Avante Care and Support Limited

Pilgrims View

Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 04/11/2015

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection was carried out on 30 September 2015 and was unannounced.

The service provides care and support for up to 44 older people who do not have nursing needs, but some of whom are living with mild to moderate dementia. At the time of our inspection there were 38 people using the service. One of these people was cared for in bed. The accommodation was situated over four units; each had its own dining room and lounge areas and small kitchenette.

There was a registered manager employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice.

Summary of findings

The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

During our inspection people were not engaged in any planned activities.

We have made a recommendation about this.

People were kept safe by staff who understood their responsibilities to protect people living with dementia. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. The management team had access to and understood the safeguarding policies of the local authority.

Plans were in place to ensure that people who may not understand what to do in emergency situations would be supported by a member of staff. Fire drills and evacuations were practiced.

The provider's policies and management plans were implemented by staff to protect people from harm. The registered manager and care staff used their experience and knowledge of caring for people with dementia effectively. Staff assessed people as individuals so that they understood how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed within the service, both to individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified.

There were policies and procedures in place for the safe administration of medicines. Staff received in depth training to administer medicines safely and the registered manager consistently checked staff continued to follow best practice.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage the daily health challenges they faced from conditions such as diabetes.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. We observed people being consulted about their care and staff being flexible to request made by people. Staff knew people well and people had been asked about who they were and about their life experiences. People could involve relatives or others who were important to them when they chose the care they wanted. This helped staff deliver care to people as individuals.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. Pictures of healthy food were available to people to assist them in making choices about what they ate. Dietary support had been provided through healthy eating menus and individuals who needed it had eating and drinking plans put in place by dieticians.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. Staff were trained about the safe management of people with behaviours that may harm themselves or others.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had dementia. New staff and existing staff were given extensive induction and on-going training which included information specific to dementia care.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their

Summary of findings

skills. Staffing levels were kept under constant review as people's needs changed. The registered manager ensured that they employed enough staff to meet people's assessed needs.

The registered manager produced information which was displayed throughout the service about how to complain. This included people being asked frequently if they were unhappy about anything in the service. If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The registered manager reviewed how they responded to complaints to improve the system.

The registered manager and the deputy manager had many years of experience between them in managing older people's services. Staff told us that since the registered manager and deputy manager had been in post there had been an improvement in effectiveness and leader ship.

Staff and the management team had demonstrated a desire to deliver a good quality service to people by constantly listening and improving how the service was delivered. People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager and other senior managers provided good leadership.

The provider and registered manager developed business plans to improve people's experiences of the care.

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.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There was sufficient staff with a background in dementia to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role. Training about dementia was on-going.

New staff received an induction and training which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood and followed by staff.

Good

Is the service caring?
The service was caring.

Staff used a range of communication methods to help people engage with their care. People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff were welcoming and patient with people. Staff understood how to maintain people's privacy and records about people was kept confidential.

Good

Is the service responsive?
The service was not always responsive.

Requires improvement

Summary of findings

Care assessments included information about people's dementia. Staff provided care to people as individuals. However, people were not always being offered the opportunity to participate in planned activities.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. The registered manager and provider acknowledged when they got things wrong and learnt from this.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

Is the service well-led?

Good

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves in a service for people with dementia.

The provider and registered manager promoted person centred values within the service. Managers in the service were experienced and knowledgeable about dementia. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. Managers made themselves available to assist with delivering care and carried out checks on staff to monitor the quality of their performance.

Pilgrims View

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 30 September 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had had first-hand knowledge of how a dementia service should be run.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us about by law.

We spoke with seventeen people about their experience of the service and nine visiting relatives. We spoke with ten staff including the registered manager, deputy manager, a team leader and eight care staff. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, ten staff record files, the staff training programme, the staff rota and medicine records. We asked three health and social care professionals for their views about the service.

At the previous inspection on 3 July 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People who could talk to us felt safe in the service. Others we observed were relaxed and comfortable with staff and their surroundings. All of the relatives we talked with felt that their loved ones were safe at the service. One relative said, "Mum has been totally safe here". Other relatives said, "He's very safe here, they always know where he is", "I don't worry about her at night now, like I used to", and "She's one hundred percent safer here than she was at home".

