Oak Lodge Residential Home Limited

Oak Lodge Residential Home

Inspection report

11 Oak Villas
Bradford
West Yorkshire
BD8 7BG

Tel: 01274592723

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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

The inspection took place on 16 August 2017 and was unannounced.

Oak Lodge provides care and support for up to 32 people with mental health needs. Oak Lodge is a large detached property located in the Manningham area of Bradford, close to public transport systems, shops and local community facilities. Bedrooms are on five floors, with communal rooms on the ground and lower ground floors, all accessible by a passenger lift. At the time of the inspection 30 people were living in the home.

The service had not previously been inspected since registration with the Commission in December 2016. Previously the service was registered under a different legal entity.
A registered manager was in place. 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.

We spoke with 16 people who used the service. People praised the care and support provided and said it met their individual needs. They said care was delivered in line with their preferences and staff were kind and caring. Health professionals also spoke positively about the service and said they thought it provided good quality and person-centred care.

People told us they felt safe living in the service. Staff knew people well and understood the risks associated with their care. Safeguarding procedures were in place and we saw they had been followed to help ensure people were kept safe. Following any incidents, measures were put in place to prevent a re-occurrence.

The premises were safely managed and fit for purpose. The communal areas were comfortable and pleasant rooms to use. Refurbishment and improvement of the environment was ongoing at the time of the inspection. The home was clean and hygienic.

People received their medicines as prescribed. Well organised systems were in place to ensure the consistent administration and documentation of medicine support.

There were enough staff deployed to ensure people were appropriately supervised and received prompt care and support. Staff had time to engage with people in a meaningful way. Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

People praised staff and said they had the right skills and attributes to do the job. Staff received ongoing training, support and supervision from the management team.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of

Liberty Safeguards (DoLS). People's consent was sought before care and support was offered. Where people lacked capacity best interest processes were followed.

People had access to a suitable range of nutritious food which varied from day to day. Drinks were available throughout the day to help keep people hydrated. Nutritional needs were assessed and action taken to protect people from risk.

People's healthcare needs were assessed and used to develop clear and person centred care plans. The service liaised with a range of health professionals over people's care and support.

People received care from staff that treated them with dignity and respect. Staff displayed kindness and compassion and used good interpersonal skills to help calm any anxieties people were experiencing. People were able to make daily life choices and were listened to by staff. Staff encouraged people to be as independent as possible.

A very good range of activities were available to people. The service had its own minibus which increased the flexibility and range of options available to people. Links had been developed with the local community to improve people's social opportunities.

A system to investigate and respond to complaints was in place. People said they were satisfied with the service and had no cause to complain. However, they had every confidence any concerns they had would be effectively addressed by the management team.

People and staff praised the management team and said they were approachable and helpful should they have any issues or queries. We found a positive and inclusive atmosphere within the home with the service being dedicated to improving people's individual outcomes.

A series of audits and checks were undertaken to help ensure continuous improvement of the service. People's views and feedback was sought and valued by the service.

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 said they felt safe and secure in the home. Systems were in place to reduce the risks associated with people's care. Action was taken following any incidents which caused or had the potential to cause harm.

There were enough staff on duty within the home to ensure people received prompt care and support and were subject to appropriate supervision. Safe recruitment procedures were in place.

A well organised medicine management system was in place. Our check of records and discussion with staff led us to conclude people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People praised the staff team that supported them. Staff received a range of training and support to enable them to undertake the role effectively.

People's consent was sought and the service acted within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

People had access to a range of suitably nutritious food.

Is the service caring?

Good

The service was caring.

We observed a pleasant atmosphere within the home with staff interacting positively with people. People praised staff and said they were kind and caring.

Staff knew people well and had developed good caring relationships with them. Information on people's past lives and preferences had been sought to help provide personalised care.

The service listened to people, encouraged them to voice opinions and make daily living choices.

Is the service responsive?

Good

The service was responsive.

