Parkcare Homes (No.2) Limited

Blair House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 1 December 2017. The inspection was announced. Blair House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide both nursing and personal care for 27 younger adults and older people who have a learning disability. There were 25 people living in the service at the time of our inspection. Most of them had special communication needs and expressed themselves using single words, vocal tones and sign-assisted language. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection on 3 June 2015 the service was rated overall as being, 'Good'. However, we found that improvements were needed to ensure that people were fully supported to express their individuality by pursing their hobbies and interests. In addition, we found that people needed to be given more support to readily be able to use the service's complaints procedure should they need to do so. Furthermore, we found that some care records were not being kept in the right way so that there was a clear account of all of the assistance each person had received. As a result of these shortfalls we rated our domain 'responsive' as, 'Requires Improvement'. At the present inspection we found that these shortfalls had been addressed. Therefore, we rated our domain 'responsive' as, 'Good'.

Also, at our present inspection our overall rating for the service remained as, 'Good'.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and background checks had been completed before new nurses and care staff had been appointed. People had benefited from the prevention and control of infection and lessons had been learnt when things had gone wrong.

Some areas of the accommodation were not designed, adapted and decorated in a way that met people's needs and expectation. However, nurses and care staff had been supported to deliver care in line with current best practice guidance. This included supporting people when they became distressed. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. Furthermore, people had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

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

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs. As part of this people had been offered opportunities to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was focused upon achieving good outcomes for people. People benefited from there being a robust management framework that helped nurses and care staff to understand their responsibilities so that risks and regulatory requirements were met. In addition, the registered persons had taken various steps to ensure the financial sustainability of the service.

The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Furthermore, quality checks had been completed to ensure people benefited from the service being able to quickly put most problems right and to innovate so that people could consistently receive safe care. Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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 remained, 'Good'.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not designed, adapted and decorated to meet people's needs and expectations.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes.

Nurses and care staff had received training and they knew how to care for people in the right way.

People had been supported to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to ensure that people received coordinated and person-centred care when they used or moved between different services.

People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

Consent to care and treatment had been sought in line with legislation and guidance.

Is the service caring?

Good

The service remained, 'Good'.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were offered the opportunity to pursue their hobbies and

interests.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
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Is the service well-led?

Good

The service remained, 'Good'.

Blair House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We also spoke by telephone with six relatives so that they could tell us about their experience of having family member living in the service.

We visited the service on 1 December 2017 and the inspection was announced. We gave the registered persons three working days' notice. This was because some of the people living in the service could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke and/or spent time with 14 people who lived in the service. We also spoke with a nurse, five members of care staff and with the chef. In addition, we met with the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also examined various parts of the accommodation and we looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing

care to help us understand the experience of people who could not speak with us.

Good

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "The beautiful staff are great, we have lots of fun here.' A person who had special communication needs laughed and clapped their hands in an appreciative manner when we asked them about their experience of living in the service. Relatives were confident that their family members were safe. One of them remarked, "I think that the staff do a great job at Blair House as all of the residents have very complex needs. Whenever I go I see people are relaxed and settled which is how it should be."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that nurses and care staff had completed training and had received guidance in how to protect people from abuse. We found that nurses and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established suitable and secure systems for staff to follow when assisting people to manage their personal spending money. This included the service's administrator keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. These arrangements contributed to protecting people from the risk of financial mistreatment.

We found that most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. However, we noted that there were a number of internal ramps that were used to change the level of the floor between different areas of the accommodation. The presence of these ramps was not highlighted in any way creating the risk that people might lose their balance. We raised this matter with the registered manager who told us that they would reassess each of the ramps and as necessary would fit new signs to highlight their presence.

We saw that nurses and care staff were able to promote positive outcomes for people when they became distressed. We noted that when this occurred nurses and care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried and speaking in a loud voice because they could not recall what plans had been made for them to see their relatives over the forthcoming Christmas period. We heard a member of care staff gently discussing with the person how they would be spending Christmas day and Boxing day and when their relatives were due to call to the service. This comforted the person who was happy to return to their bedroom where later on we saw them tidying their clothes.

There were reliable arrangements for ordering, administering and disposing of medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The nurses who administered medicines had received training and we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. Records

showed that in the 12 months preceding our inspection visit there had been a small number of errors in the recording of the administration of medicines. We noted that in each case the registered manager had quickly identified what had gone wrong. In addition, they had taken suitable steps to help reduce the likelihood of the same thing happening again.

The registered persons told us that they had carefully established how many nurses, care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. However, we were not able to fully validate how the calculations had been completed in relation to care staff because the records were not sufficiently detailed. We raised this oversight with the registered manager who told us that the records in question would be strengthened. They assured us that this would result in the records giving a detailed account of how the registered persons decided how many nurses and care staff needed to be on duty.

