

CHD Living Limited

The Summers

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 29 June 2016 and was unannounced. Two inspectors carried out the inspection.

The Summers is a care home without nursing for a maximum of 35 older people, some of whom are living with dementia. There were 27 people using the service at the time of our inspection.

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 and associated Regulations about how the service is run.

At our last inspection on 17 April 2015 we found breaches of Regulation 9, Regulation 12, and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection, we found the provider had taken action to meet the legal requirements and to improve the quality of care people received.

The management of medicines had improved. Staff had access to the training, supervision and support they needed to do their jobs. Care plans were reviewed regularly to ensure they reflected people's needs and preferences about their care.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and staff had taken action to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it.

The registered manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been assessed and meetings had been held to ensure that decisions taken about people who lacked capacity were made in their best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's

nutritional needs had been assessed when they moved into the service and were kept under review. Staff ensured that people who required assistance to eat and drink received this support.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity. Relatives told us they were made welcome when they visited.

People had opportunities to take part in activities they enjoyed. Activities and events that fostered engagement with the wider community had been introduced and the registered manager had plans to improve opportunities for trips to local places of interest.

The provider had a written complaints procedure, which was given to people and their families when they moved in. Any complaints received had been appropriately investigated and responded to. Regular residents and relatives meetings had been introduced to provide opportunities for people to give their views.

The registered manager and deputy manager provided good leadership for the service. People and their relatives told us their feedback was encouraged and listened to. They said the service was well run and that the management team was open and approachable. Staff told us the registered manager and deputy manager promoted a positive culture at work. They said communication amongst the team had improved and they supported one another to ensure people received the care they needed.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

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.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were procedures for safeguarding people and staff were aware of these.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by regular staff that had the necessary support and training for their roles.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported

them.

Staff treated people with respect and maintained their privacy and dignity.

People were supported to maintain positive relationships with their friends and families.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

People had opportunities to take part in activities.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good ●

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

The Summers

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 was 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.

The inspection took place on 29 June 2016 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The PIR 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 spoke with 12 people who lived at the service and four relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with eight staff, including the registered manager, deputy manager, care staff and catering staff. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

At our inspection in April 2015, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's medicines were not always managed safely. There were gaps in recording on some medicines administration records and these omissions had not been identified through medicines audits. The allergy section of some people's medicines profiles had not been completed, which meant they could be at risk of receiving medicines to which they were allergic.

At this inspection, we found the provider had taken action to improve the management of medicines.

Medicines administration records were clear and accurate. People's medicines profiles identified any medicines to which they were allergic. Regular medicines audits were carried out to ensure that people were receiving their medicines safely and correctly.

Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. People told us they received their medicines on time and that staff provided non-prescription medicines, such as painkillers, when they needed them. There were protocols in place for the administration of 'as required' (PRN) medicines.

Medicines were stored securely and in an appropriate environment. Medicines requiring refrigeration were stored in a refrigerator, which was not used for any other purpose. The temperature of the refrigerator and the room in which it was housed were monitored daily to ensure the safety of medicines. Medicines were labelled with directions for use and staff recorded the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. There were appropriate arrangements for the ordering and disposal of medicines.

There were appropriate arrangements to support people who chose to manage their own medicines. Risk assessments had been carried out to identify any support people may need to manage their medicines safely. These risk assessments were reviewed on a regular basis to take account of any changes in need. People had lockable cabinets in their bedrooms for the safe storage of medicines. Staff supported people to order their monthly medicines supplies and to dispose of any unused medicines.

People told us they felt safe at the service and when staff provided their care. They said staff were available when they needed them and that they did not have to wait when they needed care or support. One person told us, "I feel very secure living here. There's always someone around if you need help." Another person said, "I don't need that much help but there's always someone around if I need them." Relatives confirmed there were enough staff deployed to provide their family members' care. One relative told us, "There's always enough staff around. Sometimes it's busier than others but it's never been a problem when I've been here."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. A dependency tool was used to calculate the number of staff required on each shift to keep people safe and meet their needs. People's dependency levels were reviewed on a regular basis to ensure additional staff were deployed if their needs increased. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They were able to describe the types of abuse people may experience and the signs of abuse. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Staff told us the registered manager had made clear their responsibility to report any concerns they had about abuse or poor treatment. They said they were confident that any concerns they raised would be taken seriously and acted upon by the registered manager. One member of staff told us, "I've had the training so I'd know what to do if I wasn't happy with the way someone was being treated. I'd tell the manager straight away." Another staff member said, "I'd know how to whistle-blow if I had to. I'd ring social services."

