Care Quality Commission

Norse Care (Services) Limited

Woodlands

Inspection report

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Ratings

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

Overall summary

We inspected this service on 20 and 25 February 2015. The inspection was unannounced and undertaken by two inspectors on the first day, and one inspector on the second.

Woodlands provides accommodation and support for up to 40 older people, many of whom live with dementia. There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The atmosphere of the home was welcoming and the premises were well maintained and designed to meet the needs of the people living there. There were sufficient numbers of staff on duty to meet people's needs and those staff had been recruited safely. Staff knew how to manage risks to promote people's safety and were

Summary of findings

respectful, caring and considerate of people's specific needs. There had been significant improvement in the management of medicines to ensure that people received them safely and as prescribed.

Staff received appropriate training and support for their role. They also received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and knew how to protect people who could not make decisions for themselves.

People's needs were assessed and regularly reviewed, and support was planned and delivered in line with their specific needs. Their health was monitored and they were supported to see a wide range of health professionals if needed. People's independence was encouraged and activities in the home provided them with regular entertainment and stimulation.

Overall, the home was well managed, with clear lines of accountability and responsibility in place for staff. There were good systems in place to monitor and assess the quality of care people experienced and people's views were actively sought to develop the service.

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?

Good

The service was safe. People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose.

Potential risks to people's health and well-being had been assessed and measures had been put in place by staff to reduce them and ensure people's safety.

There was a sufficient number of staff to look after people and provide them with the care that they needed. Recruitment procedures ensured that only suitable staff were employed to work in the home.

Is the service effective?

Good

The service was effective. People received their care from staff who had received support and supervision for their role.

Staff had a good understanding of the Mental Capacity Act and acted in the best interest of people who could not make decisions for themselves.

People's health needs were monitored closely and they were supported to maintain their well-being.

People were encouraged to eat, drink and enjoy a balanced diet.

Is the service caring?

Good

The service was caring. People were cared for by kind and compassionate staff who understood their individual needs and who treated them with respect.

People's friends and family were welcomed at the home and staff supported these relationships.

People's dignity and privacy were maintained and promoted by staff.

Is the service responsive?

Good

The service was responsive. Staff showed a good understanding and knowledge of the needs of the people they supported.

People had care pans that reflected how they liked to receive their care and support, and their needs were regularly assessed and reviewed.

People had access to a variety of entertainment and activity to keep them stimulated

Staff listened and learnt from people's experiences, concerns and complaints.

Is the service well-led?

Good

The service was well-led. There was a stable and effective management at the home and systems in place to monitor the quality of the service.

People and staff were actively involved in developing the home.

Woodlands

Detailed findings

Background to this inspection

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

We inspected this service on 20 and 25 February 2015. The inspection was unannounced and undertaken by two inspectors on the first day, and one inspector on the second.

Before our inspection we looked at all the information we had available about the service. This included information from notifications received by us. A notification is information about important events, which the service is required to send to us by law. We used this information to plan what areas we were going to focus on during the inspection.

During our inspection we used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot communicate easily with us. We spoke with the registered manager, five care staff, four people who used the service and a visiting relative. A district nurse, a moving and handling lead advisor for Norfolk County Council and an Age UK advocate visited the service during our inspection and we also asked for their views of the home. We looked at six people's care records to see if they were accurate and up to date. We reviewed two staff recruitment files and further records relating to the management of the service including quality audits.

Following our inspection we contacted a number of health and social care professionals who knew the service well including a GP, a social worker and chiropodist. We also spoke with a further two relatives by telephone.

Good

Is the service safe?

Our findings

Most people told us that they felt safe and secure living at Woodlands and had no concerns about how they were treated by staff, or other people living there.

Safeguarding was given a high profile within the service. There was information widely available around the home giving people, staff and visitors information about how to raise their concerns. All staff received regular safeguarding training to ensure their knowledge and skills in this area was kept up to date. Safeguarding issues also featured regularly in staff meetings, and recent guidance about the use of covert cameras to protect people had been discussed at the staff meeting of 19 February 2015.

Staff we spoke with had a good understanding about how to protect people from abuse. They were able to tell us about the different types of abuse an older person might face and what they would do to report it. Staff we spoke with had received training about protecting people and were clear about their responsibilities. The manager had taken swift and appropriate action in response to a safeguarding allegation about a staff member's behaviour towards a person who lived at the home.

