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Oldfield House

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 carried out this inspection on 19 November 2014 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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service is registered to provide nursing or personal care for 19 older people. On the day of the inspection 15 people resided at the home. Some people who had lived at the home for some time had developed dementia.

We last inspected this service on 09 April 2013 when we found the registered provider was not meeting Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for staffing levels. All other standards were met. However, at a responsive inspection on 19 July 2014 we found the provider had made amendments to the numbers of staff on duty and met the standard.

This inspection was unannounced. During the inspection we spoke with three people who used the service, two relatives, three care staff, the cook and the registered manager.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe at Oldfield House. People who used the service said, "The staff sort everything out for me" and "All the staff are good." A family member told us, "Yes I think my relative is safe, although she has had a couple of falls. She has a mat in her room because she does get up and walk unaided."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and the registered manager and staff expressed a good understanding of processes relating to MCA and DoLS. The registered manager had made applications under the act for people who lacked capacity in line with current guidelines for people who may not realise why they were in a home.

We saw that people who used the service or a family member had signed their consent for staff to administer medication. People received the support they required to take their medicines as prescribed. Staff responsible for administering medicines were regularly assessed to ensure their practice was safe.

Staff received a range of training and told us they were supported so they could deliver effective care. Two members of staff told us, "We have a good staff team. We are very well supported. We are supervised and appraised. I think the training is sufficient to meet the needs of the residents" and "I have had a lot of training. I get very well supported, either formally or informally just chatting about things."

People who used the service told us, "I'm easy with food, I like prawns and I get them sometimes. There is a menu on the wall but I don't look at it, I like a surprise", "If there is nothing I like you only have to ask and they give you a choice", "Oh yes, it's good food and there is a choice. The menu is on the wall" and "No bother for staff. They tell me what the menu is and if it's chips I have something else, I don't like chips." People were satisfied with the quality and choice of food.

People's needs were assessed and regularly reviewed so that staff could deliver personalised care and support. Staff ensured they worked closely with the wider multi-professional care team to ensure people's needs were met.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received. Records we looked at indicated people had been satisfied with the way any complaints they had made had been dealt with. The registered manager said she was available regularly to talk to and give them the opportunity to voice their concerns.

People who used the service were supported to take part in individual and group activities both in the home and in the community. These activities were designed to stimulate people and allow people to have access to the community.

Staff told us they enjoyed working at Oldfield House and felt well supported by the registered manager and other staff in the home. People who used the service, staff and family members told us the registered manager was approachable and open to ideas to improve the service.

The registered manager had systems in place to regularly monitor and assess the quality of care provided at this care home. Arrangements were in place to seek and act upon the views and opinions of people who used the service. We looked at the results of a survey sent by the service to families and people who used the service. The results were positive and included comments like, "A friendly, homely care home", "Clean and comfortable" and "I feel the staff are very good and care for my relative well".

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. There were systems in place for staff to protect people. Staff had been trained in safeguarding vulnerable adults from possible abuse and were aware of their responsibilities to report any possible abuse. Staff used the Blackburn with Darwen adult safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff who administered medication had been trained to do so. We observed a medication round and noted staff followed their procedures.

Arrangements had been made to ensure the gas and electrical equipment and supply was maintained in good working order.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were not restricted in the home unless this was legally authorised.

People were given a choice of food to help ensure they received a nutritious diet. All the people we spoke with said food was good.

People were able to access professionals and specialists to ensure their health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Is the service caring?

Good

The service was caring. People who used the service thought staff were helpful and kind. A visitor we spoke to thought staff were welcoming.

We observed staff during the day. Care was given privately and people were treated with dignity. Staff talked to people in a professional and friendly manner. People who required help were given assistance quickly.

Is the service responsive?

Good

The service was responsive. People who used the service, or where appropriate a family member were involved in their care and care plans. Plans of care contained sufficient personal information for staff to meet people's health and social needs.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Suitable activities were offered to keep people entertained.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

We saw meetings were held between the registered manager, people who used the service and staff and by sending out questionnaires the service obtained and acted upon the views of stakeholders, families and people who used the service.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service.

Oldfield 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 checked whether the registered 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.

This inspection took place on 19 November 2014 and was unannounced.

The membership of the team consisted of one inspector 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 was experienced with older people and people with dementia.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

During the inspection we observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medication records for three people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

We found the service was safe. All the people we spoke with said they felt safe and made comments such as, "The staff sort everything out for me" and "All the staff are good." A family member told us, "Yes I think my relative is safe, although she has had a couple of falls. She has a mat in her room because she does get up and walk unaided."