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form which included their employment and training history, the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS supplies criminal record checks on prospective staff.

People were kept safe because staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example, staff had evaluated the risks to people from any equipment used in their care, such as hoists and slings. Where risks were identified, staff had taken action to reduce the risk of harm. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. For example one relative told us the service had taken action to reduce the risk of their family member harming themselves in falls. The relative said, "She was getting out of bed and falling, which was a worry. They put in a sensor mat, which has worked really well in reducing her falls."

The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment were safe for use. The provider had carried out a fire risk assessment, which had been reviewed in April 2016. There was a personal emergency evacuation plan in place for each person and evidence of regular fire training for staff. Maintenance staff carried out weekly tests of the fire alarm system using different call points.

Is the service effective?

Our findings

At our inspection in April 2015, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some staff were not up to date with training in areas which were key to the delivery of people's care. Staff had not been adequately supported through supervision and appraisal.

At this inspection, we found the training and support provided to staff had improved. Staff told us the registered manager had introduced a system of formal supervision and annual appraisal. This was confirmed by the records we saw. Staff said it had been made clear to them that supervision sessions were their opportunity to seek advice and ask questions. One staff member told us, "I have had supervision. I'd say it works well. It was open and honest. I felt I could say what I wanted to say." Another member of staff said, "Supervision is good. It is your opportunity to come with your ideas."

Staff told us that opportunities for training had increased since our last inspection. They said they felt better equipped to provide the care people needed as a result. One member of staff told us, "There is a lot more training now. I've done all the mandatory training this year plus quite a bit more. I've learned a lot. I'd say it's given me more confidence in what I'm doing." The provider's training records confirmed that staff had access to appropriate training, including regular refresher sessions, to keep their knowledge and skills up to date.

Training to achieve the Care Certificate had been introduced for staff. The Care Certificate is a set of nationally recognised standards that health and social care workers should demonstrate in their work. The registered manager told us that all care staff would be expected to complete the Care Certificate unless they had already achieved the Common Induction Standards. Staff who had recently undertaken their induction told us the process had equipped them well for their new roles. They said the induction had included shadowing experienced colleagues and familiarisation with people's needs and preferences about their care.

People received their care from regular staff, which they said was important to them. They told us staff were professional and hard-working. One person said, "They are very conscientious girls. They are all very professional in their attitude and hard-working." Relatives told us their family members were cared for by a consistent team of staff who worked well together. One relative said, "They've got a good team together now, they support one another." The registered manager told us they personally observed the practice of new care staff to ensure they were competent to work unaccompanied. The registered manager said, "We don't put people on the floor until we're confident in their knowledge."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care. People's care plans demonstrated that their best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. People told us they enjoyed the food provided and that the menu reflected their likes and dislikes. One person said, "The food here is very good, it's all home-cooked." Another person told us, "I'm very happy with the food. If I don't like what's on the menu, they'll always make me something else." Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "The food looks very good. [Family member] certainly enjoys it." Another relative told us their family member preferred to eat small amounts throughout the day rather than at set mealtimes. The relative said staff supported the person to do this by always having food available that they liked. The relative told us, "She often doesn't want to eat at mealtimes but they're very good, they'll always make her something when she feels like eating."

We observed that the atmosphere at mealtimes was relaxed and that staff made sure people were happy with the meals they had chosen. Staff ensured that people who required assistance to eat and drink received this support, giving people time to eat at their own pace and to enjoy their meals. Relatives told us they were able to join their family members for meals if they wished. People were able to give their views about the menu and told us any suggestions they made were listened to.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people with in eating and drinking. Where people were at risk of inadequate nutrition or hydration, food and fluid charts had been implemented. People's weights were recorded regularly and action taken if they experienced significant change. Care staff communicated information about people's dietary needs to catering staff. We observed that catering staff maintained a written record of any allergies and specific dietary needs, such as texture-modified foods.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. People told us that staff supported them to see a doctor if they felt unwell and accompanied them to external medical appointments. Relatives said their family members were supported to maintain good health and that staff kept them up to date about their family members' welfare. Care records demonstrated that people had access to a visiting GP and to other healthcare professionals, such as community and tissue viability nurses, dentists and chiropodists.

Is the service caring?

