received a National award from the company for their leadership style. "The flare and passion he brings to each service is unique and individual". He was a strong role model and was in continuous discussions with the staff team about the vision and values of the service to provide caring and compassionate care and how to put this into practice. A staff member told us, "When you leave here feeling you have made someone's life a bit better by caring for them, you can walk out with tears. It is very fulfilling". The service continually reflected on staff practice and looked at ways to improve the caring aspect of the service. Staff were encouraged to do this through supervisions, team meetings and day to day discussions. The service had recently supported a person to spend their last days at the service, which was an unfamiliar situation for the staff team. The registered manager said initially staff were unconfident in their ability to provide the care the person needed as it was an emotional experience for staff who were very fond of the person concerned. However, they said lessons had been learnt and it had been a positive experience for staff who had demonstrated they had the skills knowledge and compassion to support people at the service at end of life and so avoid them going to hospital.

People's preferences and choices for their end of life care were recorded and included which place, people and belongings they would like to have around them. The service had 'gone the extra mile' by being proactive in ensuring one person was discharged from hospital in a timely manner so they could return to the service in accordance with their and their families wishes. Arrangements were put in place so palliative care medicines were available when needed. A staff member described how they felt honoured to sit with a person, whom they had known and cared for for many years, so they were with them at the time of their death.

Good

Is the service responsive?

Our findings

People benefited from a service that responded to their needs. Feedback from professionals and the services quality assurance processes was that the service responded to people's individual needs. They described the service as "Receptive", "Keen" and "On the ball" in relation to how it responded to people's changing needs. People received personalised care during the inspection when being supported with everyday tasks and activities.

People's needs were assessed before they moved to the service with the input of family members and professionals so a joint decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about peoples' daily routines, communication, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. In addition each person had a mini profile which gave a summary of the most important things staff needed to know to be able to support them effectively. People's care plans were reviewed monthly and when any changes occurred to ensure staff had the correct guidance to follow.

People's had been asked about their likes and dislikes and these were acted on. One person had grown up in London and their bedroom was decorated with London icons including a red bus and telephone box. Another person enjoyed music. They listened to it during the day with other people and also when being supported with their personal care as this had a calming effect. Activities were offered which focused on their senses, such as music, aromatherapy and playing catch. During the inspection people enjoyed playing catch, listening to a staff member play the keyboard and exploring tactile mittens. This is a long tube of material that people can put their hands in to feel different textures and so stimulate people's senses. A home theatre company visited the service twice a year so people who found it difficult to go out could enjoy the experience. Appropriate transport was available that was accessible to people who used a wheelchair. People went out for a drive or shopping dependent of their health on the day that the visit was planned.

Most of the people were not able to communicate through using speech and used body language and facial expressions to let staff know how they were feeling. Staff explained how they looked out for changes in people's body language and facial expressions to identify any changes in their health and wellbeing. Details of people's behaviours that may indicate they were unhappy with their care were recorded in their care plan. For one person, this was throwing things or moving their head from side to side. A range of pictures were available to help staff explore with people which aspect of their care was upsetting them. Each person had a document in their room to record these dissatisfactions to help identify if there were any patterns or trends. The complaints policy by the entrance to the service so it was accessible to visitors. There were systems in place to record, investigate and respond to any complaints raised. Feedback from the service's quality assurance survey confirmed that relatives knew how to make a complaint, but that they had not needed to do so.

Good

Is the service well-led?

Our findings

Feedback from professionals and the services quality assurance processes was that the service was well led. They said the registered manager had managed the service for nine years, knew people well and had developed an 'excellent' staff team. Staff were described as "Professional' and "Friendly" and feedback was that there was good communication within the staff team which had a positive impact on the individual support people received.

The service had an open and positive culture which benefited people and staff. The registered manager was the National overall winner out of all staff categories at the company's staff awards. In achieving the award positive feedback had been received from staff at the service and other services they had supported in the company. "The support he provides to the staff team is second to none". The registered manager had achieved the award due to their leadership and transformation of other services in the company. The registered manager had used their skills gained from working in other services for the benefit of people, such as in building the staff team and expanding the services quality assurance systems. Before the registered manager had left the service to support other services, they had ensured that they had developed sufficient skills and knowledge in the staff team, so the service ran smoothly in their absence.