People said care needs were met. People had clear care plans in place which demonstrated their needs had been thoroughly assessed. Staff knew people and their care needs well.

People had access to a very good range of activities and opportunities. The service provided plenty of external and internal activities and maintained links with the local community.

People were satisfied with the service. There was a clear complaints process in place.

Is the service well-led?

Good

The service was well led.

People and staff spoke positively about the way the service was managed. They said the management team were friendly and approachable.

We found a positive and person centred culture within the home with staff committed to improving people's care and support outcomes.

A range of checks and audits were undertaken to monitor how the service was operating. People's and staffs feedback was regularly sought to improve the service.

Oak Lodge Residential 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 checked 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 unannounced inspection took place on 16 August 2017 and was carried two adult social care inspectors 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, in this case mental health services.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and contacting the local authority contracts and safeguarding teams. We asked the provider to complete 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. This was fully completed and returned to us within the timely manner.

We looked around some areas of the building including bedrooms, bathrooms and communal areas. We spent time observing care in the communal areas of the home. We also spent time looking at records, which included four people's care records, three staff recruitment records and records relating to the management of the service.

We spoke with 16 people who used the service, one visitor, five care workers, two domestics, the cook, the deputy manager, the registered manager and the operations manager. We also spoke with three health professionals who work with the service.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable living at Oak Lodge Residential Home and nobody raised any concerns about their safety. One person said "I love it here. It takes some beating. It's really safe and sound." Another person said, "The staff make me feel safe and that they care about me." A third person said, "Yeah I do feel safe here, that's why I have stayed here so long." A fourth person said, "Yes I feel safe, sometimes people get a bit rowdy but staff are brilliant at solving the problem and not making the situation worse."

Staff had received training in safeguarding vulnerable adults and were aware of how to identify and act on safeguarding concerns. They said they were confident any issues they raised with management would be promptly dealt with. We looked at records which showed the service correctly recognised safeguarding issues and made appropriate referrals to the local authority. Following safeguarding incidents, measures were put in place to protect people from harm. For example, one person had been supported to attend anger management classes following an incident. The registered manager held money for safekeeping for some of the people who used the service. An accounting system was in place to protect people from any financial abuse.

Risks to people's health and safety were assessed. Risk assessments were in place which covered areas of identified risk such as moving and handling, nutrition and tissue viability. We saw where risks had been identified; action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they were sitting on a specialist cushion in their armchair. Risks associates with people's mental health and behaviours were assessed and plans of care put in place for staff to follow. The service supported people to take positive risks. For example, a number of people accessed the community independently. Risk assessments were in place instructing staff how to support people to access the community safely whilst ensuring care was delivered in the least restrictive way possible.

Incidents and accidents were recorded on the electronic care management system used by the service. We saw a low number of incidents occurred. Where incidents had taken place these had been investigated and measures put in place to reduce the likelihood of a re-occurrence, such as updating care plans with new support strategies. Staff had received training in behaviours that challenge and were able to describe how they would de-escalate distressed behaviour.

Medicines were managed safely. Medicines were administered by senior care workers who had received training in the safe handling of medicines. A clear and well organised system was in place. Some people required medicines at specific times such as before or with food. We saw arrangements were in place to ensure this was adhered to. For example, one person was prescribed a medicine to be taken with food. During the inspection, the senior care worker was aware that the person had not eaten and encouraged them to have something to eat so their medicine could be administered safely. We looked at a sample of Medicine Administration Records (MAR) which were well completed indicating people had received their medicines as prescribed. Most medicines were administered from a monitored dosage system. We looked at this system which showed people had consistently received their medicines. Where people were prescribed medicines in their original packaging, stock balances were kept to ensure all medicines were accounted for.

During our checks we found all medicines could be accounted for and people had received them consistently as prescribed. Some people were prescribed "as required" medicines such as for pain relief or anxiety. We saw protocols were in place guiding staff on when to administer these medicines. This helped ensure safe and consistent offering of these medicines.