We toured the premises and found no health and safety hazards. Corridors were wide and had handrails fitted along the walls to help people mobilise safely. There was access to a secure garden which allowed people to enjoy fresh air and sunshine in safety. We viewed records relating to gas boiler, fire, electrical testing which showed they had been serviced regularly to ensure their safety. There were weekly fire drills, and evacuations were practiced every two to three months to ensure that people could leave safely and quickly in the event of a fire. The home's first aid box was easily available and fit for purpose in case someone required first aid quickly.

The home's kitchen had been awarded five stars by the food standards agency meaning that people received food that had been stored, prepared and cooked in a hygienic and safe environment.

Nationally recognised screening tools had been used to identify people's risk of malnutrition and pressure sores. Risk assessments we viewed were detailed, written for the person concerned and provided detailed guidance for staff on how to minimise hazards to people. These risks had been reviewed regularly to ensure they gave an up to date picture of people's needs to protect them from unnecessary harm. A moving and handling advisor for Norfolk County Council who was visiting the home during our inspection told us that staff were good at identifying moving and handling risks to people and sought her advice when needed.

Records showed that staff had recorded any incidents or accidents that had happened in the home. When necessary, action had been taken to minimise further hazards. For example, when one person recently tripped over a join in the carpet, the whole building had been checked to ensure there were no similar hazards.

The provider had recently reviewed its staffing levels in the home and provided an extra 70 hours of care a week to better meet people's needs at busy times in the day. Most people we spoke with told us that staff responded promptly and they rarely waited an unacceptably long time for assistance. People reported they didn't feel rushed when getting ready or moving about the home. One person told us, "They (the staff) are there when you need them". Another commented, "The girls are pretty good and they pop in regularly to make sure I'm alright". However one person we spoke with told us she had had to wait over 20 minutes for help to the toilet. However this had only been on one occasion, and coincided with an emergency situation in the home. Relatives we spoke with told us they had no concerns about staffing levels and that staff responded promptly to requests for help.

Staff told us that levels rarely fell below the required number to meet people's needs and the home had access to many bank and casual staff to fill in any gaps in the rota when required. Staff stated that, although at certain times in the day it could be busy, there were enough of them to support people with their personal care and daily routines. They stated that no-one's needs had ever been neglected due to a shortage of staff.

At the time of our inspection there were a number of staff vacancies at the home but the manager had been working hard to recruit new staff, five of whom were about to start their employment. Prior to our inspection, we had received concerns that a number of team leaders had left the home. However, we found that only two team leaders had left; one of whom who had returned to a care assistant role so still worked at the home.

Good

Is the service safe?

Staff reported that their recruitment had been thorough and that they had had to wait for their disclosure and barring service check to be returned before they could start working at the home. We looked at the personnel records of two recently employed staff and found that all appropriate checks and references had been obtained to ensure the staff were suitable to work with people living in the home. Prospective staff's literacy and numeracy skills were also assessed as part of the recruitment to make certain they were able to communicate and work with people at the level required. People who used the service were involved in recruiting staff so they had a say in the staff who would be supporting them. At the time of our inspection the provider was undertaking an audit to check all its employees were entitled to work in the UK.

People told us they received their medicines when needed and staff had never forgotten to give them to them.

Prior to our inspection we had received a copy of a report from the local commissioning support unit which had highlighted a number of significant shortfalls in how people's medicines were ordered, stored, administered, recorded and disposed of. During this inspection we noted a number of improvements had been implemented in response to this report. New trollies had been purchased so that medicines could be stored more easily. New locks had been fitted on cupboard doors and the fridge for better security and a system had been introduced for night staff to clean medical equipment. Additional audits and checks had been introduced to check that people's medication administration records (MARs) had been completed correctly by staff after each medication round. All staff who administered medicines had received appropriate training for this and had their competency to do it regularly assessed.

We checked the MARs for six people and found they had been completed in full and accurately, indicating that people had received their medicines as prescribed. We observed two people being giving medicines and saw this was done safely and sensitively by staff.

Good

Is the service effective?

