Haddon Court Limited

Haddon Court Limited

Inspection report

8-14 Haddon Road
Blackpool
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Website: Not known

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Ratings

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

Overall summary

The inspection visit at Haddon Court Limited was undertaken on 29 July 2015 and was unannounced.

Haddon Court Limited provides care and support for a maximum of 33 people who live with dementia. At the time of our inspection there were 31 people living at the home. Haddon Court Limited is situated in a residential area of Blackpool. There are ensuite facilities and lift access to all floors. A number of lounges are available so people can choose where to relax.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was in the process of registering a manager that had been recently recruited.

At the last inspection on 29/01/2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, people who lived at the home and their representatives told us they felt safe. We observed staff were respectful and caring towards individuals and

Summary of findings

had a good understanding of how to protect them against abuse. One staff member told us, "Safeguarding means keeping people safe in the environment they live in, keeping them safe from the potential harm from others, staff or other residents".

Risk assessments were in place to protect people from the potential risks of receiving care and support. A relative told us, "It must be a difficult home to work in with so many people who have dementia. However, they monitor people really well to protect residents from others who have challenging behaviours." Accidents and incidents were acted upon to ensure the reoccurrence of events was minimised.

People's medicines were managed safely and staff were appropriately trained and guided. However, we noted staff had not always followed national guidelines on associated record-keeping. For example, hand-written entries were not signed by two staff to ensure information was correct.

We have made a recommendation about the management of medication records.

Staffing levels were adequate to ensure people's safety was maintained and their requirements were met in a timely manner. We found staff were effectively trained and supervised in order to carry out their responsibilities. Although staff were safely and appropriately recruited, we noted the management team had not always followed national guidelines about correct recruitment procedures. Interview question responses and gaps in staff employment were not always evidenced.

We have made a recommendation about the appropriate recruitment of employees.

People were supported to maintain their nutritional requirements and were monitored against the risks of malnutrition. However, we observed the provision of meals was not always dementia-friendly or a social occasion. Although people were given an alternative meal if they did not like what was provided on the day, a rolling programme of menus was not present. This meant meal choices was not evidenced and a varied, planned menu was not in place to maximise choice for people.

We have made a recommendation about effective nutritional support for people who live at the home and to ensure the provision of dementia-friendly mealtimes.

Staff and the management team demonstrated a very good understanding and practice of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. A member of the management team told us, "As we are a dementia care home, we have managed DoLS processes, within the MCA, in a staged and contained way. This is so that our residents are safe and well-supported." There was evidence that people had consented to and were involved in their care. People were supported by staff who consistently demonstrated respect and compassion in their duties.

We found the home was well-managed and there was an open working culture. People, their representatives and staff were supported to comment about the quality of their care. The provider had a hands-on, caring approach and led the service well by having an oversight of working practices through monitoring and audit processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People told us they felt safe whilst living at the home and staff demonstrated a good understanding of related principals.

We found the management team had sufficient staffing levels in place to meet people's needs. However, not all new staff had been recruited in-line with national guidelines.

We observed medication was administered safely. However, related record-keeping did not always follow national guidelines.

Is the service effective?

Requires improvement

The service was not consistently effective.

People were supported by effectively trained and knowledgeable staff.

Staff assisted people to make decisions about their care. The management team had ensured staff had an in-depth, working knowledge of the MCA and DoLS and understood how this affected people in their care.

People were protected against the risks of malnutrition. However, mealtimes were not promoted by the use of dementia-friendly best practice principals. Records did not evidence varied menus and meal options for people who lived at the home.

Is the service caring?

Good

The service was caring.

People told us staff were caring and sensitive to their requirements. We found staff promoted people's dignity and had an in-depth knowledge of their needs. Staff and the management team demonstrated an extremely caring approach when engaging with people and relatives.

People and their representatives told us they were assisted to maintain their relationships and were involved in care planning.

Is the service responsive?