Medicines were stored securely within a locked treatment room. A medicine fridge was in place and temperature records kept to ensure it maintained a safe temperature. There were no controlled medicines on the premises at the time of the inspection; however arrangements for their safe storage were in place.

People said they felt there were enough suitably skilled staff on duty. One person said, "Yes, there are enough staff." Another person said, "Always lots of staff about, they help out with everything I need." Staffing levels were based on dependency. We looked at the duty rota's and saw they were currently arranged to provide a senior care worker and three care workers in the mornings, a senior care worker and two care workers in the evening and one senior care worker and one care worker at night. The registered manager and deputy manager either worked in addition to these numbers or worked on shift, taking the senior role. Staff we spoke with told us there were enough staff and one person told us, "There are more staff in the mornings because people need personal care and support to attend appointments." Ancillary staff such as domestics were also employed as well as staff to undertaken activities and go on outings. During observations of care and support we saw there were enough staff to meet people's needs and ensure communal areas were supervised. For example, we saw there was a member of staff present in the lounge at all times to provide people with support and ensure their safety. Any requests for assistance were promptly dealt with by staff.

Safe recruitment procedures were in place. We saw prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to ensure they were suitable to work in a caring role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant correct processes were being followed to make sure staff were suitable to work with the people who lived at the home.

The premises were safely managed and suitable for its intended purpose. We asked people if they liked their accommodation. One person told us, "My room is brilliant." Another person said, "My room was cluttered, but my carer helped me sort it out." The accommodation at Oak Lodge was arranged over five floors and a passenger lift operated between all floors. The main kitchen and laundry were in the basement. There was also a kitchen where people could do their own cooking and laundry. On the ground floor there was a large lounge and dining area with a kitchenette, a computer room, smoking room and meeting room. These rooms provided comfortable and social areas for people to use. Bedrooms, bathrooms, showers and toilets were arranged over three floors. There were three double bedrooms with all of the rest being single occupancy.

The registered manager told us improvements to the environment were ongoing, for example, redecoration, replacement of bedroom flooring and hand washing sinks. The operations manager also told us there were plans to landscape the gardens and fit new electric gates at the front of the property. We looked around the building and found it clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. We saw at the last food standards agency inspection of the kitchen they had awarded the home 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

Checks took place on equipment and fixed equipment such as the gas and water systems. A legionella risk

assessment was in place. A fire risk assessment had recently been completed and the home was working through the action plan. Personal evacuation plans were in place which provided information to staff on how to evacuate in the event of a fire.

Good

Is the service effective?

Our findings

People said staff had the right skills and experience to support them effectively. One person told us, "Yes, I think the staff are well trained. [Name] is exceptional and a great person. They take me to all my appointments." Another person said, "The staff get me everything I need, they're a cracking crew."

Staff received a range of training relevant to their role. Staff told us training opportunities were good and training and development was discussed when they received supervision. One care worker told us they had requested a specific course they were interested in and this had been arranged for them. Staff told us they received supervision and appraisals and felt supported in their role.

Training courses were either e-learning or face to face. The service required staff to complete a number of mandatory courses on a regular basis including safeguarding, Mental Capacity Act and behaviours that challenge. New starters were subject to a three month probationary period to ensure they were suitable to work at the service. During this time they were required to complete a range of training and 'shadowed' an experienced member of staff. New staff were also required to undertake the Care Certificate. The Care Certificate is a set of standards for social care and health workers which were devised to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Overall, we found the service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most people within the home had capacity to make decisions relating to their care and support. We found appropriate applications had been made for people who did not have capacity to consent to their care and support arrangements and the service assessed that they may be depriving people of their liberty. There was one DoLS in place with two further applications awaiting assessment by the supervisory body.

The DoLS in place had three conditions in place. Although we were provided with assurance the service had worked to comply with the conditions, documentation evidencing this could have been more robust. We spoke with the registered manager about this who agreed to ensure compliance with conditions was better

documented in the future.

