Springwood Residential Home Limited

Springwood House Residential Care Home

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 completed an unannounced inspection of the service on 17 and 22 September 2015. At our previous inspection on 17 and 18 December 2013 we found that there was one breach in the legal requirements and regulations associated with the Health and Social Care Act 2008. This related to the provider not obtaining all appropriate checks before certain staff had started work, to ensure that people were cared for by suitable and experienced staff. We asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the regulations. During this inspection we looked at whether improvements had been made and we found that they had.

Springwood House provides personal care and accommodation for up to 29 older people. There were 23 people living at the home at the time of our inspection. People living at the home had a range of care needs, including mobility issues and visual impairments. The home had three floors, with the communal areas, kitchen

Summary of findings

and administrative areas on the ground floor. There were three short-stay bedrooms on the ground floor, and all the other bedrooms were on the first and second floors, accessible by either stairs or lifts.

The home had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with 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.

People were kept safe from the risk of abuse and avoidable harm because staff knew how to recognise and respond to concerns. The provider had clear guidance for staff to keep people safe whilst still promoting their independence. Care plans and risk assessments were reviewed regularly and reflected people's individual needs and preferences about their care.

People told us that they were treated with kindness and respect, and that staff supported them in a dignified manner.

There were enough staff to ensure that people's needs were met. People were protected against the risk of abuse because the provider had recruitment and induction procedures in place . The provider also took steps to ensure that staff were skilled and trained to support people at the home. Staff training was reviewed regularly and updated where appropriate. Staff also had regular supervision to ensure that they were supported to carry out their role. The provider supported staff to study and gain qualifications in health and social care.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept accurate records.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and understood what their roles and responsibilities were. Staff sought and obtained consent form people before offering support, and respected people's wishes about their care.

People were offered meals that were nutritious and felt they had a lot of choice. People's general health and well-being was monitored and staff facilitated access to health services when people needed them.

People and their relatives felt that they were able to raise concerns about their care or make suggestions for improvement. Staff also felt able to be open about their concerns or ideas for improving the quality of care in the home.

The registered manager and staff carried out regular audits to identify improvements needed and acted on the results to improve the environment and quality of care.

The provider had strong links with organisations in the local community and people told us that they enjoyed the variety of activities on offer.

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?
The service was safe.

Staff had the training and knowledge to recognise when people were at risk and to respond appropriately.

The provider had recruitment practices and checks in place to ensure staff were suitable to care for people.

There were enough staff to support people and medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who received relevant training and supervision.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent and acted in accordance with their wishes.

People were offered a varied and nutritious choice of meals.

Good

Is the service caring?
The service was caring.

People who used the service spoke about being treated with kindness, dignity and respect.

Staff had a good understanding of people's needs and had developed caring relationships with them.

Good

Is the service responsive?
The service was responsive.

People felt involved in planning their care, and said staff supported their individual preferences.

Staff supported people to participate in a range of activities if they wished to.

People were asked for their views about the service and knew how to raise concerns or complaints.

Good

Is the service well-led?
The service was well-led.

People and staff were involved in decisions about the service.

The provider promoted strong links with the community.

The provider had effective systems in place to monitor the quality of the service.

Good

Springwood House Residential Care Home

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. This inspection took place on 17 and 22 September 2015 and was unannounced.

The inspection was carried out by 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.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and reviewed our previous inspection reports.

We spoke with nine people using the service and looked at three people's care records. We also spoke with two relatives of people living at the home. We spoke with the registered manager and six members of care staff. We looked at four staff recruitment and training records and other records about the management of the home. For example, health and safety audits and actions taken to manage risks. We spoke with three health professionals who visit Springwood House.

Good

Is the service safe?

Our findings

At our last inspection we found the provider had not obtained all appropriate checks before certain staff had started work, to ensure that people were cared for by suitable and experienced staff. This was a breach of Regulation 21 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following that inspection the provider sent us an action plan detailing the changes they would make to address the identified shortfalls. During this inspection we saw that improvements had been made and found this regulation had now been met.

