

Butacare Limited

Victoria Cottage

Inspection report

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28 April 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Victoria Cottage is registered to provide accommodation and support for up to 12 people with learning disabilities and complex needs. On the day of our visit, there were nine people living at the service.

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

Our inspection took place on 25, 26 and 28 April 2017 and was unannounced.

At the last inspection, the service was rated Good.

The inspection was undertaken as part of our routine re-inspection programme, to review the rating from the first comprehensive inspection completed on 3 June 2015.

At this inspection we found the service remained Good.

The service was extremely caring and all staff worked very hard to support people to feel unique and individual. The leadership of the service and the staff worked in conjunction in a well-coordinated way to focus their full attention on each person and provide them with truly person centred care. We observed that staff treated people as individuals and that people were happy and confident in the way they were supported by staff. People and their relatives reported this was always the case. Relatives shared their positive experiences with us and told us about examples where staff had gone the extra mile to give someone the care and support they needed in order they received excellent, high quality care. This high standard of care enhanced people's quality of life and wellbeing. Staff were passionate about providing people with support that was based on their individual needs, goals and aspirations.

There was an open and positive culture within the service of treating people with dignity and respect. The staff and the registered manager were always visible and approachable and listened to people and their relatives; they offered them choice and made them feel that they mattered. Staff spent time with people so they knew them and their needs. People and the staff knew each other well and these relationships were valued. Care was really planned around people's individual preferences and this included their spiritual and cultural wishes. People's diverse needs were considered and their human rights were respected.

People's needs were met in an exceptionally person centred way. They were supported to plan their own care and to pursue the life they wanted to live. The staff showed empathy and understanding and supported people with interests and helped them to feel more confident in their life skills. Care and support was person centred and focused on the needs and wishes of the people who lived at the service. Their individual needs were well known by staff who had an exceptional knowledge of the people who they were caring for and

provided the support and care they needed.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service. People had risk assessments in place to enable them to be as independent as they could be whilst remaining safe. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent. There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Systems were in place to ensure people's medicines were managed in a safe way and that they received their medication when they needed it.

Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and adequate amounts of food and drinks of their choice. The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. There was an effective complaints system in place which was used to drive future improvement within the service. There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

The service was led by a registered manager who had the full support of staff. The culture within the service was open and transparent and enabled staff to be motivated to drive improvement to ensure high quality care for people. There were robust systems in place to monitor the quality of the service and make improvements when these were identified. Quality assurance systems were used to obtain feedback, monitor service performance and manage risks.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff that had the right skills and knowledge to carry out their roles and responsibilities. Staff training and supervision was up to date and given on a regular basis.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People had developed strong and positive relationships with the staff. People's care was provided with warmth and compassion in a way which respected their independence and empowered them to retain and develop a variety of life skills.

Staff cared for people in a supportive and collaborative manner. There were positive interactions taking place with people at the very heart of the service delivery with staff going above and beyond to ensure that people received the right care.

Staff had a good knowledge and understanding of people's support needs and what was important to them. Staff worked closely with people and their families to ensure they were always actively involved in all decisions about their care and treatment.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Victoria Cottage

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 25, 26 and 28 April 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with people during individual tasks and activities. We spoke briefly with four people who used the service, and three relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two professionals who had involvement with the service and received additional written feedback from one other healthcare professional. We reviewed additional written feedback from people's relatives. We spoke with the registered manager, the deputy manager, and two members of care staff. We also spoke with the local authority to gain their feedback as to the quality of care that people received.

We looked at four people's care records to see if their records were accurate and reflected their current needs. We reviewed three staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks. This was with the intention of ensuring that the service maintained a robust oversight of the delivery of care.

Is the service safe?

Our findings

People felt safe and secure, both in the service and with the care they received from staff. One person smiled when asked if they felt safe. Another person nodded their head in acknowledgement of the same question. A relative told us, "I know that [Name of Person] is safe there. I have no worries at all." All of the relatives we spoke with made similar positive comments about people's safety within the service.