Good

The service was responsive.

Care records were personalised to people's individual requirements. Visitors told us they were involved in the review of their relative's care.

There was a programme of activities in place to ensure people were fully occupied. An activities co-ordinator had been employed for the benefit of people who lived at Haddon Court.

Summary of findings

People and their representatives told they had no concerns, but would know how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

People and staff told us the management team was supportive and promoted an open working culture. We observed the provider had a good understanding of staff and people's individual requirements.

People were able to comment upon the quality of their care through satisfaction surveys, which were acted upon by the management team.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

Haddon Court Limited

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 team consisted of an adult social care inspector, specialist professional advisor, with experience of working with people living with dementia, 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 caring for people living with dementia.

Prior to our unannounced inspection on 29 July 2015 we reviewed the information we held about Haddon Court. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there was a safeguarding concern being investigated by the local authority, which the provider was working with in relation to maintaining people's safety.

We spoke with a range of people about this service. They included three members of the management team/ provider, three staff members, three people who lived at the home and four relatives. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Haddon Court. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We did this because the majority of people at Haddon Court were living with dementia and unable to fully express their needs.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to eight people who lived at Haddon Court and six staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe whilst living at Haddon Court. One person stated, "I feel safe here. I'm care-free and content here." Another person said, "I feel very safe." A relative added, "I am fully reassured [my relative] is safe, comfortable and well-looked after."

During our inspection, we noted the home was clean, tidy and there were no unpleasant smells. We noted staff using appropriate equipment and safe hand hygiene practices to maintain infection control procedures. The provider told us, "It is my belief that if care is good and house-keeping is good, then there should be good management of odours. We have that right here."

We checked how staff recorded and responded to accidents and incidents within the home. Documents included a brief description of the accident and what actions were taken to manage the event. A checklist also indicated what actions staff had taken, such as reporting to CQC and RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations], where this was applicable. If necessary, further records were made when individuals had been referred to the community falls team.

A member of the management team said, "All doors have alarms on them just to alert staff if people are entering/ leaving bedrooms. It's about keeping our residents safe because of their dependency levels. This forms part of our action to manage and reduce falls and incidents of behaviours that challenge us." We noted where the door alarms were in place, people or their representatives had consented to this. This showed the provider had put systems in place to minimise the risk to people of receiving unsafe care.

Care records contained an assessment of people's requirements and an evaluation of possible risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, fire safety, environmental safety and falls. Records were in-depth and covered detailed actions to manage risk. A member of the management team told us, "Where residents access the kitchen or front garden, we complete risk assessments to protect their safety." This showed the provider had systems in place to minimise potential risks of receiving care to people it supported.

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated a good understanding of processes to follow. Staff were clear and confident about procedures related to safeguarding and whistleblowing. A staff member told us, "I would speak to the staff member and raise it with the manager. I would also contact the local authority and CQC, as well as record everything." Training records we reviewed confirmed staff had received guidance about safeguarding procedures to underpin their understanding. This demonstrated the management team had enabled staff to develop their skills in protecting people against abuse.

We checked rotas to assess whether people's needs were met by sufficient numbers of skilled staff. We noted skill mixes were suitable to support people and staffing numbers were sufficient to meet the needs of people who lived at Haddon Court. A relative told us, "There's always plenty of staff on. So, again, I feel [my relative] is much safer here. They attend to her needs and the other residents very quickly." This showed people were protected against unsafe care because the management team had assessed that staffing levels continued to meet their needs.

When we discussed staffing levels with staff, we were told these were usually adequate. We observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. On discussing staffing levels, a staff member told us, "We can be short due to sickness or leave, but this is not often. We work this out well, though, and work well within the team and share responsibilities."