Recruitment procedures included checking references and carrying out disclosure and barring check of potential employees to see if they were suitable to work with vulnerable people. All staff were subject to a probation period and comprehensive induction before they became permanent members of staff. This ensured that people and their families could be assured that staff were fit to carry out their duties, and were confident and competent in their care skills.

All the people we spoke with told us that they felt safe at the home. A person told us, "I'm safe and secure – I'm happy here," and another said, "Yes I'm safe, staff make me feel safe". A visitor said they felt secure in the knowledge that the person they were visiting was being looked after well.

People were protected against the risk of abuse. Staff were trained in recognising the signs of potential abuse and told us that, if they had any concerns, they felt confident to raise them with the registered manager. Staff were also able to describe where they would take their concerns outside the home, for example, to the Local Authority or to CQC. Staff also told us that they felt able to make suggestions or raise concerns about their care, and that they would be taken seriously.

A visiting professional told us that the home had a very relaxed atmosphere and that the staff treated people as individuals. They also said that they felt that people were cared for well and always seemed happy. They were confident that staff had the skills and knowledge to keep people safe and protect them from the risk of harm.

We observed people being supported safely, for example, when moving about the building. People we spoke with told us that they felt supported to be as independent as possible, whilst remaining safe. One person said, "I love going out into the garden, but staff are worried that I'll fall." The person told us that staff supported them to go out when they wanted while taking steps to make sure the risk of falling was reduced.

Staff were able to describe how they would help people in the event of an emergency, and understood what their duties and responsibilities were. One staff member told us that the registered manager's system for organising essential information about people was comprehensive. They showed us the file containing information about people that would be needed in an emergency, for example, if admitted to hospital. When we looked at people's care plans, we saw that key information was also held in the emergency file, for example, up to date copies of what medicines people were taking and personal emergency evacuation plans. This meant that essential information could be quickly accessed by staff and visiting professionals.

Incidents and accidents were recorded and analysed to identify how risks could be reduced. We saw from care records that risks were identified with people and steps taken to reduce risk. For example, people who were at risk of falling were referred for specialist support and appropriate equipment. Care plans were clear what support staff needed to provider to reduce the risk of falls.

Environmental checks were carried out to monitor any work that needed doing to repair or improve the service. For example, a recent check had identified a carpet that needed repairing as it was a trip hazard, and we could see that this had been carried out. We saw from the provider's records that equipment was tested and maintained in accordance with the manufacturer's guidance.

We noted that there were areas of the home where the lighting was dim enough to present a potential risk to people with a visual impairment. For example, when moving from a well-lit area to a darker area of the home. We spoke with the registered manager about this and they were open to making appropriate changes. They told us they would talk with people with a visual impairment to find out what changes they would suggest and would also seek advice and guidance from appropriate organisations.

People we spoke with told us they felt there were enough staff to support them. They said staff come as quickly as

Good

Is the service safe?

they can when they use the call system. One person told us, "They're very good, they come as fast as they can". Another person said the staff "were run off their feet" but felt that their needs were met. A relative expressed concern about whether the provider had enough staff to support people on trips. For example, a person at risk of falling attempted to stand without support. Staff came quickly to help the person. We also saw that some people were mindful of risks to other people living at the home, and would alert staff if they felt someone needed assistance. We spoke with the registered manager and found that they had a system in place for calculating staffing levels. This was reviewed regularly, and staff numbers adjusted accordingly. This meant that the provider could ensure that there was enough staff to meet people's needs safely.

The provider had a call system which displayed clearly the location of the person needing assistance. The system also recorded and displayed how long people had to wait for staff to respond. During our visit, we saw that staff responded to people's requests for support in a timely manner. Visiting healthcare professionals said that they felt there were enough staff to meet people's needs. Staff also told us they felt there was the right amount of staff. The registered manager told us that they worked with staff to look at the individual needs of people when they worked out how many staff were needed on each shift. They also said that they took into account the staff skill mix, for example, ensuring that each shift had a senior staff member to support less experienced staff, and that each shift had staff trained to manage medicines.