Staff had a good understanding of the signs of abuse and how to report it, and records confirmed they had received training in this area. One staff member said, "If I had any concerns at all, I would report what I have been told to the manager or senior. I know I can go the police or you (Care Quality Commission) if I need to." We found there was a current safeguarding policy in place to guide staff, and saw that the service had notified the Care Quality Commission (CQC) of any incidents as required.

People had risk assessments in place. Staff felt able to understand and follow these to ensure people's safety. A relative told us, "Everything is risk assessed to keep people safe." One staff member said, "We make sure risk assessments are up to date and done in the right way. They are important as they help us to keep people safe." Assessments had been carried out to identify risks across different areas of a person's life including personal care and mobility. Where risks to a person were high, clear guidelines and prompts for action were present for staff to follow.

Staff were recruited safely into the service. The registered manager told us, and records confirmed that all staff went through pre-employment checks before starting work.

Relatives told us there was enough staff working at the service. One relative said, "There are always enough of them on duty, they have the time to help people." Staff said that staffing levels were good, and that the registered manager would help out with providing care when the team were particularly busy. One staff member said, "We have a good solid team." Staff rotas confirmed the staffing levels were consistent with the amount of staff on shift during our visit.

Medicine was administered safely and stored appropriately. Medication Administration Records (MAR) were present and accurate in all the records we reviewed. Staff told us, "[Name of Registered Manager] has had each individual's medication reviewed and reduced where necessary, all staff are now medication trained and get regular observations and support." The individual medicines we checked were all in date, and checks such as storage temperature and medicine audits had taken place regularly.

Is the service effective?

Our findings

Relatives said that staff understood people's needs well and had received the right training in order to provide them with appropriate care. One relative told us, "They just know what to do, how to react." Another relative said that the staff were well trained and had the right skills and knowledge to meet people's needs in the right way.

Staff told us, and records confirmed that they had completed the provider's induction training programme which continually assessed their competency. The induction programme supported staff to understand people's needs and gain experience in a supportive environment. New staff were commenced on the Care Certificate which further assessed their skills and knowledge of essential standards of care. New staff worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently. They undertook core training courses including manual handling, food hygiene and safeguarding which helped them to understand the basic skills they required to support people effectively.

Staff enjoyed undertaking training as it helped them to provide good quality care that was relevant to the needs of the people. One staff member said, "We do have a lot of training. This has improved since the last inspection. It all helps to make us give good quality care." Staff received a variety of refresher training designed to maintain their knowledge and skills. The registered manager encouraged them to complete additional training where this was relevant. Records confirmed that staff were appropriately trained and supported to meet people's individual needs.

Staff also received regular supervision and an annual review of their performance. One staff member said, "We have regular supervisions and we can talk about anything we need to." If staff had any problems or questions between supervisions they told us they could go to the registered manager or deputy manager, who everyone said was really approachable. Records confirmed that supervision sessions were provided to staff on a regular basis.

Staff ensured that people consented to care and support before assisting them with their needs. Our general observations confirmed that people were given the opportunity to give their consent to care and that their decisions were respected. One member of staff told us, "We always ask first and respect people's decision." We observed that staff asked people if they were happy to move from the lounge to the dining room or from their bedroom to the lounge. Staff were aware of the importance of ensuring that people had consented to care and support.

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. Staff told us, and records confirmed, that people had mental capacity assessments in place, that were decision specific and relevant to their care needs. These had been completed with appropriate people

and followed best interest principles.

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. The registered manager explained that they had applied for DoLS assessments for relevant people. People who needed to have their liberty deprived had been assessed and approval had been gained.

People enjoyed the food provided by the service. One person smiled when we asked if they had enjoyed their breakfast. A relative said, "The menu is always good and varied, catering for all tastes." Food was freshly cooked and portion sizes were appropriate to people's appetites. Meal times were relaxed and people were supported to move to the dining area or eat in their preferred place at a time of their choice. All staff had a good awareness of people's dietary needs and ensured an appropriate and nutritionally balanced diet was provided to people.

