Viridian Housing

Chestnut Lodge

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

Summary of findings

Overall summary

This inspection took place on 21 and 22 September 2016. The visit on 21 September was unannounced and we told the provider we would return on 22 September to complete the inspection.

We last inspected the service on 26 and 27 August 2016 when we found three breaches of the regulations covering risk management, treating people with dignity and respect and the provision of care and support in a person-centred way. Following our inspection, the provider sent us an action plan on 26 November 2016 and told us they would meet the regulations by the end of January 2016. At this inspection we found the provider had taken action and addressed the issues we identified.

Chestnut Lodge provides accommodation, nursing and personal care for up to 64 older people living with the experience of dementia. At the time of this inspection, 62 people were using the service.

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

People using the service and their relatives told us people were cared for safely. Nurses and care staff were familiar with the provider's safeguarding procedures and were able to tell us what they would do if they had any concerns about someone's safety or wellbeing.

There were enough staff to meet people's care needs and the provider carried out checks to make sure new staff were suitable to work with people using the service.

People using the service and their relatives told us staff were well-trained to meet people's care needs. The staff told us they felt well supported by the provider and managers in the service. People and their relatives also told us the staff who cared for and supported them were caring and that they always treated people with respect. We saw the staff caring for people were polite and kind. They knew people well and spoke about them with genuine affection.

Managers and staff were working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

Most people told us they enjoyed the food provided in the service.

People had access to the health care services they needed and they received the medicines they needed safely.

People using the service and their relatives told us they received the care and support they needed. Each

person had a care plan that included an assessment of their health and social care needs and guidance for staff on how to meet these.

People told us the provider arranged activities and outings and most people said they enjoyed these.

The service had a manager who was registered with the Care Quality Commission. People using the service, their visitors and staff spoke positively about the manager.

Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive.

The provider had systems to monitor quality in the service and to make improvements.

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 using the service and their relatives told us people were cared for safely.

Nurses and care staff were familiar with the provider's safeguarding procedures and were able to tell us what they would do if they had any concerns about someone's safety or wellbeing.

There were enough staff to meet people's care needs and the provider carried out checks to make sure new staff were suitable to work with people using the service.

People received the medicines they needed safely.

Is the service effective?

Good

The service was effective.

People using the service and their relatives told us staff were well-trained to meet people's care needs.

The staff told us they felt well supported by the provider and managers in the service.

Managers and staff were working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

Most people told us they enjoyed the food provided in the service.

People had access to the health care services they needed.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us the staff who cared for and supported them were caring and that they always

treated people with respect.

We saw the staff caring for people were polite and kind. They knew people well and spoke about them with genuine affection.

Is the service responsive?

Good

The service was responsive.

People using the service and their relatives told us they received the care and support they needed.

Each person had a care plan that included an assessment of their health and social care needs and guidance for staff on how to meet these.

People told us the provider arranged activities and outings and most people said they enjoyed these.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission. People using the service, their visitors and staff spoke positively about the manager.

Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive.

The provider had systems to monitor quality in the service and to make improvements.

Chestnut Lodge

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 21 and 22 September 2016. The visit on 21 September was unannounced and we told the provider we would return on 22 September to complete the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service, including the last inspection report, the provider's action plans and statutory notifications the provider sent us about significant incidents and events that affected people using the service. We also contacted 20 health and social care professionals and people who had experience of visiting people using the service to get their views on the care people received. Before the inspection, the provider also completed 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 improvements they plan to make.

During the inspection, we spoke with 14 people using the service, eight relatives and visitors and 11 members of staff, including the registered manager, nurses, care and ancillary staff. We also used the Short Observational Framework for Inspection (SOFI) in one dining room at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a selection of records the provider kept in the service, including care records and risk assessments for six people, 11 people's medicines records, recruitment, training and support records for four members of staff and records of checks and audits the provider, registered manager and staff carried out.

Good

Is the service safe?

