Persona Care and Support Limited

Elmhurst Short Stay Service

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

Elmhurst short stay service provides personal care and support for up to 27 people. Care is provided for people who require respite, short term, emergency or day care. The service is located on a bus route to several local towns and Manchester city centre. There are local amenities close by. There were sixteen people accommodated at the home on the days of the inspection. Seven bedrooms and a lounge area were closed for decoration and refurbishment.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook this inspection on 28 April and 03 May 2016. This comprehensive inspection was unannounced and conducted by one inspector.

We found the administration of medicines was safe. The system was audited to check for errors and staff had their competency checked regularly.

People who used the service said food was good. People were given a nutritious diet and had choices in the food they were offered. We saw meals were unhurried and staff interacted well with people to make it an enjoyable experience. People were supported to take their meals and drinks.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were

supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there was a good interaction between staff and people who used the service. Family members told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate and reach satisfactory outcomes for the concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. We saw several rooms were being decorated on the days of the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

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

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

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

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Elmhurst Short Stay Service

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 was an unannounced inspection and was conducted by one inspector on the 28 April and 03 May 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with six people who used the service (three in depth), a visitor, three care staff members, the cook, deputy manager and the registered manager.

There were 16 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said, "I definitely feel safe here", "Everybody is friendly and I feel safe" and "The staff look after you very well. There is no need to not feel safe." A visitor told us, "They have looked after my relative very well here. She is very safe here."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Bury social services safeguarding policies and procedures to follow a local initiative. The procedure was displayed in prominent places in the building. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Two staff members said, "I would be prepared to use the whistle blowing policy. I would report to safeguarding or higher management in Persona" and "I have completed safeguarding training. I know there is a whistle blowing policy. I would be prepared to use it if I have to. I would contact a higher manager, the local authority, police or Care Quality Commission (CQC). Any safeguarding incidents had been reported to us in a timely manner and been dealt with effectively.

Two people who used the service told us, "The staff keep the home very clean and tidy" and "They keep my room clean and tidy." A visitor said, "It is clean and tidy. Nearly every day one of us visits and it's always the same standard." During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

At this short term service people were asked to make their own arrangements for the laundering of their clothes and we saw this was part of the terms and conditions for using the service. Arrangements could be made to launder clothes if a person's stay became longer than expected. Other items that needed laundering, such as bedding, were taken to an outside contractor to keep them clean and fresh.

There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

People who used the service told us, "The staff are quick to answer any call bells" and "There are enough staff. There is always someone around day or night." On the day of the inspection we looked at the numbers of staff on duty. There was the registered manager, deputy manager, a senior care assistant, a medication officer, three care staff, a cook, waitress, a domestic assistant and two customer services staff. The off duty

showed that there were good staffing numbers.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that electrical and gas equipment was serviced. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, hoists and call bell system.

We saw there were maintenance staff who were available to decorate or repair any faulty items.

The temperature of hot water outlets were checked to prevent scalding and adjusted when required and radiators were covered or a type that did not pose a threat of burns.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, checking for faults and ensuring fire exits were unobstructed.

Two people who used the service said, "I get my injection and pills on time" and "I get my medicines on time, they are good about that."

People who used the service were responsible for bringing into the home enough medicines for their short stay. If people stayed longer than expected this could mean people ran out of their medicines. The service had made arrangements with a local pharmacist to supply medicines. Each week medicines were audited to ensure the service had sufficient supplies. If supplies were running low the service contacted the pharmacy, who in turn contacted the relevant GP and arranged for fresh stocks to be prescribed and delivered to the service. We saw that more staff hours had been allocated to provide two medication officers. Medication officers provided support to other staff who administered medicines and audited the systems to prevent errors.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. The policies had been updated to reflect current medicines practice. All staff who supported people to take their medicines had been trained to do so. We looked at ten medicines records and found they had been completed accurately. There were no unexplained gaps which meant the medicines had been given at the times stated in the records.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register. We checked the medicines stored and controlled drug book and saw the

records were accurate.