People's consent was sought prior to care and support. We saw evidence people were involved in decisions relating to their care and support. Where people lacked capacity, best interest processes were followed. Where relatives had a Lasting Power of Attorney (LPA) order in place such as for property and finance, we saw a copy of this order was on file, which meant the registered manager had assured themselves the relative was authorised to deal with these people's financial affairs. This showed us they understood their responsibilities in this area.

People spoke positively about the food provided by the home. Comments included; "Food is nice." "It's nice, if I don't like something on the menu they will make an alternative." "They always give me a choice. Burgers are my favourite." "The food here is good quality." We saw there were a two week cycle of menu's in operation which offer both choice and a variety of meals. We spoke with the cook who told us the menus were being further developed to better reflect people's preferences. They also told us they were providing Halal meals and high protein diets to meet individual needs. We saw branded items were being used and the operations manager told us they purchased their meat, fruit and vegetables from local suppliers. The cook confirmed there was always plenty of food in the home.

There was a choice of food at each mealtime, for example, with two options at lunchtime and in the evening. We observed people given choice as to what they ate each day staff went around asking people what they wanted. If people didn't want any of the main choices staff worked to find an acceptable third choice, for example, on the day of our visit the cook had received five requests for salad at tea time. One person told us that during a period they had become depressed and stopped eating and drinking, staff had made them a special menu and stayed with them to give one to one support to ensure they ate well and stayed hydrated. This demonstrated a person centred approach to mealtime support.

We observe the lunchtime meal was relaxed with staff offering appropriate support with eating and friendly conversation amongst people and with staff. We saw people had access to drinks throughout the day. There was a kitchenette area in the dining area. One person who used the service explained, "We can help ourselves to tea, coffee, squash and water at any time."

Nutritional risk assessments had been completed and people's weights were monitored either on a weekly or monthly basis. We saw one person who had been assessed as being nutritionally at risk was maintaining their weight around the 50kg mark. We concluded people's nutritional needs were being met. The registered manager explained they encouraged healthy options on the menu to help people manage their weight. Although staff were able to confidently describe how they encouraged people to maintain a healthy lifestyle, some of this information could have been better detailed within nutritional care plans.

We asked people who used the service about their healthcare. One person told us, "Staff are really helpful they take me to the doctors and appointments." In the four care records we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, consultants, opticians and podiatrists. Health professionals we spoke with said the service liaised with them appropriately followed their advice and provided good quality care. Care files contained detailed information about action staff had taken to make sure people's healthcare needs were met. For example, they had contacted one person's GP because they thought they had developed a chest infection, medicines were prescribed and these were obtained quickly so treatment could start. In another care plan we saw staff had identified the person's teeth were in a poor condition and a referral had been made to dental services. We concluded people's health care needs were being met.

Good

Is the service caring?

Our findings

People spoke positively about the staff who provided them with care and support. One person said, "The staff are excellent people and work hard. I get great care, support and help." A second person said, "Staff are always nice to me even when they are very busy." A third person said, "You couldn't find a better set of nurses if you tried." A fourth person said, "Staff are really helpful."

During observations of care and support we saw staff interacted positively with people. Staff greeted people warmly in the morning as they entered the lounge and dining room and asked people how they were. Staff maintained eye contact with people during interactions and engaged in friendly banter with people, smiling and laughing with them. Staff had time to engage people in conversation and we saw people who used the service discussed a range of topics amongst themselves with contribution from staff. This made for a pleasant and inclusive atmosphere. When people became distressed or anxious staff stepped in and provided emotional support, and redirection to help ensure people's wellbeing.

Staff had developed good positive relationships with people and knew them well. Information on people's likes, dislikes and history was recorded within their care and support plans. This helped staff provide a more personalised care and support experience. Staff demonstrated they knew people well. For example, a staff member asked one person why they were not knitting today. The person explained that their knitting bag had been left in their room. The care worker fetched the knitting bag and the person settled into their knitting.