Our findings

At our last inspection in August 2015 we found that the provider carried out a range of risk assessments to ensure the safety of people using the service and others, but these were not always effective. The provider sent us an action plan and told us they would address the issues we raised by the end of January 2016. At this inspection we found the provider and registered manager had taken appropriate action to address the issues we identified. We saw that people's care records included assessments of possible risks that included skin care, falls, wandering, weight loss and choking. The assessments included clear guidance for staff on how to mitigate the risks they identified and staff reviewed and updated each risk assessment at least monthly, or more frequently if the person's support needs changed.

People using the service, their relatives and visitors told us people were safe at Chestnut Lodge. Their comments included, "My [relative] is very safe here. We have no concerns," "I couldn't be safer," "It's very safe here, we can leave and not worry about [relative]," "I'm perfectly safe, thank you" and "We've never had any concerns about safety, we know our [relative] is safe and if anything happened, they would tell us straight away."

Comments from health and social care professionals involved in the care and support of people using the service included, "I have never been concerned about safety, everyone seems to know their work well," "All levels of staff pay careful attention to safety. I notice that staff follow procedures while assisting residents in their wheelchairs to ensure their safety," "I believe the home is very good and safe" and "Staff do follow my recommendations, even if at first they are unsure if they can manage them. I prefer it when staff say they are unsure rather than not questioning my recommendations and then not doing them."

People were safe in the service because the provider had policies and procedures to protect them and staff knew about and followed these. When we asked staff what actions they would take if they had concerns about a person's safety, their comments included, "Abuse is not tolerated here, I would report any concerns to a senior or the manager," "If I was worried I would tell someone straight away, one of the seniors or the manager," "Our job is to make sure people are safe. If I thought people were not safe, I would not work here" and "You can't ignore things. If you see something is wrong you have to report it and record it straight away." The provider maintained records of incidents and accidents involving people using the service and, where appropriate, they reported these to the local authority's safeguarding adults team and notified the Care Quality Commission (CQC).

The provider ensured staff they employed were suitable to work with people using the service. The staff recruitment records we saw included evidence of the person's identity and right to work in the UK, references from previous employers, Disclosure and Barring Service (DBS) criminal records checks and, where required, evidence of professional qualifications and registration.

There were enough suitably qualified and experienced nurses and care staff to meet the needs of people using the service. People and their relatives told us there were usually enough staff available to support people. Their comments included, "Yes, I think there are enough staff, nobody ever seems to wait very long

for attention," "There are enough staff and they are all very good" and "I think there are enough staff, there is always somebody around." Nurses and care staff also agreed. Their comments included, "There are enough staff but you have to work together and you all have to know what you are doing, otherwise things can get missed," "There are usually enough staff. Sometimes it can be very busy but we still make time to talk to people and help with activities" and "Sometimes we can be short if someone is sick but [the manager] moves us around to make sure there's enough cover and people are not left without support."

During the inspection we saw there were enough staff to provide care and support and people did not have to wait for attention. Staff were able to spend time with individuals and small groups of people in the lounge areas, as well as time with people in their own rooms. Where people needed support from two members of staff, this was provided promptly. Staff on all units worked well together to make sure people received the care and support they needed and the atmosphere throughout the service was calm and relaxed.

Medicines management records showed that people received the medicines they needed safely. The provider had policies, procedures and guidance for staff on managing prescribed medicines, including the National Institute for Health and Care Excellence (NICE) guidelines on managing medicines in care homes. The provider stored people's medicines securely in lockable trollies and stored these in a secure, air conditioned room when not in use. Nurses who administered medicines wore tabards to ensure they were not disturbed while completing medicines rounds. Nurses completed the Medicines Administration Record (MAR) charts at the time they gave people their medicines and we saw no errors or omissions on the charts we reviewed. Where people needed PRN ('as required') medicines, nurses recorded these on the reverse of the MAR chart and always included a reason for their use. The provider had a policy and procedures for the covert administration of medicines, where this was in the person's best interests. We saw the registered manager and nursing staff discussed these decisions with the person, their relatives or other representatives and their GP. Where it was agreed that covert administration was required to ensure people received the medicines they needed, we saw the provider recorded this and kept the decision under review.