Three staff told us they had received training in the safeguarding of vulnerable adults. This was confirmed by the staff training records we looked at. From looking at the training matrix all staff had completed safeguarding training. All the staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse; they were also aware of the lines of reporting concerns in the home. Staff were aware of the whistle blowing policy and said they would use it if necessary. Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including the CQC. Two safeguarding concerns had been raised for one person who had fallen. The result was a special sensor was placed in the person's bedroom to alert staff if she got out of bed. Using the correct procedures should help ensure measures were put in place, where necessary, to protect the safety of people who used the service and others.

People who used the service told us, "There are enough staff", "At the click of your fingers things get done for you, they pay attention immediately" and "There have been problems but there are enough staff now." We asked people if they had to wait long for care staff to attend them and they told us, "I am mobile so I don't really have to ask for help, but at night I have a buzzer if I need to use the commode" and "They come when I need them." The registered manager told us, "One person requires two care staff but we monitor the situation regularly and use a dependency profile to assess staff numbers. I would argue our case for another care assistant if the dependency levels went up. We cover when staff are off sick and it is very rare we have to use agency. Staff are very good at covering for each other.

People had signed their agreement for staff to administer their medication. We looked at the medication records for six people and found them to be accurate. Staff had policies and procedures to follow to administer medication safely. This policy also included ordering, storing and disposing of medication.

Medicines were stored in a locked trolley or storeroom. Some medicines had to be stored in a fridge. Both the fridge and storeroom temperatures were recorded to ensure medicines were stored correctly. We saw that staff had checked and signed for any medicines entering the home. This included two staff signing for any hand written prescriptions.

The registered manager conducted audits of the medication system including any medicines that needed to be stored in the controlled drugs cabinet. Controlled drugs are medicines that are required by law to be fully accounted for and are stored and recorded separately from other medicines. We checked the controlled drug register and stock and found it was accurate.

Staff designated to administer medicines confirmed they had completed accredited training and they were aware of the home's medication policies and procedures.

We noted in the plans of care risk assessments had been completed and reviewed for falls, dependency levels, moving and handling, nutrition and tissue viability. Any identified risk was highlighted and professional help such as from a dietician was sought to keep people safe. It necessary specialised equipment such as movement sensors were provided.

Staff had been trained in moving and handling of people with mobility problems. Equipment such as hoists and slings were provided and maintained to protect people and staff from injury. We observed that people had their names on mobility equipment such as mobility frames to ensure they were using the correct equipment.

On the day of the inspection we toured the building. It was warm, clean and free of offensive odours. People who used the service told us, "My room is ok, the toilets are always good and the dining room is fine", "Yes it is kept clean, if the toilets happen to have been messed up by someone, I tell them and they clean them straight away" and "Yes everywhere is clean and the toilet is always kept nice."

There was an infection control policy and the registered manager conducted regular inspections to check for cleanliness and faults. The service also had a copy of the

Good

Is the service safe?

current health authority infection control guidelines for care homes for staff to follow good practice. There were hand washing facilities for staff to prevent the spread of infection. However, at the entrance to the home there was a sign asking visitors to wash their hands. The hand washing gel was not sited next to the sign and it would be more practical for it to be moved so that visitors could see and use it. The laundry was sited away from any food preparation areas and contained sufficient suitable equipment to provide a good service.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. There was a contract for the disposal of contaminated waste and the correct bags to use for the safe handling of soiled laundry or waste. The fire system and procedures were checked regularly to make sure they were working and each person had an emergency evacuation plan.

Good

Is the service effective?

Our findings

The service was effective. People who used the service told us, "I'm easy with food, I like prawns and I get them sometimes. There is a menu on the wall but I don't look at it, I like a surprise", "If there is nothing I like you only have to ask and they give you a choice", "Oh yes, it's good food and there is a choice. The menu is on the wall" and "No bother for staff. They tell me what the menu is and if it's chips I have something else, I don't like chips." People were satisfied with the quality and choice of food.

Most people preferred to have their meal in the dining room although one person out of choice sat in the lounge. We were told people could take their meals in their rooms if they wished. The food served at lunchtime looked warm and nutritious. People were given options and could ask for something else if they wished, which was recorded by the cook both for auditing and as a record of people's preferences. The dining tables were decorated with flowers and condiments on them for people to flavour their own food. All the people who used the service except one could eat independently. Although the member of staff coached and sympathetically supported the person to eat it would have been good practice if she had sat with the person instead of standing over her. We observed that everyone enjoyed their meal which was not hurried.