We checked how medication was dispensed and administered to people and observed this was done in a safe, discrete and appropriate manner. A relative told us, "The staff manage [my relative's] medication fantastically. We were very concerned about this as she has so many medical conditions, but they're discrete and if [my relative] refuses they try again later." A staff member said, "If someone refused a medication then I respect that's their choice. I would encourage them to take it by explaining what it was for and try again later." Another staff member explained, "If people don't have capacity we check for little signs and facial expressions as we know our residents."

Medication records contained reminder sheets, where applicable, to indicate to staff if people were prescribed when required medicines. This meant staff were reminded to check people's individual needs and related medication requirements. Patient information leaflets and other

Requires improvement

Is the service safe?

sources were available to staff to assist them in their understanding of individual medicines. For example, a staff member told us, "We can speak to pharmacy if we need to." Staff files indicated that staff, who had responsibility for dispensing medicines, had received appropriate training

All medicines, including controlled drugs, were stored in a safe and clean environment. These were stock controlled and audited by the management team to check all related principals were safely monitored. However, we checked medication records and noted not all signature entries had been entered to confirm whether individuals had received their medicines. Additionally, staff had not always followed national guidance in relation to hand-written entries on medication records. For example, hand-written entries were not signed by two staff to ensure the information recorded was correct. We have made a recommendation about medication record-keeping so that systems in place can be improved to ensure people's medicines are managed safely.

We checked staff files to review what procedures the management team had followed when staff were recruited. We noted application forms, references and interviews had been retained in staff records. Additionally criminal record checks had been obtained from the Disclosure and Barring Service prior to staff commencing employment. A relative told us, "I feel the home recruits staff safely, who are right to work here."

However, we found the provider had not always identified all risks to people when recruiting appropriate staff. For example, although gaps in staff employment histories were checked, evidence of explanations for this was not always recorded. Additionally, the provider had not always followed good practice in relation to the recruitment of appropriate staff. This included in-depth documentation at application and interview stages. When we discussed this with the provider, we recognised the management team were working hard to improve upon the systems that were in place. We have made a recommendation about the appropriate recruitment of potential employees.

We recommend that the provider follows national guidelines about record-keeping principals in relation to medication.

We recommend that the provider seeks advice and guidance from a reputable source about correct recruitment procedures.

Requires improvement

Is the service effective?

Our findings

People and their representatives told us they felt their care was effective in meeting their needs and was provided by experienced, well-trained staff. A relative told us, "I am fully confident the staff are well-trained. It's a difficult job to do, but they do it well."

Staff told us they received training to support them to carry out their responsibilities effectively. This included dementia awareness, infection control, first aid, safeguarding, Mental Capacity Act and medication. A staff member stated, "I have also completed my level three NVQ [National Vocational Qualification] in health and social care." Another staff member said, "I have completed my level three NVQ and I am now doing my level five. [The provider] is supporting me to do this." We checked the training matrix the registered manager had in place, which confirmed staff had guidance relevant to their role.

We reviewed staff supervision and appraisal records to check that staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. We noted that not all staff had received this due to recent management changes. One staff member told us, "I've had an appraisal, but not had supervision, although if I have any issues I can go to [the management team] whenever I need to."

However, another staff member said, "I have received supervision, which is important to me as a fairly new member of staff." A third staff member stated, "I have had supervision with [the management team], which resulted in me having to attend further medication and safeguarding updates. I have since completed these." Records indicated supervision covered areas such as correct uniform policy, communication, housekeeping, record keeping, dignity and safeguarding. There was evidence that identified issues were followed through, for example, further training. This meant the provider was in the process of ensuring all staff were provided with support in their roles and responsibilities.

We observed staff communicated with people using an effective approach. For example, we saw staff kneeling down and speaking with individuals at eye level. We were told an effective communication system was in place at Haddon Court. A relative told us, "The staff have regular handovers, which tells me they communicate really well with each other about the residents." A staff member told us, "We communicate well, such as in meetings and handovers." This meant the registered manager had established communication systems to protect people against inappropriate care.