People's independence was promoted by the service. Staff confirmed this was a key feature of the service and demonstrating they were committed to encouraging people to gain independence. One staff member told us, "We promote independence here, to ensure they have fulfilling lives." We saw this was facilitated by supporting people to access the community, a range of activities and help out around the home. Drinks facilities were available to people so that they could prepare a range of hot and cold drinks themselves throughout the day as well as make their own toast. People were encouraged to help out at mealtimes and one person was keen to make hot drinks for the inspector's throughout the course of the inspection. People were supported to access the community independently with staff offering support and guidance.

A person centred approach to care and support was in place. People's opinions were valued and people were supported to make their own choices. Staff demonstrated a good awareness of how to ensure people had choice and control over their lives. For example, they gave examples of how they laid out people's outfits at the start of the day to support them to choose something that they wanted to wear. People had a choice of what they did, and we saw staff asking people for their opinions on a range of topics from films to activities and food. People were able to personalise their living spaces. One person said to us, "I was allowed to pick my own wall paper I sat down with staff and went through pattern books until I found what I wanted." Staff respected people's rights to refuse care and support interventions.

In some instances we saw evidence advocacy services had been sought. We did identify one person who did not have family had no advocate for care plan review. We spoke with the deputy manager about this who

said they would arrange for an Independent Mental Capacity Advocate (IMCA).

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act and for example, made arrangements to ensure food prepared for people met their cultural and religious preferences. One person required a halal diet and this was provided by the service. Another person said they were Jewish, although they said they chose not to observe a kosher diet they said the registered manager supported them with their faith and kept checking if there was anything they could do to further support them. Other people were supported to attend church with staff each week. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People and health professionals all said that the service provided good quality care that met people's individual needs. People talked about how staff had helped them in time of need and to achieve positive goals. One person said, "The staff really look after me with my bad arm. While I've been using the commode they have been angels." People were able to give examples of how staff had worked with them to develop therapeutic plans of care to help improve their mood. For example, one person told us how staff had, "Helped me get music for my piano" and we saw staff had undertaken work with another person to assist the person pursue their interest in gardening. Health professionals said people who used the service achieved good care outcomes. A health professional told us, "My overall view is good, residents are happy and they deal well with people's needs. They follow advice and provide good care." Staff had a good understanding of the people we asked them about providing further assurance that appropriate care was provided.

Anyone thinking of moving into the home could go and visit to see for themselves if it was suitable for them. People could stay for a meal, spend the day there or have an overnight stay to make sure it was right for them. Prior to any admissions the registered manager or deputy manager made an assessment of people's needs to make sure the home was suitable. The service also provided respite care for people. The registered manager told us about one person who uses this service. This person regularly contacted staff by telephone to let them know how they were. When the person told staff they require more support, they involved their care co-ordinator and arranged for them to come and stay so they could get the additional support they needed.

We reviewed care plans which demonstrated people's care needs were assessed in a range of areas. Care plans were easy to navigate and it was easy to get a quick overview of people's care and support needs, together with their likes, dislikes and interests. Each care plan had goals and objectives and detailed what staff needed to do to meet those needs. These covered areas such as personal care, mental health needs and behaviours that challenge and were subject to regular review.

We saw the electronic notice board in reception which informed people if they wanted to discuss their care and support to speak with the registered manager or deputy. We asked one person if they had been involved in developing their care plan and they told us, "I could have input if I wanted to." We saw evidence of care reviews within people's care and support plans if people chose to be involved.

People said they had access to a good range of activities. We asked people about what activities were on offer. One person told us, "On Wednesday we have trips out on the minibus. These are good and everyone who goes enjoys themselves. We go on holidays as well. I am going to a keep fit class soon and I have got a 'passport to leisure' so I can get money off." Each person had a social activity care plan in place which detailed how staff should support them to live fulfilling lives.