The kitchen had achieved the 5 star very good rating at their last environmental health visit which meant kitchen staff followed good practices. The cook said she talked to people regularly about the food provided and knew people's preferences. She told us they could cater for special diets although there was nobody who required anything really specific at this time.

We saw meals had been discussed during 'resident' meetings and how their views had changed the menu more to their tastes.

Part of the care planning process involved a nutritional assessment. If people were thought to be at risk the registered manager said they would contact their GP for supplements or be referred to a dietician. People were weighed regularly to ensure they were not losing or gaining weight excessively.

There was a choice of drinks with each meal. Two cold or hot options and people told us they could get a drink when they wanted to.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The registered manager said she would contact the local authority safeguarding team for advice if someone lacked the capacity to make safe decisions. Care plans we looked at included an assessment of a person's capacity to administer their own medicines or people had signed their agreement for staff to administer medicines. We saw this assessment had been completed in accordance with the principles of the Mental Capacity Act. The registered manager told us, "I have arranged a best interest meeting using the current guidelines with help from professionals and family to make sure the person was protected". This meant the person's rights had been protected as unnecessary restrictions had not been placed on them.

We asked people who used the service if they were involved in their plans of care or reviews. They told us, "Yes, I sat with the manager and went through it all", "No there is no need to alter it" and "Yes, I was and it works for me". A visitor said "No, but I have initiated giving information regarding her needs. I printed information off from a site about my relative's condition as it is unusual, and gave it to the manager".

We looked at three plans of care during the inspection. Before people were admitted to the home staff met them and conducted an assessment. This was backed up with a social services assessment to make sure the person was suitable to be admitted. People were invited to the home to view the services and facilities although the people we spoke with told us their family had visited whilst they were ill or in hospital. The registered manager told us people were encouraged to visit prior to admission, meet other people who used the service and staff and view any bedrooms available. They could take a meal if they wished or were able to. People were also supplied at this time with information about the home. One document called the service user guide told people what the service provided, such as staffing qualifications, facilities, services and other items like how to complain. The assessment process ensured the home could meet people's needs.

Good

Is the service effective?

The plans of care were mostly computerised and staff had been trained and were observed to update the plans. The remaining part of the plan showed people had been involved in and had agreed to the care staff delivered. People had signed the agreement. Plans contained information personal to each person and showed their choices had been recorded. People had completed a 'this is me document' which recorded their past lives and social history. Part of this was completed during the assessment process and developed further after they had been admitted to the home. This was tailored to each person to be sure their care was individualised.

New staff had to undertake an induction period. The induction was in a recognised format following the skills for health and care workers guidelines. They were shadowed until senior staff thought they had the skills and confidence to work on their own.

We looked at the staff training matrix. Staff had been trained in topics such as moving and handling, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. Other training staff undertook included equality and diversity, palliative care, understanding dementia, managing violence and aggression, team leading principles, continence products, customer care, tissue viability, the mental capacity act, and the deprivation of liberties safeguards, diabetes and healthy eating. Staff we spoke with confirmed they had access to a lot of training and felt sufficiently well trained to perform their roles.

Staff were also supervised regularly and said, "We have regular supervision and appraisal. I get very well supported, either formally or informal just chatting about things", and "We are very well supported. We get supervision regularly and we can ask for any training or support we think we need."

We saw in plans of care that people attended appointments with specialists as well as routine visits to the dentist, optician and podiatrist. People who used the service told us they were able go to their appointments, usually with a family member. Some professionals such as the podiatrist visited the home. Each person told us they had their own GP and staff would make appointments for them. There were also records of district nurse visits to attend to people's needs that staff were not trained for.

Adaptations such as grab rails and specialised equipment was provided for people who used the service such as assisted baths and frames that made going to the toilet easier. There was a lift for people to access both floors. We observed people moving around the home at will if they could. The registered manager said the lounge had been newly decorated and people who used the service had been asked for their views. Bedrooms were single to help protect people's privacy and could go to their rooms when they wished. Visitors could visit their friends in private if they wanted to. People we spoke to had capacity and did not need signage to find their rooms or toilets.

The garden was accessible to people with mobility problems and there was seating for people to use in good weather. There were plans to improve the garden further by extending the area people could walk around.

