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Amberleigh Manor

Inspection report

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Date of inspection visit:
31 October 2016

Date of publication:
11 January 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Amberleigh Manor on 31 October 2016. This was an unannounced inspection. The service was registered to provide accommodation and care, including nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 18 people using the service.

At our last inspection on 14 October 2015 the service was found to be non-compliant in areas relating to personalised care, including meaningful activities and infection control. This represented breaches of Regulations 9 & 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take. At this inspection we found significant improvements had been made, particularly regarding cleanliness and infection control. Despite some inconsistencies with the provision of activities, the service was now compliant with the regulations..

At the time of the inspection there was no registered manager in post, which had been a long-standing situation, since the previous registered manager had left the service in October 2013. An acting manager had been appointed but was unable to be present on the day of the inspection. 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. In the absence of the registered manager, a newly appointed business manager was present throughout the inspection.

During our inspection, we observed that people were happy and relaxed with staff and comfortable in their surroundings. One person told us, "I think we are looked after very well." Another person told us, "Yes, we do feel safe, staff make sure that we are well looked after."

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were also in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Standards of cleanliness and infection control practices had significantly improved since the previous inspection.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of the Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind and compassionate attitude of the care staff.

Staff spent time with people, communicated patiently and effectively and treated them with dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Despite some improvements there were still inconsistencies in the provision of personalised and meaningful activities.

Staff had a good understanding of people's care needs. Individual support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager in post.

Staff said they felt valued and supported by the acting manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Amberleigh Manor

Detailed findings

Background to this inspection

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

The inspection took place on 31 October 2016 and was unannounced. The inspection team consisted of one inspector, a specialist occupational therapist (OT) advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of a range of care services for older people.

Before the inspection we looked at information we held regarding the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people who lived in the home, three relatives, three care workers, the cook and the provider. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection on 14 October 2015 the service was found to be non-compliant in areas relating to staffing levels and infection control. This represented a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take. At this inspection we found that significant improvements had been made and the service was now compliant with the regulation.

The provider told us that, since the previous inspection, staffing levels were now regularly monitored. They said they were flexible to ensure they reflected people's changing dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown. People we spoke said they felt that, although staff were often "Very busy – but coping." We asked two people, who were being cared for in their room, about summoning help should they need it. They both said their call-bells were within easy reach. One person told us, "I don't use my buzzer very often but whenever I need to they [staff] always come very quickly." This was clearly demonstrated during our inspection when we accidentally pulled an emergency cord instead of a light switch and immediately saw staff hurrying down the corridor. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help when they needed it. This demonstrated that staffing levels were appropriate and sufficient staff were deployed to meet people's care and support needs in a safe and consistent manner.

Levels of cleanliness and infection control procedures had improved significantly since our previous inspection. We saw that all corridors and shared living spaces were clean, without clutter, well lit, and suitable for people with mobility issues. Infection control procedures had been implemented and disposable aprons and gloves were readily available in the bathroom/toilet areas, which were all clean, well lit, and free of clutter. One person we spoke with told us, "It's lovely here and my room is cleaned and vacuumed every day." Since our previous inspection, the poorly maintained furniture and furnishings, including worn and stained carpets, had been replaced and there were no longer any unpleasant odours throughout the premises. We also saw there were safety gates in place on the staircases. This demonstrated that the premises were clean, safe and well-maintained.

All of the people we spoke with said they felt safe living at Amberleigh Manor and had no concerns. Without exception the comments we received from people and their relatives were positive. One person told us, "I fell twice when I was at home . . . . I feel much safer here." Another person described the service as, "Very, very good." A relative who we spoke with told us, "We're very satisfied with this place and my [family member] is certainly very happy, safe and well looked after." They went on to say they had never witnessed any inappropriate behaviour or raised voices by, "Any of the staff towards any of the residents."

Medicines are managed safely and consistently. We found evidence that staff involved in administering medicines had received appropriate training. A list of staff authorised to undertake this was kept with the medicines folder. We spoke with the business manager regarding the policies and procedures for the

storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received medicines at times that varied, depending on when they were needed.

People were protected from avoidable harm as staff had received relevant training. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular training updates. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and robust recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with unforeseen emergencies. For example we saw contingency plans in the event of a fire. We saw documentary evidence that people were assessed for their support needs in the event of a fire evacuation. A member of staff told us they had received evacuation training, including trying the evacuation mattresses that were in place.

Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. We saw that all of the hoists were clearly labelled as to when they had last been serviced, and all had been recently inspected (in July 2016). All of the hoist slings that were seen appeared to be in good condition. The part-time maintenance person we spoke with explained their role in conducting regular safety checks e.g. water temperature, fire alarms, smoke detectors, emergency lighting. We saw there was an up to date record of these checks kept in the senior's office. This demonstrated the service was well maintained, which helped ensure people's safety

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and were confident in the staff and the support they provided. They said they considered staff to be "Competent" and "Well trained." One person said, "The staff are marvellous here, I couldn't fault any of them." Another person told us, "They (staff) go out of their way to be helpful and can't do enough for you."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Staff spoke very positively about the training they had received. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who used the service, together with learning about procedures and routines. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone. Another member of staff told us, "We're always on training, which is a good thing and there's also lots of refresher training. We discuss any specific training in supervision." Records showed staff had received an induction and were up to date with their essential training in topics such as moving and handling, infection control and dementia.