Care records contained documented evidence of people's consent to their care and support. This included information about people's preferences with regard to, for example, personal care, activities, getting up times and meals. A relative told us, "They discussed consent to care with me as I have lasting power of attorney for [my relative]. I knew nothing about the Mental Capacity Act and DoLS, but the provider sat down with me and explained everything." A staff member told us, "It's about their best interests and being friendly, but always checking if it is ok to carry out personal care and being caring and careful."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

The provider supported people living with dementia and, as a result, there had been a number of applications made to deprive individuals of their liberty in order to safeguard them. We noted staff had followed correct procedures under the MCA, such as undertaking mental capacity assessments and best interest meetings with the individual's representative. We noted people were enabled to walk from one place to another unhindered. Staff monitored individuals from a discrete distance to ensure they were not in danger without depriving them of their liberty.

Staff and management had a good understanding of basic principals in relation to the MCA. A staff member told us, "The [MCA] is about not depriving people and giving them choices. If people lack capacity, it's about us coming together as a team to make sure we work in their best interests." Training records confirmed staff had been given related guidance to underpin their knowledge and

Requires improvement

Is the service effective?

understanding. A member of the management team told us, "Staff have had MCA and DoLS training. We are keenly aware of the need to work carefully and effectively within the regulations. We ensure our staff understand and support people with their decision-making processes."

We carried out kitchen checks and noted cleaning records were in place and the food preparation areas were clean and tidy. Food safety, equipment and food temperature checks were up-to-date. All kitchen staff had completed relevant training, such as level two food safety. Haddon Court had been awarded a five star-rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated record-keeping.

However, we found meal alternatives were not recorded on menus. Additionally, there was no rolling programme of meals so that the provider could monitor and ensure people were not offered repetitive meals. We found similar meals appeared on menus over the last two weeks and staff had not always recorded what was provided as per their documentation. This meant the provider had not always evidenced and ensured people were provided with a varied menu. We observed people were offered a different meal if they did not like what was recorded on the menu at lunchtime. Additionally, we noted people enjoyed their meals. We discussed this with the provider, who acknowledged menu options and associated documentation could be further developed to improve people's experiences.

We joined people who lived at the home for lunch and were told that individuals enjoyed the food provided. One person said, "The food is very nice." A relative stated, "The food is great. [My mum] loves her food and she gets plenty to eat and drink. They check [my relative's] weight regularly." However, the event was not a welcoming and social occasion. For example, there were no tablecloths or condiments, which did not aid people who lived with dementia to have an enjoyable meal.

We discussed this with the provider and were told tablecloths and condiments had been in place previously. These were removed or used inappropriately by people and staff had stopped placing them on tables. However, the provider acknowledged that the social aspect and presentation of mealtimes was an area he was keen to improve for people's well-being. We have made a recommendation about the effective provision of varied meals, menu options and the provision of dementia-friendly mealtimes.

Care records we checked contained nutritional risk assessments and documents to monitor people's weights and fluids to assess people against the risk of malnutrition and dehydration. Individuals who were at risk were monitored closely and referred to external professionals where this became necessary, such as the dietician. A staff member told us, "If someone is losing weight we will place them on fluid and food charts to monitor this closely. We will refer to the Speech and Language Therapy team or a dietician if we are concerned."

Where an individual's health needs had changed, staff worked closely with other providers to ensure they received support to meet their ongoing needs. Care files contained a record of professional visits, including the reasons for this and any ongoing actions to manage people's health. A relative told us, "The staff keep me informed about [my relative's] care so I'm up to speed. When she's been ill they've contacted the GP straight away and kept me informed." The provider ensured people were supported to maintain their health by having access to other services.

We recommend that the provider finds and follows national guidance and best practice in relation to the provision of rolling menu programmes and meal options.

We recommend that the provider seeks advice and guidance from a reputable source about the provision of dementia-friendly mealtimes.

Good

Is the service caring?