The provider had processes in place to ensure they provided a safe environment for people using the service, staff and visitors. We saw a fire safety risk assessment dated May 2016 and the registered manager confirmed they had resolved all of the actions identified in the assessment. We also saw records of weekly fire alarm tests, monthly fire safety checks, servicing of fire safety equipment and regular fire drills. Each person using the service had a personal emergency evacuation plan (PEEP) in place in case of an emergency which provided care workers with guidance on what action they should take to support the person appropriately. These plans also identified issues which might impact on the evacuation of the person from the home, including mobility and health conditions.

We saw that all Control of Substances Hazardous to Health (COSHH) products were stored safely on the day of our inspection. All upstairs windows were fitted with window restrictors to prevent the risk of people falling from heights and records indicated that staff checked these regularly.

Good

Is the service effective?

Our findings

People using the service, their relatives, visitors and health and social care professionals told us they felt staff at all levels were well trained to carry out their work. Their comments included, "The staff are very well trained, they know what they are doing," "The staff are very skilled, they know the people they are working with and will ask for advice if they are unsure," "The staff refer people appropriately and follow any advice we give them," "I feel the training must be good as the staff all do an excellent job" and "Yes, I think the staff are well trained, we've never had any concerns."

Nurses and care staff working in the service told us they felt well trained and supported. Their comments included, "The training is very good. We are always told when we need to refresh our training and if there are other courses I want to do I speak with the manager," "The training is excellent. All my training is up to date," "We have lots of training, it helps us to do our jobs properly" and "[The provider] has the best training of anywhere I have worked, it is really good."

Training records showed staff had completed training the provider considered mandatory, including fire safety, health and safety, moving and handling, food safety, infection control and safeguarding adults. The provider had also started to introduce Care Certificate training for all new staff working with people using the service. The Care Certificate is a set of standards that social care and health workers must meet in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Some new staff had recently completed their Care certificate training and the provider confirmed they were rolling out this training to all new and existing members of staff.

Staff also told us they felt well supported. They told us they met with senior staff to discuss their role, the care and support they provided, training and developmental needs. Their comments included, "Yes, I have supervision regularly. It helps me to understand my role and how I can improve" and "The support is good from the senior staff and the manager, the best I've known." The staff records we checked showed staff met regularly with their line managers and all had an annual appraisal of their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of the MCA and DoLS and they told us they had applied to the local authority for DoLS authorisations for most of the people using the service. This was because most people were under constant supervision and were unable to leave the service without support. We saw the exit doors on each floor were

fitted with key pads to prevent people from leaving the unit unsupervised, although the key pad number was clearly visible for those people with capacity who did not need constant supervision.

Nurses and care staff we spoke with were able to tell us about the MCA and how this impacted on their daily work with people using the service. One member of staff told us, "It is important that people make their own decisions and choices whenever they can. If they can't, we must act in their best interests and that is a decision that has to be agreed with people's families, the GP and the social worker." A second member of staff said, "We must always try and get consent from people when we are supporting them. We explain the care we are giving and the reasons why. If someone refuses, we go away and try again in a little while." A third member of staff told us, "Sometimes we have to give people their medicines in their food because they would refuse and it is important they take it. We only do this if there is no other way and it is always discussed with the family and GP."

People told us they enjoyed the food and drinks provided in the service. One person said, "The food's usually pretty good, you get a choice each day." A second person told us, "There's always a choice and it is good food." A visitor told us, "My [relative] enjoys the food. The staff know what she likes and they make sure that's what she gets." A visitor commented, "Carers try hard to coax people to eat despite difficulties including sleepiness, poor appetite and general misconceptions. The kitchen staff take a lot of trouble to provide appropriate and appetising food. When it arrives on the residents' floors it looks very good."

A healthcare professional commented, "I have not seen any inappropriate food consistencies being given. I have seen one resident offered finger food. It doesn't happen often but enables a resident to remain more independent with feeding. A minor bit of education was given at my last visit concerning thickened liquids for one resident. Staff reported he was coughing on fluids but it turned out they were not mixing thickened drinks correctly for hi. The carer was responsive to seeing how it should be done."

At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink. Where people needed help with eating their meal, staff did this in a patient and caring way, ensuring they talked with people while they supported them.