We received similar comments from relatives, who also had confidence in the training and knowledge of the care staff. They spoke positively regarding the care staff and the quality of support they provided. One relative told us, "The staff here are very dedicated to the residents and are very good at informing us of any issues affecting [family member]. They're also very good at identifying and addressing health issues. They went on to describe in detail how staff monitored steroid dosage and how they managed pressure ulcers with regular bed rest. Another relative told us, "It's a good home and the staff look after [family member] very well. We are very satisfied." They also said they felt "Engaged" with the care being provided to [family member]. They described how they regularly checked their family member's care records and told us, "I'm pleased to see that the records are always completed, so I can see how often [family member] is turned in bed and when [their] pads have been changed." This demonstrated an open, inclusive and transparent culture and represented good practice.

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us, "Training is obviously important and there's certainly plenty of it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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). The provider told us there was currently one DoLS authorisation in place and we saw the appropriate documentation had been completed. Staff we spoke with were aware of the person subject to this authorisation and understood the implications for their care.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks, particularly involving their personal care.

People were supported to maintain good health. A senior care worker confirmed that a local GP visited Amberleigh Manor on a regular basis to hold a weekly clinic. Visiting chiropodists and district nurses were also involved in people's care and treatment. People told us they were happy regarding the availability of health professionals, whenever necessary. They were also satisfied they received the correct medicine at the right time. One person told us, "I always have my medicines at lunch and tea time." They went on to say, "And I have my eyes tested every six to eight months." People also told us that a doctor called every week and said anytime they needed to see the doctor they would ask one of the care staff and an appointment would be made. People also had regular access to other healthcare professionals, such as speech and language therapists, podiatrists and dentists. We saw that, where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

At lunchtime we observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. All the comments regarding the food we received, from people who used the service and their relatives, were positive. The majority of people had their lunch in the dining room and we saw the hot food was all covered by plate covers before being served. Some people required considerable assistance with eating and we observed three members of staff patiently and sensitively supporting them. People we spoke with said the food was generally good and choices were always available at meal times. One person said they preferred to dine in their room and told us they were, "Well-fed and watered." Another person said they liked to vary their breakfast and told us that at tea time there was always a choice of sandwiches or small hot dishes, such as beans on toast or cauliflower cheese. Everyone we spoke with said there were always plenty of drinks provided during the day. This demonstrated people were supported to have sufficient to eat and drink and maintain a balanced diet.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding the kind and compassionate nature of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated people with kindness, dignity and respect. One person told us, "They're all very nice staff and there's nothing I don't like here." Another person described the staff as, "Very kind and friendly" and told us, "I'm very happy here." A relative told us, "They [staff] look after [family member] perfectly well" and described one of the care staff as, "Absolutely brilliant." Another relative told us, "The staff here are all pretty good and very helpful."

One person told us staff always respected their dignity and always knocked on the door before entering their room. During our inspection we observed friendly, good natured interaction between people using the service, visitors and staff. One person told us that when their family visited staff always made them feel welcome and would usually offer a cup of tea or coffee. Relatives we spoke with confirmed they were always made to feel welcome and said that visiting was un-restricted.

Throughout the day we observed staff to be consistently very helpful, compassionate and caring. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent. We also saw staff knocking on people's doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

Staff demonstrated a commitment to providing compassionate care. They told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. A member of staff told us that people were encouraged to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 14 October 2015 we found people did not always receive support that reflected their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People and their relatives we spoke with were largely unimpressed and dissatisfied with the lack of stimulation or any meaningful activities. During our inspection we observed that staff appeared to have little time to spend sitting and talking with people and we saw very little evidence that any meaningful activities were provided.

At this inspection we found some improvements had been made and activities coordinators had been appointed, however a senior member of staff said that since the previous person left there was currently nobody in that role. They told us, "They (activities coordinators) just don't seem to stay. I don't know why that is but they're perhaps looking for more hours and we only offer 15 hours a week. (Three hours a day, Monday to Friday). That really isn't enough time and the residents are missing out, but recruitment has been a problem."

Two people we spoke with said they were occasionally involved in organised activities but generally preferred to entertain themselves. Both were keen readers and discerning TV viewers and one was also a knitter. They told us they were, "Sports mad." They had a large TV in their room and had been able to subscribe to particular sports channels. They also had their own land line to keep in touch with friends. They said there were some organised activities available but told us, "I'm independent and usually prefer my own company." The other person also mentioned organised activities which they liked to join in with and told us there had been a regular singer in the previous week, which they had really enjoyed.