All medicines were stored securely in accordance with best practice guidance. We checked the system for the receipt, storage, administration and disposal of medicines. We saw staff cross-checked the individual medicines against people's medicine recording sheets before giving medicine to people. Each person's recording sheet had their photograph on it. We saw that staff wore a tabard asking people not to disturb them while they were giving out medicines, and that this was respected. Staff told us, and records confirmed that only staff trained in safe medicines management gave people their medicines. We saw from people's records that everyone was able to consent to their medicines, and that appropriate steps were taken if staff had concerns about people refusing medicines. For example, we saw from records that one person had met with their doctor to discuss their prescription, and that their wishes about the medicine had been respected.

We saw that the daily recording of the medicines fridge was not always done consistently. We spoke with the registered manager about this. They told us that their own audits had identified this as an issue and they were taking action to resolve the problem.

People were given information about their medicines and individual preferences were respected. For example, one person preferred to have their medicine left for them to take on their own. Staff told us how they would monitor and record this to ensure that the person was getting their medicines as prescribed. This demonstrated that the provider had systems in place to manage medicines safely for people.

People were protected against the risk of infection. People and visitors to the home commented that the home appeared clean and had no unpleasant odours. One person said, "oh yes it's nice and clean, very good."

Personal protective equipment (PPE), such as gloves and aprons, was available for staff to reduce the risk of people acquiring infections. Staff were knowledgeable about infection control practices. However, we noted that appropriate soap and paper hand towels for staff were not available in every bathroom we looked at. We spoke with staff about this, and on the second day of our inspection, we saw that the registered manager had ensured that soap and paper towels were available in every bathroom. The registered manager told us about plans to give all the bedrooms an ensuite toilet with handwashing facilities, and create additional facilities on each floor for staff to clean or dispose of soiled equipment.

Staff told us that there was a system in place to ensure that laundry was collected and washed in a way that minimised the risk of cross-infection from soiled clothing or linen. We saw that there were clear instructions in the laundry about minimising infection. People's personal laundry was collected twice a day.

The registered manager told us that they had a plan, developed with health professionals, to provide appropriate care if people developed an infection that could put other people at risk.

Good

Is the service effective?

Our findings

People told us that they thought the staff were knowledgeable and well trained. One person said, "Staff know what they're doing" and another person said, "If all homes were run as good as this one there wouldn't be any complaints."

Staff said that they undertook a range of training courses, including dementia care and the Mental Capacity Act. We saw that there was a plan in place for all new staff to undertake mandatory training, and that new staff were supported by more experienced staff during their induction period. Staff told us that the registered manager was keen to support staff through national care qualifications. We saw from staff training and team meeting records that all staff had undertaken training based on the national standards of care. One staff member said that they had recently done a course on person centred care planning, which had made them think about their own values at work. "We need to listen to people and try to give them the care that they want. We all really try to meet the needs of people as individuals." The registered manager kept records of staff training, including plans for staff to update their skills.

Staff told us that they had regular supervision and team meetings. One staff member described these as, "very beneficial" and were able to give examples of how this helped them improve their care skills. We saw that supervisions and team meetings were recorded and that there was clear recording of any actions that needed to be taken and how this was followed up. We saw from the records that the registered manager spoke with staff about their achievements in their caring skills, and that staff got updates on training, quality audits and action plans. For example, we saw that staff were doing training on improving their record keeping. The registered manager did regular observations on different areas of their care skills. For example, one staff member said that the registered manager had recently observed them giving out medicines, and had then given them feedback about how they had done this. This showed us that staff had the skills needed to provide people with the care they needed.

Staff demonstrated that they had a good knowledge of people's daily care needs, views, wishes and preferences. We heard staff frequently asking people what they would like or how they would like support to be provided. One staff member told us about training to support people with visual or hearing impairments. They were able to describe how this helped them to support a person in the home, for example, staff made sure that background noise was minimised when talking with a person. We looked at people's care plans and saw that there was information that told us how people liked to be supported, taking into account their needs and preferences relating to their sight and hearing.