The provider arranged for and supported people to access the healthcare services they needed. People's care plans included details of their health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. A healthcare professional told us, "The staff here work very well with us. They refer people appropriately and follow any advice we give about people's treatment."

Good

Is the service caring?

Our findings

At our last inspection in August 2016 we found some people using the service were not always treated with dignity and respect. The provider sent us an action plan and told us they would address the issues we raised by the end of November 2015. They said they would ensure they delivered "training in dignity in care to all staff to prioritise tasks while putting the individual resident at the forefront." At this inspection we found the provider had trained 10 Dignity Champions and provided training for staff as part of the service's programme of induction and refresher training.

People using the service told us staff were kind and caring. Their comments included, "The staff are lovely, very caring" and "All the staff are excellent, very caring people," "They [the staff] are all very kind." People's relatives and visitors also told us staff were caring. Their comments included, "The staff are lovely, they treat people like their own family" and "The staff are first class, very caring and they treat older people with respect."

A visitor commented, "Only two days ago I was struck by the way in which one of the trained nurses was very skilled in facilitating communication with a resident. The resident was sitting opposite the nurse at the station relaxing. I joined them and the three of us enjoyed a lovely chat about the resident's past. It was as if the nurse was treating the resident and myself as friends - marvellous!"

A healthcare professional commented, "This is one of the most spontaneously caring of the bigger care homes I have visited. Most homes just have their residents sitting in the lounge with the TV on and nobody interacting with them, with staff writing up care plans while 'supervising'. At Chestnut Lodge, on more than one visit I have seen staff dancing and singing with residents just as a normal thing, not because it is an 'activity'. They also seem to be more inclined to chat with residents in the lounge and I have seen residents respond by smiling, talking to staff etc. This is something that should be ordinary in nursing homes but I don't see it happen much. The staff really deserve praise for this."

The staff spoke fondly about the people they were caring for. They were able to tell us details about people's preferences and personalities. They knew what made people happy and they wanted to give them good care. They told us they would be happy if their relatives lived in the home and one member of staff said, ''I treat them the way I'd want my mum treated.'' Another member of staff commented, ''Caring for the people here is important. We will all get old someday and I treat people how I would want to be treated." A third member of staff said, ''It is like a big, happy family. You can always hear laughter or someone singing''

We saw the staff caring for people were polite and kind. They smiled when they approached people and they used people's preferred names or form of address. They made eye contact and held people's hands. People were happy to see them and smiled back at them. They spoke kindly and calmly. They knocked on doors and waited to be invited into people's rooms. When one person was distressed they held their hand and let them spend time with the member of staff. The staff knew people well and spoke about them with genuine affection. They also spoke positively about the relatives and knew how important they were. The staff spoke a range of languages and they told us that at least one member of staff could speak the first language /

preferred language of everyone who lived there.

We saw that, when care workers used the hoist they checked to make sure the person's clothing was not caught up in the sling and their dignity was maintained. They spoke to the person throughout the process explaining what they were doing so the person understood what was happening.

Good

Is the service responsive?

Our findings

At our last inspection we found that the registered person did not design care or treatment with a view to achieving service users' preferences and ensuring their needs were met. The provider sent us an action plan and told us they would address the issues we raised by the end of January 2016. They told us that for all care plans they would introduce a "new format to standardise structure" and "Training introduced in Recording Care, Record keeping, and personalised care planning. All staff to have received training as appropriate. Now part of induction."

At this inspection we found the provider's new care planning documents were in use on each unit. Nurses and care staff were able to tell us about people's care plans and their roles in maintaining them. Each person had a care plan that included an assessment of their health and social care needs. Assessments covered people's medical needs, mobility, personal care, communication, mental health, continence and skin integrity. Where the provider's assessments identified a care or support need, they provided clear guidance for nurses and care staff on how to meet this.

The provider based people's care and support on their needs and preferences. Care plans included person centred details with information on routines and preferences for example, the person's food likes and dislikes, their usual time of going to bed/waking up, social interests and other activities they enjoyed. Staff were able to tell us about people's individual needs and they were familiar with the different characteristics, routines and preferences of people using the service. For example, staff were able to tell us what time each person preferred to get up in the morning and what time they went to bed. They could tell us about people's dietary preferences and what they liked to drink. For example, a care plan included instructions for staff that the person preferred their bedroom door open at night and always liked a cup of tea when they woke up in the morning and before they did anything else.