Our findings

People we spoke with and their representatives told us staff were very caring. One person said, "I quite like it here, especially sat here in the sunshine. The staff look after me very well." A relative stated, "[My relative] is always clean and well-presented." Another relative told us, "The staff are very caring. They always explain what they are doing and ask mum if she understands."

We observed staff consistently protected people's privacy and dignity and interacted with individuals in a respectful manner. For example, we saw staff knocked on all doors before entering. Staff talked with people in a kindly and knowledgeable manner. When undertaking tasks, such as cleaning their nails, staff engaged with individuals in an attentive manner.

We saw charts on people's bedroom walls that gave an outline of the individual and described what was important to them. A relative told us, "They checked with me what my [relative's] needs were. I know my [relative] and was pleased they asked me. It shows they care." This demonstrated people and their representatives were involved in their care. The charts also described how individuals preferred to be supported to inform new staff about how to meet their needs.

We reviewed eight care records to check how people were involved in their care planning. We found records were comprehensive and people's individual preferences were documented. We noted care plans were personalised to the needs of the people they concerned. Records identified individual requirements, agreed actions to support people along with expected outcomes. A staff member told us, "It's about making sure people's needs are at the forefront and are met properly."

During our observations, it was very clear that the provider and staff had an extremely good understanding of people who lived at the home. Interactions evidenced that staff knew people and had grasped how best to respond to and meet their individual needs. A staff member told us, "I love working here, it's like a family."

People and their representatives confirmed that staff and the management team knew their individual requirements and were very caring in their approach as a result. A relative told us, "My [relative] is looked after very well." Another relative said, "The best care is given and residents are well looked after, considering the circumstances and plight of all the people in here." Additionally, the management team were aware of and keen to ensure people were involved in and able to comment about their care. A member of the management team told us, "We work with IMCAs [Independent Mental Capacity Advocates] and/or advocacy to ensure residents and their families are fully supported to be involved."

The provider had a rolling programme of refurbishment in Haddon Court and the surrounding gardens. A member of the management team told us, "We involve the residents and their families in choosing colour schemes and furnishings, so that they feel it is their personal space." The environment was utilised to improve people's well-being. For example, a member of the management team said, "We recently refurbished the front garden and put in a pond and ornamental features, etc. We use it to good therapeutic effect for our residents."

Relatives told us they were supported to maintain their important relationships with people who lived at the home. A relative said, "I am encouraged to visit at any time." Another relative told us, "The staff offer me drinks, so it helps me to feel welcomed."

Good

Is the service responsive?

Our findings

All the people and relatives we spoke with felt staff were responsive to their needs. A relative told us, "Because of poor care at the home where [my relative] was at before, I moved her here. Within a few days [my relative] improved dramatically and she is so much better and returning to her normal self."

Care records contained detailed assessments and support plans, which were well-organised and personalised to the needs of the individual. Screening tools, such as nutrition and pressure area management had been completed to monitor that people's care and support was responsive to their needs. All documents were reviewed regularly and signed and dated by staff. A relative told us, "The staff continue to involve me in [my relative's] care and review of her care planning and other records." We noted that not all documents had been completed and there were gaps in records. However, we observed a new care planning system was being implemented and the provider stated that this would be further developed and regularly audited.

The home was not specifically designed to provide care in a dementia-friendly environment. For example, rooms were not easy to find due to numerous corridors and stairwells were steep. However, the provider had taken action to provide an environment that maximised people's potential and independence. For example, we saw a calendar on display in the dining room to keep people informed of the day and date to assist people with memory problems. Additionally, pictorial signs had been placed on all rooms, including communal areas, to help individuals identify their purpose and their own bedrooms. Carpets were not patterned to protect people who lived with dementia, thereby following good practice in dementia care and minimising the risk of falls because of poor mobility.