We spoke with visiting healthcare professionals who told us that they felt confident that staff were able to provide appropriate care for people. They said that staff knew people well, were focussed on what they wanted and could anticipate people's needs effectively.

The Mental Capacity Act 2005 (MCA) helps to safeguard the human rights of people. It provides a legal framework to empower people to make their own decisions, and protects people who lack the capacity to make certain decisions for themselves. We asked staff to tell us what they understood about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff and the registered manager told us that they had attended training on the MCA and DoLS and demonstrated an understanding of the process to follow when people did not have the mental capacity to make certain decisions. People we spoke with told us that staff always asked them for their permission to provide care. Staff confirmed that all the people living at Springwood House had the capacity to consent to their care. We saw that people's records were clear about the need to get consent from them before providing care. For example, the sheet recording a person's temperature and blood pressure stated that staff needed to obtain the person's consent. The registered manager told us that the home only provided care for people who could consent to this. In the event that people's care and support needs increased the provider would work with the person and their family to find a home that could meet their needs.

People we spoke with were complimentary about the food and were offered a choice of meals. A person told us, "It's good, you can't fault it" and another said, "There's plenty enough for me. I've always been satisfied." People had the choice to have their meals in their own room or in the dining room. One person chose to have most of their meals

Good

Is the service effective?

in their bedroom and they told us that this was their preference. People were offered a choice of hot or cold drinks at mealtimes and throughout the day. We saw that people socialised in the lounge after their evening meal, where they were offered a choice of hot and cold drinks, or an alcoholic drink. Two people told us that they enjoyed having an alcoholic drink in the evening as they had previously done this in their own home. One person told us, "I like my nightcap" and another person said, "I enjoy a glass of this in company." One person told us that they had changed their mind about their meal choice. We saw them tell staff, and they were offered a range of alternative options.

We observed at mealtimes that people chose where to sit and the menu choice was displayed. The dining room had enough space for everyone, and the tables were tidily arranged with tablecloths and napkins. For people who needed support, adapted cutlery and plates were available to enable people to eat as independently as possible. Staff were knowledgeable about how to support people with eating and drinking. For example, staff were able to describe one person's preferred meal presentation. The person had a visual impairment and staff knew how to present their meals appropriately.

People were weighed regularly and referred to health professionals if this was needed. We saw that staff kept information about peoples dietary preferences and needs in the kitchen, and they were knowledgeable about people's likes and dislikes. This demonstrated that people were supported to eat a diet that met their health needs as well as their preferences.

People told us that they could see a doctor every week if they needed to. One person told us that they did not feel well and had asked staff if they could see a doctor. We spoke with staff who confirmed that they had arranged for the person to see a health professional today, and we saw that this happened. We saw that staff wrote down any daily concerns about people's care and recorded what action was taken. We could see from these records that staff contacted healthcare professionals in a timely way, and recorded the outcome. For example, one person had taken a medicine provided by a family member. Staff sought urgent advice and the person received medical attention on the same day.

One healthcare professional told us that staff were good at phoning and asking for advice in a timely manner. They also said that staff were able to understand and follow guidance about people's health needs. "The [registered] manager is very caring and concerned about people."

Staff told us they felt well supported by local healthcare services, for example, the GP surgery, district nurses and physiotherapists. They said they had a clear plan of what to do if people's healthcare needs changed or there was an emergency, for example, if a person was refusing medication or personal care regularly. Staff said they felt they were responsive to people's changing needs and knew who to call for advice or support. One member of staff said they felt the team had a very collaborative approach to supporting people, particularly when it came to helping people solve any problems with their care needs.

People's care records confirmed that they had regular vision and hearing check-ups. We saw that people had access to other community health services, for example, chiropody. We saw clear contemporaneous notes recording issues with people's care, and saw that any discussion with the person or involvement with health professionals was recorded and the outcomes written down.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were kind and caring. People were positive about the support staff offered and said they were treated with dignity and respect. One person told us, "It's lovely here – very friendly and caring staff" and another said,"It really is a most wonderful home." A third person said, "Being here takes the worry away from [family member], they are kind, caring and tolerant."