Our findings

People told us that staff were kind and caring. They said the atmosphere in the service was relaxed and friendly and that they felt at home there. One person told us, "I love it here. It's a caring place and the staff are lovely. It's the nearest thing to your own home." Another person said, "It's got a nice atmosphere here, it's very homely, and the carers are so kind. It's the staff that makes a difference. They are friendly and warm-hearted. I like them all." A third person said of the staff team, "They are all polite and kind. I get on with them all."

Relatives told us their family members were looked after by staff who cared about them. They said staff treated their family members with compassion and respect. One relative told us, "The staff are very caring. They're a good team, a really nice bunch. Mum enjoys spending time with them. She has a laugh and a joke with them." Another relative said, "They treat people with care and respect. They genuinely care about the residents." A third relative told us, "The staff are very nice. Mum gets on with them all; she has good fun with them." Relatives said staff involved people's families in the life of the service and that they were made welcome when they visited. One relative told us, "We're invited to parties and events. They make an effort to involve families." Another relative said, "I can visit any time and I'm always made welcome."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were caring in their interactions with people and we observed good examples of staff demonstrating a caring approach. For example staff displayed skill and compassion when reassuring a person who had become anxious. We observed staff asking people how they were feeling and whether they could help them be more comfortable. Staff complimented people on their appearance and shared jokes with people, which they clearly enjoyed. For example we heard one member of staff tell a person, "Your hair looks lovely" and another member of staff say, "You're looking good today."

Staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. We saw staff encourage people to do things for themselves where possible. For example, staff encouraged people to mobilise as independently as possible and supported them to do this. People told us staff treated them with dignity and respect. One person told us, "Without a doubt, yes. I wouldn't stand for it otherwise." Staff were committed to providing care in a way that maintained people's dignity. One member of staff told us, "I try to treat people as I would my own parents, that's what I keep in mind." Another member of staff said, "I think if we treat people in the way they want to be treated, we can't go wrong."

Staff encouraged people and their relatives to be involved in developing their care plans. Relatives told us they were invited to care plan reviews and that their views were listened to. People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had attended training in this area and had signed an agreement to comply with the confidentiality policy.

People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

Is the service responsive?

Our findings

At our inspection in April 2015, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had not been regularly reviewed, which meant that their care plans did not accurately reflect their needs or preferences about their care.

At this inspection, we found people's choices and preferences were recorded in their care plans and that care plans were subject to regular review. Daily care records showed that these were taken into account when people received their care and support, for example in their choice of activities. Care plans also contained detailed information about people's personal histories and likes and dislikes.

People told us that staff were responsive to their needs. They said staff were willing to be flexible to ensure they received their care in the way they preferred. One person told us, "Their attitude is, if there's anything you want, they'll try and get it for you." Another person said, "They'll do anything I ask of them." Relatives told us staff responded appropriately if their family members' needs or preferences changed. One relative said, "They've been very accommodating as her needs have changed. She likes spending time in the communal areas to be around people and [registered manager] suggested changing her bedroom to ground floor."

Staff told us they aimed to ensure people's preferences were reflected in the care they received. They understood the importance of providing personalised support and having an awareness of people's individual preferences. One member of staff told us, "It's about getting to know people and giving them what they need. We have to involve the residents in decisions about their care." Another member of staff said, "You have to get to know their preferences about everything: getting up, washing, dressing, the clothes they like. You have to know them to support them. You have to ask how they want things done. You must ask them all the time."

At our inspection in April 2015, people told us that there were not enough opportunities to take part in activities or to go on trips out. They said that they enjoyed the arts and crafts sessions that took place twice a week but would welcome a wider range of activities.

At this inspection, we found the range of activities available to people had increased. People told us they had opportunities to take part in activities organised at the service, which they enjoyed. One person said, "The activities are good. I enjoy the arts and crafts." Another person told us, "I'm going to Bizzy Lizzy today, she's very good. They have other people coming in as well; a singer and a pianist." Relatives confirmed that their family members had access to activities they enjoyed. One relative told us, "They have an activity schedule. There's always something going on that she can join in if she wants to." Another relative said, "There's a good range of activities. They seem to have different things to cater for different people's tastes."

The registered manager told us they aimed to increase activities that fostered engagement with the wider

community and to improve opportunities for people to take part in trips and activities. For example the registered manager told us that friends, families and members of the local community had been invited to attend a recent party held at the service to celebrate the Queen's birthday. People told us they had enjoyed this event and the opportunities it provided to mix with other people. One person said, "We had a very successful party for the Queen's birthday the other week. They'd made it like a street party. It was very well attended, I really enjoyed it." The registered manager told us that staff supported some people to attend activities outside the service, such as resource centres, by providing transport and information. New on-site activities were also planned, such as a gardening project.