People who used this short term service often self-administered medicines. Self-administration was encouraged by staff to help people maintain their independence. Each person had a risk assessment to ensure it was safe for them to administer their own medicines.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines. There was also a homely remedies policy which gave staff advice on which medicines could be given without a prescription for common ailments for a short term solution.

We noted on the tour of the building all rooms that contained chemicals or cleaning materials were locked and did not pose a risk to people's health and welfare.

Good

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

Each person admitted to this service had their mental capacity assessed. If it was assessed that people did not have the capacity to agree to the terms and conditions of using the service the registered manager or another senior member of staff would apply for an urgent DoLS. We noted three people had needed a 'best interest' decision for them to use the service. The registered manager was aware to apply for a standard DoLS authorisation should a person's stay be extended. During our discussion with the registered manager it was apparent that she had a good understanding of when and how to protect the rights of people who may lack mental capacity.

There was information about mental capacity in the hallway which gave people the information they may need to contact an advocate or an independent person with mental health training. An advocate is a person who will support someone to help protect their rights and make sure any restrictions have the least possible impact.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were informed that meals were provided by an independent provider in the Community Café, known as the bistro, within the service. We were told that some initial problems had been overcome and the system was now working well. A care staff member told us, "Working alongside the bistro was hard at first but it is now working well. It is very good with a lot of families coming in. Communication is now much better. I would say that it is now more a meal for the people who live here and a Bistro second."

People who used the service told us, "The food is excellent. The waitress asks us what we want. Today I had soup, sandwiches and a choice of sweet", "The foods good, I had two meals last night. I was hungry. There are more than three choices. You can have what you want" and "The food is very good. You get plenty of choice with good variety. They ask you what you want. There are always at least two choices." A visitor said, "The food is very good and the service is good. Lots of choice."

We paid for a meal from the bistro and sat in the communal part of the dining area to observe lunch on the first day of the inspection. The cook and waitress asked people what they wanted and although there were menu's on the table explained what was available. We saw that one person sat with a relative. The relative asked for something that was not on the menu and we saw this was made for them. The lady who used the service said three of her relatives had eaten at the bistro and they had all enjoyed their meal. We found the food was hot, nutritious and tasty.

We saw that people received their meals promptly and were asked if they had enough to eat. Care staff came into the Bistro to provide support. One care staff member observed people to check they were taking sufficient food and fluids. Another care staff member encouraged people to eat and served drinks. At one time three care staff members were present to support people to take sufficient food and fluids. Each person had a nutritional needs assessment in their plans of care. The assessment highlighted any special needs but also what a person could do for themselves for staff to encourage independence.

We talked to the cook. We saw that the cook had received notifications from care staff for any person who had nutritional needs, for example, a person who may be a diabetic. She said she had been trained to provide any special diets. The kitchen was clean and tidy and had attained the five star very good rating from environmental health which showed the cook followed safe practices. There was a record of food served to follow for an audit trail. The cook we spoke with, who was present when the bistro first opened said originally it was planned for it to be more community based. They had decided to concentrate on providing good, well balanced meals for people who used the care service and for community links to develop over time. From our experience at this inspection it was working for the benefit of people who used the service.

People were sat around tables of four and although people may only be in for a short period of time there was a good social atmosphere with staff and people talking to each other. People were offered choices of hot or cold drinks and condiments provided for people to flavour their food to taste.

There was provision for people to have snacks and drinks outside of the bistro opening hours, for example, tea and crumpets or cakes.

People had their weight recorded and we saw that people had access to specialists such as speech and language therapists (SALT).

A visitor told us, "[My relative] has been here two weeks and one day and it has been fabulous. I found she has been looked after and cared for. If there are any problems they have professionals on hand." We saw from looking at three plans of care that people had access to specialists and professionals. People were also supported to go back home and following an assessment staff may arrange a care package to help people remain independent. Where this was not possible people were also assisted to find residential accommodation. We spoke with one person who told us how staff were taking her to view different care homes to help her find one that was suitable to her needs.