Nevertheless, other records showed that sufficient nursing and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum set by the registered persons. We also noted that during our inspection visit there were enough nurses and care staff on duty. This was because people promptly received all of the nursing and personal care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing a new nurse and a new member of care staff. We found that the registered persons had completed the necessary checks. These included obtaining a clearance from the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable steps had been taken to prevent and control infection. This included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation was clean and most parts had a fresh atmosphere. We also noted that equipment such as hoists were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that nurses and care staff recognised the importance of preventing cross infection. They were wearing clean clothes and used antibacterial soap to regularly wash their hands.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Requires Improvement

Is the service effective?

Our findings

People were confident that the nurses and care staff knew what they were doing and had their best interests at heart. One of them said, "Staff are nice to me." Another person who had special communication needs gave a 'thumbs-up' sign when we pointed in the direction of a passing member of care staff. Relatives were also confident about this matter. One of them remarked, "The staff there are quite settled and over time they've got to know my family member very well. They know their little ways and I like there being a qualified nurse on duty."

We found that most of people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. There was sufficient communal space in the lounges and dining room. In addition, there were enough communal toilets and bathrooms. Furthermore, there was a suitable range of equipment to support people who experienced reduced mobility including a rise and fall bath with a hoist and wet rooms that were easy to access. In addition, most areas of the accommodation were comfortably furnished and had a homely appearance.

However, some areas of the accommodation had damaged decorative finishes including scuffed paintwork and marked wallpaper. We also noted that a number of wooden windows were rotten in places and so could not be fully closed to achieve a weather-tight seal. Other windows could also not be fully closed due to having broken mechanisms. Two of them had even been propped into a partially closed position using sticks jammed into their mechanisms. In some of the areas of the accommodation near to these windows the accommodation was uncomfortably cold. Some other areas were cold either because the heating was not switched on or because there was no radiator or other source of heat nearby. Furthermore, in one bedroom there was a damp patch on the ceiling and by the window the wallpaper was hanging off and looked unsightly. Records showed that most of these defects had been identified by the registered persons as needing attention. However, the necessary repairs had not quickly been undertaken and the registered manager was not able to give us a clear timescale for them to be addressed. Nevertheless, they did assure us that the central heating system would immediately be switched on in all parts of the accommodation. They also told us that each of the other defects we identified would be addressed as soon as possible.

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully establishing if people had a preference about the gender of the nurses and care staff who provided them with close personal care.

Records showed that new nurses and care staff had received introductory training before they provided people with care. In addition, records showed that nurses and care staff had received the on-going training the registered persons said they needed to keep their knowledge and skills up to date. We found that nurses

and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "You can have what you like. Last night I had tuna, ham and peanut butter sandwiches." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. People were offered a choice of dishes and the meals were attractively presented. We also noted that people were being supported to eat and drink enough to maintain a balanced diet. Records showed that people had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. In addition, records also showed that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. Furthermore, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this was the service liaising with specialist nurses based at local hospitals so that people could be fully supported if they needed to go into hospital for treatment. In addition, the service had prepared a 'hospital passport' for each person. These documents contained key information likely to be useful to hospital staff when providing medical treatment. Another example of this was care staff offering to accompany people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

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 law 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation 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.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager, nurses and care staff were supporting people to make decisions for themselves whenever possible.They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about people having rails fitted to the side of their bed. These can be helpful so that a person can rest safely in bed without accidentally slipping and falling onto the floor.

In addition, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "Staff are here for me." Another person who had special communication needs pointed to a magazine and smiled appreciatively because a member of care staff had just assisted them to find a puzzle that interested them. Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "The staff are kindness itself and overall the place can best be described as being like a big family."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Nurses and care staff were informal and relaxed in their manner. They were friendly when caring for people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in one of the lounges and chatting with them about the decorations they wanted to put up at Christmas. At one point the person became worried because they thought there would not be enough decorations to go around. The member of staff was able to reassure them that the service had plenty of decorations. They then reminded the person about how festive their home had looked during the preceding year's Christmas festivities.