Our findings

People told us they received the care they needed and that their health needs were monitored well by staff. One person told us, "They get the doctor when I need, I just have to ask".

Referrals were promptly made to other social and healthcare professionals when needed. We saw from people's care plans that health specialists involved in providing care included district nurses, community nurses, physiotherapists, speech therapists and members of the mental health team. A chiropodist visited every couple of months and opticians were called in when required. If any person had more than one fall over a period of three months they were automatically referred to the falls team. This showed that the service accessed the skills of other professionals to help ensure that people's health was supported. A GP we spoke with told us he received appropriate referrals from staff and that staff managed people's chronic conditions well. He told us he had no concerns about the quality of health care provided to people and would recommend the home to a family member if needed.

Staff reported that they had the training needed to provide safe and effective care to people, and felt supported in their work. A team leader told us that all new staff undertook an induction which included mandatory training, for example in first aid, and moving and handling, and that training was regularly updated. The manager confirmed that the national common induction standards for care were followed and that training was recorded on a matrix to ensure that staff received regular updates.

The provider's learning development team had a mental capacity trainer, and a member of staff at the home had undertaken a 'train the trainer' course on issues relating to the Mental Capacity Act. Specialist medication training was provided by a pharmacy chain and district nurses delivered diabetes and insulin training. Records we viewed showed that staff had received all the essential training for their role; however none had received specific training in Parkinson's disease or Multiple Sclerosis, despite people in the home living with these conditions. Staff told us they would value specific training in these areas to better understand the needs of the people they supported. The manager acknowledged this, and reported she would try to source some relevant training.

Staff received regular supervision and appraisal to develop their practice and address any performance issues. Their everyday working practices were formally observed and assessed by their managers to ensure it was of a good standard. However we were concerned that bank and casual staff did not receive regular supervision and appraisal of their working practices, despite some of them working regular shifts at the home

The home had links with organisations that provided guidance and training linked to best practice. Two staff had received training in Dementia Care Mapping- a recognised tool used to assess people's experience of their care. The home was also part of the Norfolk and Suffolk Dementia Alliance, a campaign group to improve services for people with dementia. The home had appointed a dementia champion who had received advanced training in dementia care and whose job it was to promote good practice amongst colleagues. They had already delivered experiential training to staff in order to give them a better understanding of what it might be like to live with dementia.

Staff we spoke with knew about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood how this legislation affected the way they supported people and how to act in the person's best interest. One staff member was an appointed lead for MCA and DoLs in the home and had received additional training for this role. The provider also employed a specific MCA trainer who had delivered training to staff in all its homes to ensure they knew how to protect people.

At the time of our inspection, the registered manager was in the process contacting people's relatives who had power of attorney to consult them about possible DoLs application, for their family members who could not go outside unsupervised by staff. The registered manager also told us of a recent incident where she had taken appropriate action to ensure that giving someone there medicines covertly was done lawfully. This demonstrated that care was taken to respect people's human rights.

There was a comprehensive information folder for staff about the Mental Capacity Act which included details about the recent Supreme Court ruling; the relevant forms and procedure and the local DoLs team contact numbers. There was a copy of the Mental Capacity Act Code of Practice in the main staff office making it easily available to staff.

Good

Is the service effective?

We received many positive comments from people living at the home and their relatives about the good quality of the food provided. A visiting relative told us that they were impressed with the menus and noticed that the person whom they were visiting ate well and had put on weight. She reported that there were always boxes of biscuits and sweets, and also healthy snacks available. The relative said that often small bits of fruit were cut up and placed where their family member could reach them. On one occasion when their family member had not had much lunch some snacks were put close at hand in case they subsequently felt hungry. The visitor told us that frequent drinks of tea and juice were offered and their family member was also given a small glass of sherry before bedtime. This indicated that people were offered a good range of appetising food with choices available.

Each person admitted for short-term care was monitored for three days with their intake of food and drinks recorded on charts. A decision was then taken about whether continued monitoring or other action was needed, such as contacting a GP or the speech and language therapy team. Food and drink was constantly monitored for people who were unable to leave their beds. People were weighed weekly, fortnightly or monthly depending on their score against the malnutrition universal screening tool (MUST) or to meet medication requirements. If people had weight issues they were offered low calorie or fortified food as appropriate.