New staff were given an induction when they commenced working at the service. From looking at staff files and the training matrix we saw that many staff had been employed at the service for some time. Staff were shown around the service, introduced to the staff team, had to familiarise themselves with key policies and procedures and informed about the arrangements in case of a fire. One staff member we spoke with had completed this induction but had gained an NVQ in health and social care prior to joining this service. We saw from looking at the staff files one new staff member was enrolled on the care certificate and the registered manager said all new staff who did not have a formal qualification would complete this training.

The care certificate is considered to be best practice for people new to the care industry. However this staff member was currently on sick leave so we could not see the progress they had made.

Three people who used the service told us, "The staff are well trained. Nothing seems to be any trouble and they do it with a smile", "The staff are very pleasant. They come and help you at any time even in the middle of the night and they all seem to be well trained" and "They are very well trained but they are very calm and not officious. They are very good at what they do." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Some staff had received training in care of people with dementia, Autism, behaviours that challenge, end of life care and the prevention of pressure sores. Staff were encouraged to take a recognised course in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Two staff members we spoke with said they completed enough training to feel competent in their roles and told us they were enrolled on refresher courses to update their training.

From looking at staff files and talking to staff we found staff were supervised and supported. 1 – 1 sessions were held regularly and gave staff the chance to discuss their needs. We saw each staff member had an annual appraisal. Some team meetings were designed to fulfil staff supervision needs. Two staff members we spoke with told us, "I have just come back from maternity leave. I have already had a 1 – 1 session to discuss my training needs and I am on a moving and handling course tomorrow" and "I have supervision every few months and you can bring up anything you want to." Staff were able to discuss their training and career needs.

People who used the service told us, "The rooms are very nice. I sleep very well here", "The room is spotless. They change the bedding regularly. A lovely soft duvet and it is nice and warm. This is the best home I have been in and I have been in a few" and "The room is very comfortable. I Have made it like my own little room."

We toured the building on the day of the inspection. Seven rooms and a communal area were closed for decoration. All the rooms we visited were well furnished, nicely decorated and homely in style. Although this service provides short term accommodation only we did see that people could bring items in to personalise their rooms.

People were able to sit in the lounge areas or their rooms if they wished. We saw that newspapers were provided in one on the communal areas. We saw people made use of the conservatory. There was secure outside space with seating and raised flower beds for people to use in good weather. We looked at the plans for the garden areas. The service had won a substantial monetary award to upgrade the garden area to provide more opportunities to help in the garden and to be involved in the development of a small animal petting farm. We saw a notice board where people were asked for their ideas to help them be involved in the project. The service planned to liaise with other organisations such as 'dementia friends' to include the local community. We discussed the project with two people involved in the initial planning and it was hoped the work would be completed in the next two months or so.

The plans of care we looked at showed people who used the service had signed their agreement to care and treatment and to be photographed. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and ensured they got the support they wanted.

Good

Is the service caring?

Our findings

A visitor told us, "The staff are very friendly and helpful. They talk to people really nicely. [My relative] is going home and there is a care package arranged for tomorrow to make sure she is cared for." Three people who used the service told us, "I think it is a brilliant service. The staff are really good. It has been lovely here. You cannot fault it, the foods good, and the beds comfortable. They will do what you want. The staff are exceptional" and "It is very nice here. The staff are all very nice. They are very helpful. It is very relaxing here." People were satisfied with staff and their care.

Two toilets close to the dining room, which originally were for staff and visitors only were now available for use for people who used the service. These facilities were much easier for those dining to use and helped protect people's dignity.

We observed staff during the day. We did not see any breaches of a person's privacy and staff delivered care in a professional and polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.

Visiting was unrestricted and we saw some people receive their visitors in communal areas or their rooms if they wished. We saw the bistro was used for the purpose intended with a relative taking a meal with a family member.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better.

There were basic details around end of life care, for example which family member would provide information should a person's health decline. Some staff undertook end of life training which would help them provide sensitive care and offer support to bereaving families.

Good

Is the service responsive?

Our findings

A relative told us, "The care has been very good for my relative. She has improved since she has been here. They helped get her back on her feet. The whole package has helped. They kept me informed of any changes. They have been very helpful."