We did note that one area of the service's care planning system covered 'social activities and cultural needs,' but this was not always completed fully by staff writing the care plan. Most of the records we saw included information about people's hobbies and activities they enjoyed but there was little evidence the service had considered their cultural needs. Only one of the plans we reviewed had information about the person's cultural background and staff were asked to take the person to a quiet area so they could watch TV programmes in their first language.

We recommend that the registered manager reviews the care planning system to ensure people's cultural and religious needs are included.

Care records included a 'This Is Me' book that staff had started to complete with people using the service and their relatives. This covered the person's life history, significant people, places and dates. Care records also included information about what people could do for themselves and the choices they could make. For example, one person's care plan said staff should, "Allow [person's name] to choose between a bath, shower or wash each day" and "Encourage [person's name] to do as much as he can for himself."

The daily care records staff completed included information about people's health care needs, personal care and nutrition and showed that care was delivered in line with people's preferences and care plan. The daily records also included some information about aspects of social care, for example activities the person had enjoyed or visitors they had seen.

People had access to activities they enjoyed. They told us the provider arranged activities and outings and most said they enjoyed these. Their comments included, "There is always something to do," "We have visitors from the church" and "I do feel I have choice (of activities) here, I can do what I like and if I don't want to, I don't have to." People's relatives also told us, "The staff are always putting on activities for everyone, the activities coordinator is excellent" and "There is always something happening. Some things are not for everyone but generally it is very good, they keep people active."

A visitor commented, "The activities coordinator is resourceful, energetic, imaginative and communicative. He has developed a very good programme of activities. Some of these are led by carefully selected and well recommended facilitators. He is selective in the use of resources, for example, with music tailored to the cultural background of an individual.

Members of staff also commented positively on the activities coordinator and the activities they arranged. One said, "We help out with the activities [coordinator's name] organises. He will tell us what is happening and we support people to take part." Another told us, "It is good that we have the time and are encouraged to help with activities. It is not just one person's job, we should all be helping."

We saw information about planned group activities each day displayed on notice boards around the home. These included music sessions, exercise groups, visiting entertainers and art and craft activities. There were a number of different communal lounges; all of these contained a range of resources, such as books, magazines, games, music CDs and other items which people could access and help themselves to. The service also had an excellent reminiscence room with many items and objects to stimulate conversations. Staff also brought daily newspapers to the service each day and we saw a number of people reading these. During the inspection we joined a group activity where the activities coordinator and care staff supported an external facilitator to run a music activity. 15 people joined in and enjoyed the activity. The facilitator knew people's names and encouraged each person to engage with the activity. Care staff supporting the facilitator noticed when one person lost interest in the activity and gave them the opportunity to leave, although they chose to stay.

We also saw the activities coordinator and care staff supporting individuals and small groups of people with art activities, reading newspapers and chatting. On both days of the inspection a number of people spent time in the service's garden, chatting, painting and enjoying the good weather.

People's relatives we spoke with were aware of meetings arranged for them. Their comments included, "There are regular meetings for residents and relatives" and "I can't make all the meetings for relatives but the minutes are always available." We saw records of relatives meetings, the last on 25 August 2016. Discussions included activities, security of the premises, dementia awareness day and future plans for the service.

People using the service and their relatives told us they knew how to comment on the services they received. Their comments included, "I've no complaints, very happy here" and "I've never complained because there's no reason." A relative told us, "I've never had any concerns, but I would speak to the manager if I had any." A second relative said, "There is a procedure for complaining but all you have to do is speak with any of the senior staff or the manager and they will sort things out." A third relative commented, "We had a couple of

small complaints but we spoke with the nurse and they were dealt with. We would speak with the manager if it was anything serious." We saw the provider recorded complaints and included details of any investigations. They recorded the outcome of each complaint and wrote to the complainant to make sure they were satisfied with the actions they had taken. The provider also recorded compliments from people's relatives. Recent comments included, "[The service] is a credit to you all and should be recommended to everyone" and "I wanted to say a heartfelt thank you to you and your team for the wonderful and extraordinary care my [relative] received. She was so happy and well cared for."