The provider had a written complaints procedure, which detailed how complaints would be managed and explained how people could escalate their complaints if they were not satisfied with the provider's response. Information about how to complain was provided to people and their relatives when they moved into the service. We checked the complaints record and found that any concerns raised had been appropriately investigated and responded to. For example a concern identified that one person was potentially at risk due to their dementia. In response, the registered manager had arranged one-to-one staffing to support this person and had contacted the person's placing authority to seek authorisation for this arrangement on a permanent basis.

Is the service well-led?

Our findings

At our inspection in April 2015, there was no registered manager in place. The service manager had been in post for three weeks at the time of our visit. Leadership of the service had been inadequate until that point. Staff had not been well supported and shortfalls in staff training and care documentation had not been identified or addressed.

At this inspection, we found the management and leadership of the service had improved. The manager had achieved registration with CQC in March 2016. There was a deputy manager in post, who worked closely with the registered manager to ensure the service was managed effectively.

Relatives told us the service was well run and that they had confidence in the management team. They said the registered manager and the deputy manager provided good leadership for the service and were open and approachable. One relative told us, "[Registered manager] and [deputy manager] have done a fantastic job. Things have improved beyond all recognition since they came. They're on top of everything." Another relative said, "I see a lot of [registered manager] and [deputy manager]. They're often working on something together. They've got their eye on the ball all the time." A third relative told us, "We see them [registered manager and deputy manager] every time we visit. We can always have a chat with them about Mum if we need to."

The registered manager told us they aimed to regularly work alongside staff to support them and to ensure people received high quality care. The registered manager said, "I'm often working alongside the staff and so is [deputy manager]. We get to see their practice that way. We aim to lead by example. We're very hands-on. I wouldn't ask any of my staff to do something I wouldn't do." Relatives confirmed they had observed the registered manager was regularly involved in people's care. One relative told us, "She leads by example. She goes to a lot of trouble. I was worried about the turnover of staff a while ago but [registered manager] has put together a good team who work well together."

Staff told us the registered manager provided good leadership and promoted a positive culture at work. They said the registered manager was approachable and encouraged them to raise any concerns they had. One member of staff told us, "[Registered manager] and [deputy manager] are a good team. They've been really supportive. You can approach them about anything." Another member of staff said, "It's a lovely place to work. Staff feel supported. The managers make you feel valued, they actually listen, and their door is always open."

Staff told us the registered manager had made clear the vision and values of the service, including providing person-centred care in a way that promoted respect and maintained people's dignity. One member of staff said, "They make it clear how they want things to be done. They are observing us, supervising, even helping us with the daily care." Staff told us they worked well as a team and supported one another well to ensure people received good care. One member of staff told us, "We have good leadership and so good team spirit. We work as a team now, we support each other." Another member of staff told us, "The management is good, they support us. They are always willing to help out if we need them. We have a good team now."

Staff told us communication within the team had improved. They said team meetings were held regularly and they were encouraged to contribute their ideas about how the service could be improved. They told us they were kept up to date about any changes in people's needs through handovers at their beginning of each shift. One member of staff said, "Communication is good now. Every month there are relatives and residents meetings and staff meetings." Another member of staff told us, "We communicate well. We are always told about any changes [in people's needs]."

People and their relatives also said they had opportunities to give their views about the service. They told us their feedback was encouraged and the management team listened to and acted upon their views. One person said, "We have a residents meeting about once a month. People aren't afraid to speak up. They do take it seriously if you have a problem." The provider distributed satisfaction surveys to friends and families annually and collated the results. We checked the results of the most recent survey and found these provided positive feedback about the caring approach of staff, the care provided, and the management of the service.

The management team had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as health and safety, fire safety, medicines management and infection control. A report of each quality check was produced and the actions taken where areas had been identified for improvement. For example one quality check identified that one-to-one supervisions should be taking place in addition to group supervisions. There was evidence that this issue had been addressed by the time of our inspection. People's care plans were reviewed on a monthly basis to ensure they reflected their needs accurately. The provider's dependency tool was also reviewed each month to ensure sufficient staff were deployed on each shift to meet people's needs.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed. The registered manager had advised CQC of any notifiable events and had worked co-operatively with other agencies when required. For example, any safeguarding allegations had been referred to the local safeguarding authority and the registered manager had worked with the safeguarding team to investigate the allegations.