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home. Arrangements were also made for people to go back to independent living or move into residential accommodation. We saw the service liaised well with other organisations to achieve this.

We looked at three plans of care during the inspection. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

On the day of the inspection all the people we spoke with did not have any concerns or complaints about the service. There was a suitable complaints procedure located in the hallway for people to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw that the one complaint that had been made some time ago had been investigated using the procedures to reach a satisfactory outcome. The complaints and compliments log was mainly comments and cards from people who had appreciated staff and the care they had received when using the service.

Two people who used the service told us, "I am happy coming in here. You can relax in your room, watch television and read. I like to read the newspaper" and "I love reading. I join in whatever is going on. I like being with other people." People's hobbies and interests were recorded in their plans of care.

There was an activities co-ordinator employed to provide people with activities. We saw the weekly program of events. The service also had use of local authority transport. The co-ordinator told us she held a monthly forum with people to see what they wanted to do. Activities included film shows, arts and crafts, trips to a

bowling green, quizzes, pamper days, tea dances in the afternoon, dominoes, line dancing, armchair exercise, gardening, bingo and going out to places of interest or day centres.

There were dementia friendly days held in the bistro, entertainers came into the home monthly and special event days were held, for example, Mother's day or Easter. A trip had been planned to go on the East Lancashire Railway. People were also taken out shopping and to local markets. One of the people we talked to said they went on any trips or joined in the activities and one person said they preferred to do their own thing.

There were regular meetings held for people who used the service to discuss the service. At the meeting of April 2016 people were able to discuss activities, which people were satisfied with but would like more in the evening, food, the attitude of staff, which was very good for permanent staff but not as good for agency staff, the cleanliness of the home and a reminder that it was safer to keep valuables in the safe. Everybody got the chance to speak and put forward their views.

Good

Is the service well-led?

Our findings

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A visitor said, "The staff are friendly and polite from the manager down. They are very pleasant. You can talk to them all." Three people who used the service told us, "I have been very happy in here. I could recommend this home to anybody. It cannot be beaten", "You can talk to the manager and if she can help she will do" and "I have enjoyed being in here. I have improved since I came in here." Two staff members said, "We get good support. The new manager is excellent, very approachable and she is good to the customers. More hands on than previous managers and she will come on the floor to help us" and "The managers are very supportive. There is a good staff team." People we spoke with thought there was a supportive management structure.

There was a recognised management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed.

There were regular recorded meetings with staff. Topics on the agenda included customer care, a buddy system for improving the quality of care plans, the new bathing diary, care plans, CQC inspection, mental capacity and best interests, and medicines administration. All staff were able to contribute to the meetings. There were further meetings for medication officers and senior care staff to improve the quality of the service.

The registered manager conducted audits of any complaints, customer file and support plan audits, medication audits, the kitchen and catering, infection control, environmental hazards, cleanliness, and an environmental audit which looked at hazards inside and outside of the building. The registered manager also looked at any incidents or accidents to spot trends and where possible reduce risks. The registered manager was supported by the operations director who conducted a regular audit to check on the quality of service provision. The registered manager conducted audits and analysed the results to help maintain and improves the service.

We looked at policies and procedures which were updated regularly. The policies we looked at included the MCA and DoLS, managing behaviours that challenge, safeguarding, whistle blowing, infection control, complaints, end of life, health and safety and medicines administration. The policies we viewed gave staff sufficient advice to follow good practice.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed. This also included supporting people to move back to their own homes or to choose a residential care home.

We saw ten survey results from January 2016. People were asked for their opinions around cleanliness, the environment, meals, activities, medical support, staff attitude and respect and overall satisfaction. We saw the results were generally very good. One person was satisfied with everything except the food. Comments included, "Thanks for sorting my medication out", "It was a lot better stay than I expected", "The younger staff are more helpful", "There's plenty to eat and a good variety. Activities are enjoyable and keep the brain active. The staff treated me very well and always had time for me. The stay and the way you looked after me was very good" and "I enjoyed doing the line dancing."