The vision and values of the service were person centred and made sure people were at the heart of the service. These included, 'person centred', 'empowering', 'positive', 'innovative' and ' 'friendly'. An example of how the service had been person-centred' is with regards to end of life care. The wishes of one person and their family was to live at the service in their last days. The deputy manager explained how hospital staff had been reluctant to discharge them after receiving the results of their daily observations. The staff member knew this person extremely well and asked for their observations to be done again as they did not seem at the usual levels for this person. When the tests were redone, it was confirmed that an error had been made and the person was within their usual levels and could be returned to the service.

The registered manager was on two company working groups whose aims were to drive forward the quality of care: The 'empowerment' strategy group and 'achieving outstanding' working group. The registered manager was passionate about working with other professionals to find create and innovate ways to provide high quality care. The working groups had commenced by looking at what this meant for people who used services, and this was the baseline from which improvements could be made. The registered manager had led by example and had empowered a number of staff by taking a positive interest in their well-being and building their confidence in their roles. They explained how these approaches began at the recruitment stage, in ensuring that new staff were appropriately matched with people living at the service. The empowering and mentoring approaches, which the registered manager weaved into everyday practices, had a positive impact on people as a staff team had been developed who were committed to their role of providing consistent and effective care.

The registered manager and staff were clear about the aims for people to live an ordinary home life, to have relationships, and to be part of the community. Staff said they received excellent support from the registered manager and described them as "Approachable", "A good listener", "Knowledgeable" and, "Running a tight

ship". As staff felt valued there was a low staff turnover which had a positive impact on people as it enabled them to receive consistent care.

The contributions of staff were valued and acknowledged. Staff said that supervision, appraisal and team meetings played a major role in them being encouraged to develop their learning and knowledge and to put forward suggestions about how they could improve the service. There was a list in the office where staff had reflected on what they service did well and areas in which they could improve. For example, they had reported that the activities they provided could be improved and staff had therefore started to note some ideas about what other appropriate activities could be provided. As part of the supervision process the registered manager observed staff members and helped them to reflect on their practice. "The registered manager lets me know what I have done well and carefully explains if I have not done something quite right in a very encouraging way", a staff member told us.

The service was continuously looking at ways to improve the service for the benefit of people who lived and worked at the service. For example, people had complex and individual needs in relation to how they needed to be supported to eat and drink. Place mats were being created for each person that contained pictures and guidelines about their eating and drinking needs. One person's mat contained a picture of how the person held their drink, information about how much thickener they required in their drink and guidance that they liked their meals at the same time each day. Staff said a picture of this person taking their plate to the kitchen was going to be added as they were encouraged to do this after each meal. Another person's place mat had a picture of the adapted plate and spoon they required to be able to eat. These placemats contained clear guidance to staff but had also been developed with pictures to people understand their content.

The service kept up to date with current changes in social care through conferences with senior management in which good practice throughout the company was shared. The service worked in partnership with other professionals such as the community learning disability team (CLDT), physiotherapists, occupational therapists, speech and language therapists and district nurses. There was a good rapport with all professionals, including the CLDT whereby as soon as a person's needs changed a referral was made and the appropriate health professional contacted the service. Records in relation to people's health and social care needs were person-centred, accessible and staff said they were easy to understand and follow.

People's views about the service were regularly sought through survey questionnaires which were sent to people's relatives and visiting professionals. The surveys asked people's representatives, such as family members and external professionals for their views in a number of areas including accommodation, care, communication, staff attitude, staff skills, involvement in the service, support to minimise risks and achieving government standards of care. The survey results for 2016 were that 94% of people rated the service overall as "Excellent" and 6% as Good. A relative commented, "The quality of the food is excellent and there is plenty of it". A professional commented, "Staff are always available and have the information I requested ready for a review of their needs".

There were effective systems in place to regularly monitor the quality of service that was provided. Aspects of care such as medication, care plans, health and safety, infection control, fire and equipment and finances were audited regularly. Representatives from the company audited the service with regards to if it was safe, effective, caring, responsive and well led. During their visits they looked at records, talked to people and staff and observed the care practice in the service. They completed an improvement and development plan which set out any shortfalls they had identified. All identified actions had been completed. For example, staff

roles had been added to the staff rota and risk assessments had been stored in the correct folder and staff acknowledged that they were aware of their location. This plan was regularly reviewed to ensure that appropriate action had been taken.