We saw on care plans that detailed notes recorded people's eating and drinking preferences, for instance if a person found a large pronged fork easier to manipulate or liked their tea to be milky and the cup half full to avoid spills. MUST scores were recorded and food and fluid charts were in place where needed. If any person's food or drink intake was causing concern a referral would be made to their GP, with a three day chart used to provide evidence for the GP. We looked at weight records for four people who were nutritionally at risk and saw that their weights were stable and that additional referrals to health care professionals had been made when needed. This demonstrated that care was taken to ensure that people had the food and drink that they needed to help them keep healthy.

On both says of our inspection the lunch looked appetising and people were given genuine choice in what they ate and drank each day. People who required help to eat were given it appropriately and sensitively.

We noted many aspects of the home's environment that were responsive to the needs of people with dementia. There was dementia friendly signage throughout the home to help people identify their bedroom and key locations such as toilets and bathrooms. Corridor walls had been decorated with reminiscence objects to create a stimulating environment for people. Communal areas were full of interesting objects for people to enjoy and rummage boxes which contained objects of stimulation and interest.

Good

Is the service caring?

Our findings

People we spoke with were very positive about the quality of the care they received and of the staff that supported them. One person stated, "I have a good laugh with staff, they know how to cheer me up". One relative told us, "Mum needs calmness, kindness and love and she certainly gets that here". Another commented, "Dad can be a bit difficult sometimes but staff have no end of patience with him".

Family members told us they were made to feel welcome at the home and could visit at any time. One reported, "Staff always offer us a cup of tea and really make us feel welcome". Another told us that staff had understood the complexities of family dynamics and had been empathetic to the difficulties of having two relatives, who did not get on with each other, in the same home.

Staff demonstrated caring relationships with people in their conversations and interactions. They used verbal communication which was adapted to the level of understanding of the person. Staff engaged people in social and incidental conversation and complimented them on their achievements. When staff supported people with personal care they were respectful and encouraging. We observed two staff moving someone in a hoist: one staff member told the person concerned, "Just hold the bar like you're riding your motorbike", causing the person to laugh and relax. We observed staff explaining what was happening to people. We observed two staff members assisting people to eat in bed and noted this was done well with people being told what they were eating and given plenty of time and verbal encouragement to eat their food. We noted that staff were rigorous about wiping people's mouths to promote their dignity and making sure they were comfortable having assisted them to eat.

Where appropriate people had signed their plans of care to show they had been involved in and agreed with decisions about their care. Staff told us they regularly sat with people and went through their plans of care with them to ensure they understood them. Most relatives told us they felt very involved in the day to day care of their family member and that staff were good at keeping them up to date with what was happening with them. There was evidence of family and representatives involvement in some of the care records. Information about advocacy services that could support people was easily available around the home and we met a representative of Age UK who was supporting one person with their financial arrangements.

People were able to lock their doors for privacy and all rooms contained a lockable cabinet where people could store their medicines or valuables. We saw that people were able to personalise their bedrooms. Signs on their bed doors included mention of things that were important to them, for example musical symbols or a note that a person liked flowers. During our visit we met an Age UK advocate. He told us he valued the number of private areas in the home, where he could talk to people in confidence, rather than in their bedrooms. One relative told us that staff always asked her mother if she would prefer a female carer to assist her with personal care.

Throughout our observations over the two days, we noted many instances when people's dignity and privacy was promoted. For example a staff member noted someone's glasses were dirty so cleaned them. People were asked where they preferred to sit, and one member of staff asked us to come away from a communal area so that she could talk to us about a particular person without other people being able to overhear. We found that people's decisions were respected. One person told us that he liked to spend the day in bed and that staff always supported him to do this.

Good

Is the service responsive?

Our findings

The manager told us that when a person was first assessed to come to the home, their care needs were discussed with them and their families were involved when appropriate. People's lifestyle preferences were taken into account, for example where people were habitual early risers. This meant that people's care plans were based on a good understanding of their specific needs and preferences. People did not get a copy of their care plans and they were kept locked in the staff office making them difficult to access, however there was evidence that the plans were discussed with people regularly and had been signed by them.