There was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in the lounge. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams and raising concerns using the provider's whistle-blowers' policy. A member of staff talked us through the correct actions they would take if they suspected or witnessed abuse happening. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the staff and registered manager understood the arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who used the service. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. For some people, these also identified triggers for behaviours that had a negative impact on themselves or others or put others at risk. The steps and early interventions staff should take to defuse these situations and keep people safe was fully recorded. Staff understood their roles in assisting people to understand and manage their behaviours. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Steps were taken to reduce incidents and accidents from happening again. The registered manager told us how they had responded to an incident and learning they had taken from this. We saw that health and safety had been discussed with staff to inform and reinforce staff knowledge of the steps that were to be taken to minimise the risk after incidents.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. Each person had an emergency evacuation plan written and practiced to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

The premises were maintained to protect people's safety. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand.

People were protected from the risk of receiving care from unsuitable staff. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We looked at the recruitment files for two staff that had recently started working at the service. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. Staff we spoke with confirmed they had been through full application, interview and selection process. Recruitment questions related to supporting people with dementia which ensured that staff applying for roles had the right attitude and experience in the field and this could be tested.

Staffing levels were planned to meet people's needs and this was recorded on a staff rota. People told us there were enough staff and staff themselves confirmed this. We observed staff had time to sit and chat to people and also to monitor where people were. In addition to the registered manager and deputy manager there were eight staff

Good

Is the service safe?

available to deliver care between 07:00 and 14:00, six staff between 14:30 and 21:00 and three staff between 21:00 and 07:30. A team leader was available in the service for all shifts. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people.

Recruitment to six vacant posts was in progress, with vacant hours being covered by existing staff or by agency staff who had been inducted and used consistently to deliver care. Our observation and discussion with staff showed that staffing deployment was based on an analysis of the levels of care people needed. How staff would be deployed was discussed before shifts started so that the skills staff had could be matched to the people they would care for. The staff rota evidenced shifts were covered and the deputy manager was responsible for this. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. There were enough staff available to walk with people using their walking frames if they were at risk of falling. Having enough staff meant that the care people received was safe and they were protected from foreseeable risks.

There were safe processes in place for the management and administration of people's medicines. Access to medicines was restricted to trained staff. There was a current medicines policy available for staff to refer to should the need arise. We reviewed the records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The registered manager ensured that regular audits of medicines happened and that all medicines were accounted for. Staff were encouraged to report errors in a supportive way. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time.

Good

Is the service effective?

Our findings

We observed that staff had the skills required to care and support the people who lived at the service. People told us they liked the staff and they got on with them well. People told us they could see their GP when they wanted to. One person said, "When I wasn't well, I saw the doctor here, I am a lot better now."

Relatives said, "We do feel that they understand her dementia, staff are brilliant here." Another relative told us how they had been given information about dementia by staff when their relative moved into the service.

People were supported with their agreed and recorded daily routines by staff. People's health needs were monitored. People were assisted to access other healthcare services to maintain their health and well-being, if needed. People told us about going to the GP and getting help from other health and social care professionals like dieticians. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Referrals had also been made to other healthcare professionals, such as occupational therapists and the local dementia team.

Without exception all of the comments from people and their families about the food were positive. One person said, "The food is pretty good", and another, who was still eating breakfast, said, "It's is all nice". One of the relatives commented, 'I think the food is great. There's a nice choice and it seems nutritious.'

They could choose the menu for the week. People had been asked for their likes and dislikes in respect of food and drink and the menus had been planned taking their preferences into account. A range of diet choices were catered for. Members of staff were aware of people's dietary needs and food intolerances. Information about food was displayed and pictures were available to help people make choices. Staff recorded what people ate and drank in the daily records.

People were encouraged to eat to maintain their health and wellbeing by staff who respected them. Lunchtime in the dining rooms were well staffed. The atmosphere during meal times was calm. Staff assisted people to eat and were talking about the food to people, checking that they liked the food. Plate guards were provided for people who needed them so that they could eat independently. Staff described people's preferences for food and any dietary requirements people had. Two staff had received training to become hydration and nutrition champions. These staff took responsibility for the effective assessment and management of people's care when they were at risks of not eating and drinking enough. We identified a person who was at risks from the records we viewed. We saw that action had been taken by staff and changes had been made to the person's diet in consultation with their GP.