The décor was suitable for the people who used the service although one or two areas needed to be repainted and there was one telephone point that needed to be fixed. The registered manager said there were two maintenance men who regularly came to fix or replace any broken equipment or repaint an area. Staff were aware of the maintenance book and how to add any items to it that required attention. There was new flooring in the dining room. The registered manager said the dining room was due for decoration in the next few weeks. All the people we spoke with were satisfied with their rooms and communal space.

Bedrooms had been personalised to people's tastes. We saw two people were quite good artists and their work was hung on their bedroom walls. The furnishings and linen was clean and appropriate.

Good

Is the service caring?

Our findings

The service was caring. People who used the service told us staff were kind to them. One person said, “They had better be.” We asked people if staff respected their privacy. They told us, “They knock on the door and ask if you are alright”, “Yes, they are very good. They knock on the door and then come into the room”, “I think they knock on the door, but I wouldn’t know because I am deaf” and “I see them peep in during the night.” Staff had policies and procedures around privacy and dignity to follow to ensure people were comfortable with their care. The staff we spoke with told us how they gave people choices but also how they helped people retain some independence by supporting them to do tasks for themselves. One person told us he was independent and able to lots for himself. We observed staff taking people to the toilet or to their rooms for treatment and did not see any breach of privacy. People were treated with respect to help preserve their dignity.

During the day we observed how staff interacted with people who used the service. We found staff to be compassionate and caring. There was good interaction between staff and people who used the service. We saw that staff knew people who used the service well and knew how to care for each individual. People who used the service knew the names of staff which showed staff had been employed at the home for some time and were familiar to them. One person told us, “Staff have time to sit and talk to us for ten minutes or so.”

The plans of care were divided into 19 headings. The headings included all aspects of a person’s health and social care needs. People’s diversity was taken into account including their religion and dietary needs. The plans were updated regularly and people or their families could be involved if they wished. Not all people who used the service could remember if they had been consulted about their care or left it for their families to be involved.

People were able to follow their religion of choice. One person chose to go to church and others attended services within the home.

Prior to the inspection we contacted the local authority contracts and safeguarding departments, Healthwatch and the GP surgery which served the home. All the replies we got were positive and did not have any cause for concern. The local GP surgery told us, “Staff are helpful when GP's and Nurses go to visit and take patients into a private room for the conducting of consultations. They feel that they are respectful of the patients within the home and always do their best to make it welcoming. Our administrative team say “Staff always give us the essential information required when requesting a Home Visit.”

There was information about the local advocacy service for any person who felt they needed one retained with other useful documents in the hallway. An advocate is an independent person who will act on a person’s behalf to help protect their rights and let their wishes be known.

There was a complaints procedure for people to voice their concerns. We have not received any complaints or share your experience forms since the last inspection. Some of the people accommodated at the home could not remember the procedure and it would be good practice to occasionally remind them at their ‘resident’s meetings’. The registered manager said she had an open door policy for people who used the service or their visitors to raise any concerns. We did note some compliments people had made in surveys which included, “Staff are top class” and “I am very satisfied here”.

Each person had an advanced wishes document in their plans of care. This told staff what people wanted at the end of their life. One person had a very specific funeral plan she had made privately.

Staff we spoke with were able to tell us how they supported people to make their own decisions wherever possible and offered choices for people to remain as independent as possible. This included how people dressed, what they ate and what times they got up and went to bed. Staff told us that although they may have to assist people they would try to let people have as much choice as possible to retain some independence.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. On the day of the inspection staff were holding an activity called 'play your cards right'. People who used the service said staff had time for them and often took, "Ten minutes to talk to us". Other people told us, "They take us out and we can go out with relatives", "I like to watch TV, I tell them what to put on. I like Rugby and Cricket", "Yes, we've just done some activities, and didn't you see? It was Play Your Cards Right", "We do exercises, quizzes and I also read a lot". A visitor said, "My relative doesn't like TV or quizzes. The staff need to encourage her to join in but then she likes a bit of fun. She also has her nails painted".

We saw evidence that people had gone out to places of interest, for example to Sea Life, 'Wellybobs' and Blackpool Zoo or for a meal with fish and chips being the favourite. We also saw that the outside community came into the home to entertain people who used the service. There was a photographic record of the outings and entertainment for family and friends to view.

There was a schedule of activities in the hallway. The board was not accurate on the day of the inspection. The registered manager said the hairdresser had changed her day to visit a few weeks ago but they did not follow the list preferring to ask people what they wanted to do on the day.

We saw that quite a few people liked to keep up to date by reading a newspaper. The service also provided a newsletter to keep people up to date with what was going on and a book called the memory book. This contained a profile of people past and present.