Staff told us they asked people how they would like to be addressed, and we heard that people were addressed using their preferred name. The care plans we looked at confirmed what people's preferences were.

We observed a member of staff speaking with a person who was upset and tearful. They spoke with the person in a caring and kind way, reassuring them and holding their hand because the person asked them to. We saw that the person responded well to the member of staff and became less tearful. We saw later in the day that the same member of staff was spending time sitting and talking with the person. Staff spoke with people about more than their immediate care needs. We saw people sitting with staff who were talking with them about their interests, family visits and other general conversation. There was a lot of people smiling and laughing during these conversations, and staff were knowledgeable about people's lifestyles and life stories. One staff member told us that they felt people were cared for well and said, "I would bring my mum here." Another staff member said they loved working at the home with "happy residents and staff." This showed that the provider had created a positive environment where people felt cared for.

People told us they felt supported to remain independent and that staff encouraged them to share their views about the care they were offered. We saw posters for local advocacy services and this information was also in the home's handbook for people. One staff member told us they had supported a person to use a local advocacy service. This meant that people had access to independent support to express their views and wishes in relation to their care.

People said that staff respected their privacy when offering support or talking about care. One person said "they always knock on the door even if you've requested their help." We heard staff speaking with people about their care needs in a way which respected their privacy and dignity. People's care plans and the associated documents that staff used daily were stored securely on each floor of the home. This meant that only staff were able to access confidential records about people's care.

Good

Is the service responsive?

Our findings

People told us that staff knew their individual preferences and supported them to make choices about their care. One person said, "When we first came we had to answer questions about what we like to do" and another person said, "They encourage me to be independent but if I can't, they help me in getting up." People confirmed they had choices regarding their daily routines and wishes, for example, what they wanted to wear, when they got up, when they went to their room and retired to bed. A person said, "I have lots of choices, if I want to be colour co-ordinated in my clothes and I need some help then I ask for it" and another told us, "I can do what I want." One person told us they had received help from staff who had replaced a battery in their hearing aid when they had asked for this. "I needed that help", "I asked and [staff] helped". We could see from this that people were supported to maintain their independence whilst receiving support when they needed.

One person told us that they had daily access to the garden and that they went out several times a day in all weathers. They said that this, "keeps me going. The garden is beautiful and I enjoy getting fresh air." We saw three people spend time in the garden during the first day of our inspection. Staff told us that there were several people who liked to spend time in the garden, and that whilst some people could go on their own, there were people who needed assistance to go out. Staff said that they would try to support people who wanted to go to the garden as much as possible, provided people were suitably dressed for the weather.

The provider had a range of activities throughout the year that people were encouraged to take part in. One person told us, "This [the weekly exercise class] is a most worthwhile thing for me. It keeps me active." We saw seven people participating in an exercise class. Everyone was actively taking part. People were smiling and laughing and chatting between each exercise. Staff told us they organised activities with people every afternoon. People had the opportunity to take part in daily activities like exercise to music classes, a singing group and crafts. On week-day mornings, people from outside the home were employed to come in and offer activities. We saw posters displayed around the home that let people know what activities were taking place. We saw that the main notice board downstairs had more detailed information about activities, including visits from a local school's 'community ambassadors.' The community ambassadors were students who visited several times a week to support people in activities or to sit and talk with them. There was also a monthly communion service facilitated by a local church. This showed that people were encouraged to maintain activities that were meaningful and enjoyable for them.

We saw from records that people were asked for their views about their care in the first few weeks of moving to the home. The registered manager told us that this information, together with ongoing assessment of people's needs, enabled the provider to give people support that was personal to them. Care plans and risk assessments were focused on the needs of the individual person. The records that we saw contained detailed information about people's needs, preferences and wishes. Staff said that they reviewed people's care plans every month, and would involve people in this, "we sit with them and discuss what's working for them." We saw from care plans and the registered manager's audits that this was happening.