Nurses and care staff were considerate and we saw there were arrangements for them to make a special effort to welcome people when they first moved into the service. This was so that the experience was positive and not too daunting. This included arranging with family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, nurses and care staff told us that they gently asked newly-arrived people how they wished to be addressed and established with them the times they would like to be assisted to get up and go to bed.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. This included each person being supported to compile a photo-journal that was updated each month. These journals showed what activities each person had enjoyed. Nurses and care staff told us that they used the journals to gently encourage people to speak about the care they would like to receive in the future. Furthermore, most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that nurses and care staff were assisting people to keep in

touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said and showed us that nurses and care staff provided them with all of the assistance they needed. One of them remarked, "The staff do lots for me." Most relatives were also positive about the amount of help their family members received. One of them commented, "I don't have any concerns about the care my family member receives." However another relative remarked, "In general the staff are pretty good, but some days they're too rushed and things get missed such as helping my family member to organise their clothes and get their bedroom sorted out."

We found that people received personalised care that was responsive to their needs. Records showed that nurses and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving both the nursing and personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy, promoting their continence and managing their laundry.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During the course of our inspection visit there was a lively atmosphere in the main lounge. We saw people being supported to sing some of their favourite songs. We also saw people being supported on an individual basis to enjoy activities such as undertaking artwork and selecting music they wanted to play. We also witnessed several people laughing and eagerly joining in with a member of care staff who played hide and seek with them. In addition, records showed that a number of entertainers regularly called to the service to play music and to support people to enjoy taking part in gentle exercises. Furthermore, records showed that people were being supported to go out and about in the local community. This included going to restaurants, cinemas and theatres, visiting the seaside and enjoying local visitor attractions. Speaking about the social events they enjoyed a person told us, "We've got a party on Monday afternoon. The following week we're going out for a meal at a pub and we had a dance the other night."

We saw that suitable provision had been made to acknowledge each person's personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake and in addition people were given a present by the registered manager.

We noted that nurses and care staff understood the importance of promoting equality and celebrating diversity. The registered manager showed us that arrangements could quickly be made if people wished to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, nurses and care staff were sensitive to the support people may need to follow their chosen lifestyles if they were gay, lesbian, bisexual or transgender. We also noted that imaginative steps had been taken to support people to engage in community events. An example of this had

taken place while the general election of 2017 had been going on. We saw that nurses and care staff had organised an election within the service in which people had been invited to vote for parties and manifestos that were carefully designed to be of interest to them.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. We noted that since our last inspection the registered persons had received two formal complaints. Records showed that the matters had been properly investigated so that they could be resolved to the satisfaction of the complainants.

We found that suitable arrangements had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. Records showed that the registered manager had consulted with people and their relatives about how each person wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Good

Is the service well-led?

Our findings

People said and showed us that they considered the service to be well run. One of them said, "I like living here with everyone." Another person who had special communication needs jumped up and down and laughed when we asked them about their home. A third person when speaking about the registered manager remarked, "I love her I do, kind lady. I talk to her and I gave her a big hug this morning." Most relatives were also complimentary about the management of the service. One of them remarked, "Overall, the place is well managed. The manager is a nurse and they seem to be very knowledgeable about the care my family member needs to receive. The service seems to run smoothly enough I suppose."

There was a registered manager in post and records showed that the registered persons had told us about significant events that had occurred in the service. These included notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care.

We noted that the registered persons had promoted a positive culture that was focused upon achieving good outcomes for people. An example of this was the registered manager arranging for nurses and care staff to receive specialist training from external consultants as and when people who lived in the service developed extra needs for care.

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Nurses and care staff were clear about their responsibilities. We noted that each shift was led by a nurse who was in charge and who was assisted by care staff. In addition, records showed that information was carefully handed over between nurses and care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed.

People who lived in the service, their relatives and staff were engaged and involved in making improvements. Documents showed that the registered persons had carefully considered what arrangements would best enable people and their relatives to give feedback. We saw that people who lived in the service had been invited and supported to attend regular 'Your Voice meetings'. These meetings had given them the opportunity to discuss with staff how well the service was meetings their needs and expectations. In addition, we noted that people and their relatives had been invited to complete an annual user-friendly questionnaire to give feedback to the registered persons about the service. We noted a number of examples of the suggested improvements being put into effect. An example of this was alterations being made to parts of the garden so that the space was more interesting and more likely to be used by people.

Nurses and care staff told us there was an explicit 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included nurses and care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. In addition, records showed that nurses and care staff attended regular staff meetings at which they reviewed how well the service was meeting people's needs and how it could be further developed.

The registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. Records showed that these arrangements had been successful in that high levels of occupancy had been maintained. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons examining regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order. However, we also noted that although checks had identified most of the problems we found with the accommodation, prompt action had not always been taken by the registered provider to address the concerns. We raised this issue with the registered manager who assured us that the need to strengthen this aspect of the management of the service would immediately be highlighted with the registered provider.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working. This was so that relatives and care managers had sufficient flexibility to promptly offer people new residential placements when it was in their best interests to move to a new home.