The service employed an activities co-ordinator and there were a range of activities provided 'in house' such as arts and crafts, bingo and pizza making. The registered manager explained 'bingo' was a favourite and we

saw six people joining in with a game on the afternoon of our visit. People frequently made use of the minibus which allowed flexibility and a greater range of activities to be provided. Each Wednesday trips out took place on the service's minibus. One of the care workers told us the trips out were either pre-planned or they would decide on the day where to go based on the weather. Some of the places mentioned were Knowsley Safari Park, Yorkshire Wildlife park, Morecombe, Blackpool, Bridlington and The Royal Armouries. On the afternoon of our visit people went on a trip to Ilkley. We spoke with the registered manager and operations manager who were keen to promote and further develop a range of activities to encourage a healthy life style.

People who used the service were also supported to join clubs, adult education courses and participate in the local community. For example, walking, gardening, knitting and sewing groups.
The operations manager told us some people who used the service had a particular interest in gardening. The service had purchased a greenhouse where they had successfully grown tomatoes, however, the green house had been vandalised and was no longer in use. The plans for landscaping the garden included raised beds and a lean to greenhouse so people would be able pursue their interest at home. We concluded people were being supported to follow existing and new interests.

Everyone we spoke with felt comfortable raising issues with the manager but nobody had ever needed to make a formal complaint. One person said "If I'm upset I just let 'em know- both barrels and they do what they can. It's all a big compromise living here." A system was in place to log, investigate and respond to complaints. We saw there had been one complaint since the service had registered which was being responded to by the operations manger. Compliments were also recorded so the service knew the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

An experienced registered manager was in place. They were supported by a deputy manager and senior care workers. People, health professionals and staff spoke positively about the service and said it was well led. One person told us, "[Name of registered manager] is very fair, works hard and is a beautiful person. [Names of two of senior managers] come in regularly and are nice people who try to help."

Staff made the following comments about the management of the service, "[Name] strives and is passionate about what they do. If they want something doing they are hands on and get it done." "[Name of registered manager] is approachable, fair and I enjoy working for her. I would recommend the service." Another staff member said "The manager is approachable and listens" and another staff member said "It's great there, one of the best placed I have worked." Staff said they were proud of working at the service and would recommend it to their own relatives.

We found a positive and inclusive atmosphere within the home with people and staff interacting positively with each other. Staff were well organised and knew their roles and responsibilities well. The service had a clear aims and objectives in place to improve people's welfare and ensure they lived fulfilling lives.

Systems were in place to assess, monitor and improve the service. The management team undertook a range of audits and checks to ensure the service was operating effectively. We saw these were effective in maintaining a high quality service, although some audits and checks needed bringing up-to-date. Audits of the medicine management system by staff and a local pharmacy took place. Care plan audits were undertake as well as audits of the incident management system, the environment and equipment such as mattresses. We saw evidence these picked up issues and ensured the necessary improvements were made. Audits and visits were also undertaken by the operations manager on a regular basis to ensure they could monitor how the performance on the registered manager and service overall. A service improvement plan was in place providing a structured approach to driving further improvement to the service. This was populated based on environmental improvements and those identified during other audits and checks.

Staff meetings were regularly held. We saw these were an opportunity to discuss quality issues and make improvements to practice such as regarding care documentation. Staff also received an annual survey . We looked at the 2016 results which were mostly positive and showed that plans had been put in place to address any areas identified for improvement, such as lack of supervision and the need for an improved staff uniform.

Residents meetings were held on a monthly basis and were chaired by the activities co-ordinator. We saw from the minutes people were asked about the meals, activities and where they would like to go on trips out. People were also able to raise issues informally through regular contact with the manager who had an "open door" policy. Annual satisfaction surveys were sent to people to formally obtain their views on the quality of the service. We looked at the 2016 results which were overwhelmingly positive showing people were very satisfied with the care received. The results had been analysed to compare them to previous years and identify if any further improvements were needed. We saw some recent positive feedback had been

received from a relative, part of which stated "Our experiences with the home are excellent. Overall we see the home and its staff as an extended family and we are very grateful for everything they do for [person] and long may it continue." This positive feedback was consistent with our findings on the day of the inspection.