People we spoke with told us that they knew how to raise concerns or make a complaint. They told us that they felt they could approach the staff or registered manager with any queries. We saw written feedback from people that confirmed that they knew how to make a complaint or suggestions about their care.

By the front door, we saw that the provider had copies of their residents' handbook, statement of purpose, compliments and suggestions forms and the results of their residents' survey from 2014. There was also information clearly displayed about how to make a complaint and the local authority contact details relating to raising concerns about care.

The provider had a policy for managing complaints, and had recently reviewed this. They told us that as well as updating the residents' handbook, they had spoken with people and their families about this to ensure they knew how to make a complaint. This showed us that the provider was open to listening and acting on people's and families' views about their care.

We found on our inspection that the provider did not hold regular meetings for people or their relatives. Staff told us that as part of their Dignity in Care Award course, they had recognised the need for this, so would be starting to hold

Good

Is the service responsive?

regular meetings. The staff we spoke with were enthusiastic about starting the meetings with people, and felt that it was a good way of finding out what was working for people and where improvements needed to be made. The registered manager confirmed this, stating that, "I hope that any needs or preferences that we're not currently meeting will be raised, and that this will help [people] feel they can get more involved in running the service" and, "we will need to demonstrate what's changed so that people can see the difference." We could see that this meant the provider had recognised that they needed to involve people more in how their care was delivered.

We saw that the provider did an annual survey for people and their friends and relatives. The most recent survey we saw recorded both positive feedback and areas for improvement. Where appropriate, the provider had stated how they had responded to improve the service for people. For example, one person said that their room needed redecorating, and that staff made arrangements to do this in a way that was least disruptive to the person. People had said they would like more activities and the provider had outlined what changes had been made to improve this.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was, and were clear that they felt able to speak with them about the quality of their care. Family members were involved in discussions about their relatives' care if the person consented to this. Although the provider did not have regular meetings to involve all families in the service, the registered manager and staff were planning to start monthly meetings to see if this was something people wanted. We saw that the provider sought the views of people, their families and other healthcare professionals by other means, for example, by frequent contact with the local GP surgery and with questionnaires for people and their families. This showed us that the provider was seeking to improve the service for people by listening to views and opinions about care.

We observed that people and members of staff were welcome to come into the office to speak with the registered manager at any time. We saw that staff entered the office regularly to consult the registered manager about people's care. Staff told us they felt supported by the registered manager, and that they could ask for support and resources to enable them to support people better. One staff member said that the registered manager was "very supportive,very approachable and available." This demonstrated that staff were supported and motivated to provide good care.

The provider had a programme of activities in the home that involved people in their local community. For example, the home had recently taken part in the National Care Home Open Day, where families, friends and people from the local community were invited to visit to meet people and find out about the quality of care provided.

The registered manager was doing management training, had a clear vision for the home and was committed to making improvements. They told us that their training had resulted in them making changes to the way the provider carried out the management of the home. For example, we saw that the way staff supervision was conducted and recorded had changed. The registered manager had introduced more detailed recording of staff training needs and observations of care activities. We saw from the records that the registered manager spoke with staff about their skills and training, and also encouraged staff to reflect on their value and attitudes.

Regular checks and audits were carried out by staff and the registered manager, to monitor the quality of the service. For example, updating people's care plans regularly, checking that the home was cleaned properly. Incidents and accidents were recorded and analysed to identify how risks could be reduced. We saw where audits had identified an issue with medicines and how staff practice was changed to make this safer. Staff told us that they used prompt cards for each shift to ensure that all essential activities were completed. We saw these cards and saw that they summarised the daily checks and audits that the provider expected to be carried out.

The registered manager said that they reviewed accident and incident records every month or more frequently if needed. The care plans and audit records that we looked at confirmed this. Premises and equipment were safe because the provider had systems in place to ensure timely maintenance. All the policies that we saw were appropriate for the type of service, up to date with legislation and were easily accessible to staff. The registered manager understood their responsibility in notifying the Care Quality Commission of any significant events that affected the care of people in the service. This meant that the registered manager understood their responsibilities, and had developed a auditing and management system that contributed to the delivery of quality care.