We reviewed the care plans for six people. These were clear, concise and comprehensive. They provided good information about the care people needed and identified any risks to their day to day living, such as if a person had a high risk of falls. Actions to reduce the risks were specified. We saw evidence of regular reviews, for example where there were concerns about a person's weight. There was useful guidance to staff about the most effective ways of offering person-centred care to the specific individuals. Where, for example, a person tended to be reluctant to take their medication, sensitive tactics were suggested to encourage the person to consent. Staff told us the care plans provided them with information they needed to provide people with consistent care.

Prior to our inspection we had received concerns that pressure care for people within the home was poor. We reviewed the care records for two people who were at high risk of pressure ulcers and found that they had been repositioned regularly; that their food and fluid in-take had been monitored and they had appropriate pressure relieving equipment in place. Neither of these people had ever developed a pressure ulcer, despite having been cared for in bed for a number of years. We looked at the care records for another person who had a vulnerable sacral area and saw that this had been managed adequately both by staff and visiting district nurses. There was a suitable care plan in place to manage the area. This person told us, "The sore is getting much better, it's creamed twice a day and the nurse's visit to change the dressing. It's much better than it used to be".

During our inspection we noted that one person had a large facial bruise. We checked this person's records and found that the incident had been recorded well and that an incident form had been completed and relevant agencies notified of the event. This person told us that they had had had a fall in her room but that staff had responded quickly and called the paramedics immediately. We spoke to the family member who told us they had been called straight away by staff and had been able to accompany their relative to hospital as a result.

Prior to our inspection we had received concerns that staff didn't know the needs of people who only came for a short respite stay. We checked the care records for three of these people and saw that comprehensive pre-admission assessment of their needs had been completed by one of the home's team leaders; as well as a copy of the social worker's assessments and discharge information from the hospital. Staff told us they received good information about people who came for a short stay. Not only from their care plans, but also at handover shifts where people needs were discussed and important information about them shared.

We found evidence of a good range of activities available to people every day that included dominoes, quizzes, bingo and wheelchair-friendly ten pin bowling. One person told us, "We have quizzes, dominos, bingo, ten pin bowling. There's always something going on most days". One person told us they had enjoyed doing gardening and showed us the flowers and plants they had planted out in front of the home. This person also ran the weekly bingo and helped fund raise for the 'residents' amenities' fund. We viewed minutes of a recent residents' meeting which showed that people had been actively consulted about activities they wanted to do and places they wanted to visit.

We observed a bingo session led by one of the people who used the service. The 13 participants, included a person who did not usually leave their bed but staff provided a special chair which enabled them to join the event each week. A staff member told that us that someone would sit next to another person with sight impairment to help them correctly mark their bingo cards. Relatives were recruited to lead sing-alongs and a music and movement specialist ran sessions in the home. Special events included band performances, summer garden parties and a strawberry picnic. People living with dementia were encouraged to join in activities, for example as spectators if they were unable to physically participate.

Staff told us that as many trips as possible were organised in the summer, for example to a pub or to have fish and

Good

Is the service responsive?

chips on the beach. Even simple trips such as a hospital appointment were made into an excursion, for example by including a visit to a café. These opportunities for participating in social activities helped enrich the lives of the people using the service.

The home had a complaints policy which was displayed in the entrance to the home. It gave information on how people could complain, the timeframes for how and when their complaints would be responded to, and other agencies they could contact if they were not happy with the response from the home. Although some people were not aware of the formal procedure, every person we talked with felt confident about raising their concerns and felt they would be taken seriously. One person told us he had written to the provider's regional manager to raise their concerns, and had received a good response from him. Relatives we spoke with said if they were worried about a family member they would feel confident to approach any member of the staff team.

People were encouraged to raise any concerns, worries or problems they had with their key workers or during residents' meetings. We saw that issues raised were documented and staff attempted to resolve them. For example, people had complained that their food was cold. In response to this, the manager had ordered hot trolleys to keep their food warm before it was served to them. People's complaints about missing laundry were discussed at staff meetings and additional measures were put in place so that one person could wash their clothes separately. Another person had been fully refunded for the cost of their missing clothes.

We viewed staff meeting minutes from 19 February 2015 which showed that the complaints procedure had been discussed with staff so that they were aware of how to manage people's concerns appropriately.