We saw that training was planned and recorded. The deputy manager told us training was provided in a number of ways, including by e-learning, distance learning courses and face to face training and this was supported by records we checked. Staff told us that there was a training programme in place and that they had the training they required for their roles. All of the staff we talked with told us the training was good. All of the training records we looked at showed staff had attended training. New staff confirmed that they received an induction and core training about people's safety in the first few days of their employment. Additional training was provided in relation to person centred care planning for people with dementia and managing people's behaviours if they may harm themselves or others. We observed staff calming a person who had become agitated with another person. This prevented the situation from escalating and causing harm.

Staff were supported to enable them to provide care to a good standard. Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services.

Records showed that staff had an annual appraisal. Staff told us they could request training to develop their skills and careers. Staff and the records we looked at confirmed training requested had been booked and attended.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. We saw evidence that these were followed in the planning of care. Capacity assessments had been completed and best interest decisions had been made on behalf of people in relation to consenting to care, the administration of

Good

Is the service effective?

medicines and managing health appointments. Best interest decisions about people's care followed meetings with individual people, their relatives and other health and social care professionals. Outcomes of best interest discussions were documented within people's care plans.

The registered manager had appropriately made applications to the local authority for Deprivation of Liberty Safeguards (DoLS). This protected people's rights and freedoms.

Good

Is the service caring?

Our findings

People were positive about staff and living at Pilgrims view. Staff were praised by those spoken with. One person said, "I get on well with the staff, they are always nice to me." Another person said, "They are all very kind to me." One person pointed to a member of staff and said, "She looks at me and smiles, I enjoy it all they all seem very nice to me."

All of the relatives were happy with the care that their loved ones were receiving. One called it 'Top rate care'; several other relatives said, "It is really lovely care". And "The staff are nice and very caring". Relative's comments included, 'Really good staff, very caring'. 'I get on well with all the staff, no problems there.' And 'All of the staff are attentive here, brilliant staff.'

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

We observed good communication between staff and people living at Pilgrims view, and found staff to be friendly and caring. One relative said, "They all love him here, they know him by name, know where he is and he is so much more on the ball now, because of this care." People who needed advocacy support to express their views could access this.

Staff members were able to describe ways in which people's dignity was preserved, such as making sure people closed toilet doors and by ensuring that doors were closed when providing personal care in bathrooms. Staff explained that all information held about the people who lived at the service was confidential and would not be discussed outside of the service to protect people's privacy.

People described that staff were attentive to their needs. We observed staff speaking to people with a soft tone; they did not to rush people. For example, when one person stood up but hesitated, staff asked them if they could help the person to wherever they were intending to go. The person wanted help to return to their room. Staff walked with them, showing them where they needed to go.

People were encouraged to be as independent as possible. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. People told us that staff were good at respecting their privacy and dignity.

People and their relatives were asked for feedback about the service. There were a number of information leaflets on the notice boards around the service which included information about the service, safeguarding, the complaints policy and activities.

Requires improvement

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to.

People's experience of activities within the service was not consistently good. Systems were not in place to ensure that if the activities staff were not available, people did not miss out on activities. Activities were planned to offer people the opportunity to maintain their participation, enjoyment and mental dexterity and a programme of events was displayed in the service. Posters in the service stated that social interaction and engagement is encouraged and boredom is eradicated. However, on the day of our inspection no planned activities were happening. We observed people sleeping in chairs in the lounge areas. People talked to us about what they liked to do, but also told us that doing nothing made them feel tired. Some people told us they just go back to their bedrooms and sleep when there are no activities going on. Relatives told us that there could be more activities offered and reported to us that they did see activities but that these were not always happening.

The deputy manager told us that on the day of the inspection the activities co-ordinator gave short notice that they would not be available. They told us that care staff would normally try to engage people in activities if the activities co-coordinators were not there. However during the inspection this did not happen.