The provider employed an activities co-ordinator to assist people with their social activities and minimise the risk of social exclusion. Activities included walks out along Blackpool promenade, singers and entertainers, trips out and games. A 'chair therapist' also attended the service, and did so on the day of our inspection. This involved chair-based physical and fun activities, which the majority of people joined in in a lively manner. One person told us, "I'm very happy here. I love the singing we do." A relative added, "The staff sit and spend time just chatting with the residents, which is so important."

A room on the top floor was designated and set up as a hair salon. A hairdresser attended Haddon Court twice-a-week and people and their relatives stated it was a fun, social occasion. A relative told us, "There are plenty of activities, such as hair and beauty, singers, entertainers and they're having a trip out soon." A member of the management team told us, "Residents do go in the kitchen and help out. It's really great as a part of maintaining their social skills, independence and to feel inclusive in their home."

We found the complaints policy the provider had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. A relative told us, "I would know how to complain, but I have no issues." This showed the provider had displayed information to assist people to comment about the service they received.

At the time of our inspection there had been three complaints in the last 12 months. We reviewed the processes undertaken in relation to two complaints. We found the management team had recorded, signed and dated all relevant information. An outline of the complaint had been documented along with the response undertaken by the management team and the outcome to their actions. A relative had commented within one complaint that they were pleased about the action taken by the provider to prevent any reoccurrence. On discussing the management of complaints, a staff member told us, "I would ask the resident if it was ok to write the concerns down and pass these on to the manager or [provider] if it wasn't addressed."

Good

Is the service well-led?

Our findings

Staff, people and their relatives told us they felt the management team was accessible and ran the home efficiently. A relative told us, "The management team are fantastic and the home is managed so well. I feel their door is always open and they have explained things very clearly to me." A staff member told us, "I get on really well with the managers. I can go to them when I need to and I'm really well-supported."

Although we identified areas for improvement and made recommendations within this report, we noted the new management team had identified systems and processes that needed to be developed. Following recent management changes, the provider was working very hard at re-organising and improving the service. Our observations and discussions with people who lived at the home and their representatives confirmed the service was well-led.

We observed the provider and management team were 'hands-on' in their approach to care and in how Haddon Court was managed. The provider was very caring towards staff, visitors and people who lived there and had a clear understanding of their individual needs. The atmosphere was calm and people approached the provider in a relaxed manner. A member of the management team told us, "It's a calm, pressure free and relaxed atmosphere and process for me to manage. I love managing the team here."

Staff told us they worked well as a team and the management team was supportive and promoted an open working culture. A staff member told us, "We work really well as a team. The residents are our priority, so where we have our differences, we sort them out quickly and well."

Regular team meetings were held for staff and management to discuss any issues within the home. A staff member told us, "We have team meetings every month. When we have issues I feel the management team deal with them well." The last meeting, held on 11 March 2015, looked at, for example, staffing breaks and shift patterns; policies and procedures; team working; residents' care requirements; falls prevention; pressure care; and medication. We saw evidence that the management team followed up identified issues to ensure these were managed effectively.

People and their representatives told us they were supported to comment about the service directly to staff and managers, as well as through satisfaction questionnaires. We reviewed completed forms from the last survey, which was very positive about the quality of the service provided. A relative said, "There is nothing the home could improve on. I am very happy with [my relative's] care." Another relative added, "There have been minor problems, but I've always been able to speak with [the provider] about any problem."

A member of the management team told us they worked very hard at improving the service people experienced. They told us statements made by staff and people who lived at the home, through satisfaction surveys, comments and team meetings, were acted upon and addressed. One of the management team said, "We strive to work in an open and transparent way. We welcome CQC inspections and use these as a part of our ongoing drive to continuously improve."

There was a range of audits in place to check and monitor the quality of care people received. These included falls, ambulance call outs, medication, infection control, bedroom equipment and fire safety. The service's gas and electrical safety certification were current. There was a business continuity plan established to protect people against untoward incidents that might stop the service from working. This meant the provider monitored whether the home was maintaining an effective service and acted upon identified problems.