We looked at two recent complaints and found that they had been managed in line with the home's policy. The complaints had been acknowledged in a timely way and people's concerns had been dealt with appropriately and to their satisfaction.

Good

Is the service well-led?

Our findings

The home had a clear and stable leadership team in place. There was a registered and experienced manager who had been in post a number of years. She held a number of professionally relevant qualifications, including an NVQ level 4 in Care and the registered manager's award. She was supported by an experienced deputy manager and a number of team leaders.

Most staff spoke highly of the registered manager, stating that she was approachable, knowledgeable and had the interests of people very much at her heart. Two staff told us she had been particularly supportive of their period of ill-health. However some staff felt she didn't always listen to them effectively. One health care professional told us the manager had not taken recent concerns about poor medication management in the home seriously enough, and had been slow to implement the required changes.

A member of staff described the registered manager as, "Resident orientated", and this was borne out by our observations and comments from a visiting family member about the effort that had been made to help their relative feel settled and at home. The registered manager was clear about their responsibilities, for example in notifying the relevant organisations and taking action on any safeguarding issues that affected people who used the service.

Staff told us that, despite changes of provider and staffing structure a consistent quality of service had been maintained. The registered manager indicated that the provider was supportive, for example in obtaining service user feedback and in responding to issues such as regarding medication. This showed confidence in the leadership within the home and support for the service by the provider.

Although they could not recall being asked for their suggestions, staff felt that any ideas they made regarding improvements to the service, or concerns affecting people who used the service were welcomed and acted on where appropriate. For example, they told us that a staff suggestion for quick identification of people's wishes regarding resuscitation had been implemented. Where people wanted a change of bedroom or would like assistance, such as coming downstairs at mealtimes, but were hesitant to ask, staff had passed on this information to management and the people's wishes had been met. This confirmed readiness by managers to involve staff in improving the experiences of people who used the service.

A member of staff said that they felt that, in recent years, people who used the service had more say and power regarding the service that was delivered to them. We saw that a survey to obtain the views of people who used the service had been carried out by an external organisation at the end of 2014. The home was waiting to receive the results. The registered manager told us that previously the provider had carried out surveys, including gaining views from people's families and staff and action plans had been produced by the home to address any issues raised. The home also had a suggestion box and held meetings with people who used the service. Additionally the provider held county-wide meetings with representative groups from each of its care home twice a year, and cluster group meetings in West Norfolk about four times a year to enable issues to be discussed. This showed that the provider sought to gain and use feedback to help improve the service.

Staff we spoke with displayed a positive approach to their work and were confident about their roles and responsibilities. They were confident that any issues would be promptly and appropriately addressed but would not hesitate to whistle-blow if necessary. A team leader told us that there was a whistle-blowing procedure in place and that this was explained to new staff as part of their induction.

Staff told us that they found supervision and the annual appraisal sessions supportive and helpful in the way that they enabled frank discussions of any issues. The registered manager and team leaders additionally carried out work-based observations of staff that included talking with people who had received care that day from the member of staff. This enabled issues, for example abrupt or unsympathetic attitudes, to be picked up. Records were kept of all observations and supervision. Performance meetings were held with staff members if there were concerns about any aspects of the care that they provided. Disciplinary action, including dismissal had resulted. The approach to staff management helped ensure that standards of care were maintained.

There was effective working with partner organisations. One hospital social worker spoke highly of the relationship

Good

Is the service well-led?

she had built with the member of staff who managed the home's four short stay beds. "I can't speak highly enough of [staff member's] commitment. They even come in on their leave days to assess patients and I get to know about everything that happens". A moving and handling advisor for Norfolk County Council told us that she had suggested the home needed more moving and handling slings so that people could be moved safely and the manager had ordered these without question.

We saw that the provider required its staff teams to carry out range of self-audits. The area quality support assistant reviewed these audits when visiting the homes to monitor the quality of care. The audits included checking that the required procedure had been followed for responding to complaints and feedback, that people's interests and preferred activities were recorded in their care plans and that handover notes were legible and conveyed the relevant information. The night quality support assistant reviewed medication audits, checked that staff were trained in administering medication and identified any issues, for example the quantity of paracetamol given not having been recorded for one person. Such issues were noted and action taken. This monitoring helped ensure that standards of service provision were maintained and improved upon as and when required.