We have recommended that the registered manager researches published guidance about the benefits of and types of activities recommended for people living with dementia.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people, their care manager from the dementia team or their relatives. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in.

After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Care plans had been consistently reviewed with people or their relatives and any changes had been communicated to staff. All of the relatives we spoke with confirmed that communication with them was good. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

The use of picture boxes and memory aids was very good. From looking at these you got an immediate sense of who people were and what they liked. People had chosen what went into their picture boxes and these served as a reminder to people which room was theirs and assisted people to move around the service independently. Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated.

Behavioural support care plans detailed early interventions based on people's individual needs. This enabled staff to intervene early if they saw people becoming upset or agitated. Staff understood the recorded behavioural triggers for each person. If people's needs could no longer be met at the service, the registered manager worked with the local care management team to enable people to move to more appropriate services. For example, nursing care.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

Requires improvement

Is the service responsive?

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. We checked what had happened after a person's GP had recommended a weekly blood test. We found the GP's instructions had been followed, district nurses had been in to take the bloods as required and staff in the service had recorded every outcome in the persons care plan notes. This showed that staff were responsive to maintaining people's health and wellbeing.

We discussed the complaints system and talked through how the registered manager and provider learnt from situations where complaints had not been handled well. There was a desire to learn from these situations and we saw that the provider had fully accepted the recommendations made following an investigation about how they handled a complaint.

There had been three complaints and seven compliments made since April 20015. We could see that these complaints had been dealt with to people's satisfaction. There was a policy about dealing with complaints that the staff and registered manager followed. Complaints were logged onto a computer system which could be checked by people working at head office. This ensured that complaints were responded to by the right people within the organisation. People could attend meetings in the service where they could talk about any concerns or complaints they had about the service. Staff understood that people with dementia may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.

There were examples of how the registered manager and staff responded to people's request. People spoken with said they were happy to raise any concerns. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

The registered manager and the deputy manager were experienced managers. They had experience of working and managing services for people living with dementia and they had demonstrated to us they had the skills to run the service well. We saw progressive improvement and changes were being made to address quality issues within the service. For example, staffing levels had been changed to improve people's access to staff overnight. The medicines administration systems had been changed after medicines errors and staff reported noticeable improvements to the supervision and appraisal systems in the service and the day to day leadership.

Relatives spoken with knew the management team and were happy with them. One relative said, "I have met them all, It is a well led Service that I cannot fault at all." Another relative named the manager and deputy manager and said, "They are good at communicating and they listen, from what I've seen, it is a good company."

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their dementia needs. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

Staff told us they enjoyed their jobs. Staff comments included, 'Avante is a lovely company to work for they try to live by their values.' And 'They always put their values into practice'. Staff felt that Pilgrims view was definitely a well-run service, with good management. Staff felt they were listened to as part of a team, they were positive about the management team in the service. They spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff were aware of their responsibilities of reporting issues they may have to managers. Staff spoken with told us that they would report any instance of poor care that they might witness without hesitation. One added, "Some staff do need reminding, so I might I have a word with them as well." Staff had access to and understood how to use the provider's policy about whistleblowing.

Audits within the service were regular and responsive and effective. Senior staff carried out health and safety check walk rounds in the service and these were recorded. Audit records showed they drove improvement. Medicines audits had gone from an 87% score in April 2015 to 100% score in September 2015. We could see the actions the registered manager had taken to achieve the 100% score on their business improvement action plans. We were able to check maintenance issues highlighted on health and safety audits had been acted upon. For example, we noted a repair to the patio area was needed. We saw that this had already been assigned for repair by the maintenance team and a date had been booked for this to happen.

Quality managers from outside of the service and Trustees from the board of directors came in to the service to review the quality and performance of the registered manger and their staff team. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. A pharmacist carried out audits of medicines. All of the areas of risk in the service were covered.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The registered manager understood their responsibilities around meeting their legal obligations. They consistently notified and discussed safeguarding issues with the local

Good

Is the service well-led?

authority safeguarding team and with CQC. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

An independent organisation called IPSOS-MORI was used to ask people for their feedback about the home more formally by questionnaire/survey. The results were displayed in the home. Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.