Visiting was unrestricted and relatives told us, "If my relative has a hospital appointment early morning I am invited to have my breakfast prior to leaving to go to the hospital" and "I pop in at random times". People could visit their relatives in the communal areas or go to their rooms for privacy.

From looking at information in the plans of care and talking to staff it was apparent that people were encouraged to remain independent for as long as they could.

Staff had undertaken equality and diversity training so should be aware of how to meet people's diverse needs.

There was a complaints procedure located in the hallway for people to voice their concerns. There had not been any complaints made to the CQC or local authority since the last inspection. We looked at the policy and it told people how to complain, who to complain to and the times it would take for a response. People told us they could raise concerns with staff or the manager and they would be listened to. One family member thought staff did not listen to her around the concerns she had over her mother's rare condition although the manager said she had downloaded information about the illness and we saw that this had been included in the plans of care. This should ensure staff were aware of any specific requirements the person may have.

We saw that people were able to express their opinions at meetings. From one meeting the menu had been changed and at another the dining room flooring had been renewed.

Each person had a hospital passport. This gave other organisations an overall view of the needs and condition of people who used the service in an emergency. All staff had access to a scanner and printer so they could get the information as quickly as they could.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place. People who used the service told us, "They are great to talk to" and "Management know us well and I think they would listen to them." Relatives said, "Sometimes the place is a bit manic and I have to go and find staff" and "There is no problem, the place is excellent."

The registered manager held regular formal meetings with people who used the service and people told us staff also chatted to them to see if things were going well. At the meetings each person (14 people attended) had an opportunity to have their voice heard and topics discussed were, for example meals, activities, external entertainers, the Christmas party, shopping trips to the garden centre and Oswaldtwistle Mills and visiting a fish and chip shop. People were also asked what they would like to discuss and said the new menus were very good.

The registered manager also conducted satisfaction surveys. 13 people who used the service responded. We looked at the results and found that there was no dissatisfaction with the environment, cleanliness, odours, laundry, staff welcoming, standard of care, activities, menus and food, celebrations, involved in care planning, staff assistance, staff performance, staff attentiveness and complaints. There was also another section around the management of the home. The results were also positive. We saw that the manager had noted what she had done to improve any areas that she thought needed her attention. This resulted in people going to a venue they wanted to.

On the day of the inspection people who used the service told us they thought the manager was approachable and involved in the daily running of the home. No-one had made any complaints formally but all felt sure that the management would listen to them should they need to.

The registered manager sent quality assurance questionnaires to family members. 8 out of 16 family members responded. The results were again positive and the manager had noted that some visitors were not impressed with the dining room. The flooring has already been replaced and there are plans to redecorate.

There were regular staff meetings. The two staff we spoke to told us, "We have regular staff meetings and we can bring up what we want. Try stopping us. We have handover meetings to discuss any changes in people's needs and the computer system allows us to leave notes and reminders. I would bring a family member here if they needed care" and "I know the people I care for very well. I would have liked my father to come here but it was full. I wish he could have come here because it is a very homely environment. We have regular staff meetings and can say what we want to." Staff were able to bring up ways they thought might improve the service and were kept up to date with people's needs.

There were over 200 policies and procedures which the registered manager and group manager updated as required. We looked at many policies and procedures including accident reporting, advocacy, confidentiality, medication, equality and diversity, food safety and nutrition, infection control, mental capacity, safeguarding and whistle blowing. The index showed us which policies had been updated and when.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. There was a registered manager, deputy manager, senior care and care staff. The staff we spoke to were aware that there was always someone they could rely upon.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.

There were over 200 policies and procedures which the registered manager and group manager updated as required. We looked at many policies and procedures including accident reporting, advocacy, confidentiality, medication, equality and diversity, food safety and nutrition, infection control, mental capacity, safeguarding and whistle blowing. The index showed us which policies had been updated and when. The policies we looked at were fit for purpose.

The registered manager conducted audits to ensure the service ran well. The audits included records of water temperatures, fire drills, medication including staff competency, the environment and care plans. The environmental check included infection control and repairs. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

We asked the registered manager on what was working well. She said, "We are inspected by the local authority who would not place with us if they did not meet their

Good

Is the service well-led?

requirements – that's a very good incentive. There is a good staff team and a homely atmosphere." She regarded improvements to the service by having an improved garden and completion of the dining room redecoration.

Concerns, complaints and incidents were recorded. The registered manager used the information to help improve the safety or concerns of people who used the service.