Good

Is the service well-led?

Our findings

People using the service, their relatives and visitors told us they thought the service was well-led. Their comments included, "[Registered manager's name] is very good, he comes round every morning and says hello," "The manager and senior staff are very good, very visible and easy to talk to," "[Registered manager's name] is first class, a very caring person and he knows his job," "The manager in particular is excellent, he knows everybody and what's going on."

Health and social care professionals involved in people's care also said the service was well-led. They told us, "My impression of the manager and his leading style is excellent from what I have witnessed and heard about how he treats residents and staff," "The manager responds to any queries I have and responds to e-mails if I contact him that way. He also made staff available for training sessions I run and they all turned up. This is quite rare." "The leadership is very good indeed. The management seems of an open and democratic style. In many aspects they lead by example and visit the residents and staff regularly,"

Staff working in the service told us, "The manager is excellent, he leads by example and doesn't expect you to do anything he wouldn't do himself," "[Registered manager's name] is very good, very supportive, the best manager I've worked for," "The manager and senior staff are all good, you can go to them for advice and they help whenever they can" and "We can go to the manager for anything, he always helps and doesn't just sit in the office and go to meetings."

The service had a manager who was registered with the Care Quality Commission (CQC). The manager was supported by a team of seniors, nurses and care staff. There was a clear management structure in the service and staff and visitors understood this. The registered manager told us they had worked in care homes since 1989 and had managed homes since 2002. They held the Preliminary Certificate in Social Care, the registered manager's qualification and National Vocational Qualification (NVQ) level 4. They also had a dementia mapping qualification and completed training in dementia so they could run dementia awareness training sessions. Every year they completed training courses in fire safety, health and safety. Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive. Managers, nurses and care staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service.

The provider encouraged staff to give their views and contribute to the development of the service. They arranged general staff meetings, as well as separate meetings for night staff, senior staff, nurses and dignity champions. The general meetings had opportunities for all staff to contribute and the staff confirmed this, saying they could always give ideas and suggestions for improvements. The clinical meetings included discussion of nursing practices and lessons learnt from incidents. For example, a person left the building without staff knowing and they reflected on this and put together a risk management plan for the future.

People using the service, their relatives, visitors, staff and professionals were able to comment on the care

and treatment they received. We saw staff had completed feedback forms in March 2016 when they commented positively on the support they received. We also saw that the provider had sent people using the service a satisfaction survey in 2015. 39 people completed the survey and their responses showed they were generally satisfied with the environment, the care services they received, staff responsiveness, staffing and access to healthcare services.

The provider had systems to monitor quality in the service and to make improvements. They recorded accidents and incidents involving people using the service and analysed these to identify trends and ways of mitigating risks. The registered manager saw and signed off all accident forms and sent these to the provider for analysis. Where they needed to take action, the provider addressed the issues and recorded these. For example, they reviewed people's care plans and risk assessments, referred people to specialist healthcare services, reviewed care practices with staff and discussed issues and solutions with people's relatives.

Representatives of the provider's management team carried out monthly monitoring visits to the service. We saw the report for July and August 2016 and saw the monitoring officer spent time with staff and people using the service, reviewed care records and inspected the environment. They produced a written report for the registered manager that was aligned with the Care Quality Commission's five questions – Is the service Safe, Effective, Caring, Responsive and Well Led. Where the registered manager needed to address issues identified during the visit, we saw these were clearly recorded. The registered manager told us they had addressed the issues in the latest monitoring report.

We also saw the provider, registered manager and staff carried out a number of audits and checks to monitor the day to day running of the service. These included clinical governance audits, care plan and medicines records audits, infection control audits, kitchen safety audits, an audit of people's experiences at mealtimes and food safety audits. Where the audits identified areas that the provider needed to address, they took action. For example, audits had identified the need to improve care planning and care recording and the provider had reviewed the care planning systems to make information about people's care needs easier to access.