One relative we spoke with said they would like to see more 1:1 activity for his [family member] who had advanced dementia. They felt there were occasions where playing the right type of music, or showing old photos temporarily unlocked old memories. They also told us about an activities coordinator, who had worked at Amberleigh Manor for a short period who they described as, "Excellent" and they were clearly disappointed that they had left.

In the absence of a permanent activities coordinator, staff told us there was an expectation by the management that staff would cover and provide activities for people, in addition to their care responsibilities. One member of staff told us, "We're not trained for that sort of thing. Don't get me wrong, we do try and we can always play dominoes or something but it's not ideal. You really want someone who has had the training and knows what they're doing and can stimulate people." Another member of staff told us, "We do things like hand massages and some group activities. And we sometimes get entertainers in – but it's all a bit hit and miss! For instance, tomorrow I'm doing three hours (activities) but there's no one for today – and that's how it goes." We saw an example of this 'hit and miss' approach in the office, where a hand written note to staff was displayed on the wall which read: 'Please try to do activities with residents and record them all in the activities folder. [Provider] would like activities at least three times a week'. However we saw evidence (in the activity stores) that a wide range of activities had been considered in order to meet the different interests and needs of people, including manicure sets, foot-spas, bingo, floor

games, dominoes, word games, crafts.

Meaningful interaction and stimulating activities for people provide an important element in improving their quality of life. Having companionship and someone to talk with helps people maintain their mental and physical wellbeing, and is an integral part of providing person centred care. People did not always receive support that reflected their needs and preferences and we considered this to be an issue that requires improvement.

We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. However we also found care plans were disorganised and lacked structure, including any index or dividers, making it difficult to access specific information. The files themselves looked neglected; they were shabby and poorly maintained and did not convey the message that they were important professional documents, containing confidential personal details. These issues were discussed with the provider who acknowledged care plans could be more concise, so making information more readily accessible. They told us that files were being replaced and upgraded. They said this was part of a comprehensive review of the content and structure of care plans which was currently being addressed and described it as "Work in progress."

Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences, likes and dislikes.

People and their relatives said they were satisfied with the service. They knew how to make a complaint if necessary and felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The provider told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Requires Improvement

Is the service well-led?

Our findings

The service has not had a registered manager in post since 30 July 2013. There have been several managers appointed since then, however, despite assurances from the provider that a manager would apply to be registered with CQC, no applications have been received. Most recently, an acting manager was in post and had worked hard to address previous shortfalls. Again we received assurances that an application would be submitted to register this person. However during this inspection, the provider informed us the acting manager was off sick. We were subsequently advised that they had resigned their position with immediate effect.

People and their relatives spoke positively about the acting manager and how the service was run. They confirmed they were asked for their views about the service and said they felt "Well informed." One person told us, "I should think it's well run."

Relatives confirmed they were asked for their views about the service and spoke positively about the level of communication. We saw evidence on the notice board that 'Residents and Relatives' meetings had been held in the past. A relative we spoke with told us, "The home has certainly improved since [the acting manager] has taken over." They went on to say there were regular relatives' meetings, which the acting manager chaired. They found the meetings useful and also appreciated that the acting manager was prepared to change the time to make it easier for them to attend given the long distance they had to travel. However, they told us, "Despite the home doing everything to promote these meetings, usually only about four families attended."

We received contrasting comments from members of staff we spoke with, regarding the management of the service. The majority said they had confidence in the way the service was managed and described the acting manager as "approachable" and "very supportive." However one member of staff told us, "I don't feel communication is very good between the manager and staff and I think it's always been like that." Another staff member told us, "Since I've been here we've had something like eight different managers. No one seems to stay for long and I really don't know why – I didn't think we were that bad!"

Two members of staff we spoke with were not happy with the number of notices that have been displayed throughout the service and felt they were unhelpful and divisive. One member of staff told us, "If they're not happy with someone, then deal with that person. Don't just put up notices that imply no one is doing their job properly. Typical of these notices was one we saw in the office, addressed to all staff, which advised that action would be taken to deal with staff who were not carrying out their duties. There was no recognition or acknowledgement of staff who were working well and the nature and tone of this notice was not conducive to good staff morale.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to, by the acting manager, and any issues acted upon, in line with the provider's policy. We observed a comprehensive handover between senior carers at the start

of the afternoon shift. It comprised updates on each person in the home, as well as any visits or appointments by health professionals, including any recommendations or changes in medication.

The acting manager had notified the Care Quality Commission of any significant events, as they are legally required to do. They promoted a good relationship with stakeholders. For example, the acting manager took part in reviews and best interest meetings with the local authority and health care professionals.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The provider told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following an accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.

Quality assurance systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and make improvements necessary. The acting manager was responsible for undertaking regular audits throughout the service. We saw audits such as health and safety, which incorporated fire safety, electrical checks and risk assessments. Other audits included medication and care plan reviews. Where shortfalls had been identified, actions were put in place including agreed timescales, ensuring any necessary improvements could be monitored effectively.