People and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. One professional told us, "We were particularly impressed with recent care given to a resident by staff, night and day, and observations and adhering to all expected guidelines and standards of care at that time, involving all necessary professionals, communicating and keeping all informed of developments." We found that GPs attended the service when required to offer advice and support. Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists to ensure that any additional health care requirements were monitored and associated needs were met.

Is the service caring?

Our findings

People and their relatives were very keen to share with us how happy they were with the care that was given. One relative told us, "The care and attention is at a really high level; the staff encourage ways for people to leave the house. I get photographs of [Name of Person] and feel really involved in everything. It is really brilliant; lovely staff who are all hands on. I really can't fault them." This relative considered that staff worked really hard to ensure people had high quality care, had full access to every opportunity and felt that each and every staff member was extremely caring.

Another relative said, "The staff are friendly and supportive to both residents and their families and the client's needs are always of paramount importance. The staff take pride in their work and have an understanding and empathy with all of the residents." A third relative told us, "The staff are very special, in that they really like the residents and have a good relationship with them. The home actually looks and feels like a home rather than just a building housing people."

In the written feedback we reviewed, we also saw lots of positive praise from relatives about the care people received. One relative had commented, "I feel they go out of their way." We also read, "We appreciate the care and attention that [Name of Person] receives as this is not a nursing home, so they go above and beyond the call of duty." People and their relatives considered that staff were truly sensitive towards their needs, showing high levels of compassion and empathy.

Comments from professionals stated, "The approach of staff is without a doubt caring. Over time, I have seen the positive result that this has on these individuals' well-being, as they display more confidence and willingness to participate in different experiences." Another professional told us, "Staff are always thinking about people's needs. They make sure they are person centred and inclusive. They work really, really hard and are such a caring bunch of people." We saw that with the support offered by staff there had been a direct impact upon the vocal ability of one person; their speech had improved, they were able to engage more with others and participate in further activities which had given them an improved quality of life.

Staff constantly thought about differing ways they could help people. For example, one person has been supported to have a relationship; this had helped to empower them and made them feel loved and valued. Professionals considered the service enabled people to grow in confidence and that this was because staff considered their work to be more than just a job. They told us how people had made vast improvements in their health and well-being since moving to the service and that staff consistently ensured that person centred care was provided to enable this to continue happening.

Everyone involved with the service commented on the exceptionally caring approach that staff held. It was evident that people, their relatives and professionals were very thankful for all the care and kindness shown to people. The provider placed a strong emphasis on the importance of family and friends in ensuring people were happy, comfortable and well supported.

We heard numerous examples of where care and support from staff had really benefitted people's lives and

had a significant impact upon them. For example, one person had previously self-neglected and not got dressed all day for several months. A staff member worked hard to develop a trusting and meaningful relationship by taking them out in their car wearing day clothes over their pyjamas, gradually extending this further and further until pyjamas and dressing gown were dispensed with. The next stage of this process was to go out shopping for new clothes, followed by a meal out. Relatives and staff considered that this was a huge achievement; progress photos were sent to the person's relatives who really enjoyed seeing the huge changes being made. The person's confidence grew and enabled them to attend a wide variety of opportunities which resulted in them meeting up with old friends, and staff learning a school days nickname that even their relative was unaware of. We also heard how staff supported the same person when they underwent extensive medical procedures, by staying with them and holding their hand throughout the entire procedure.

Staff developed a motivational system for another person, which involved them receiving a smiley face for having meals. This process altered their sense of personal responsibility and gave them some ownership of personal care tasks. It enabled staff to work on brushing teeth which had previously been avoided. The way in which staff built up positive relationships, enabled the person to better engage and embark on a reducing dose of medication which resulted in improved alertness, mobility and appetite.

Another person was supported to remain in the service for end of life care; this was their choice. When hospital admissions were required, staff would stay with them through every admission, and would visit each day so they saw a familiar face. At an end of life meeting staff agreed to stay with the person constantly to provide food and hydration. This enabled them to become well enough to return home where they eventually passed away. Relatives really felt that staff had gone above and beyond in the provision of this care; it was more than a job, they really wanted to give the very highest quality of care to the person. They felt that staff were truly dedicated to their roles.

Another person communicated mainly through gestures; staff therefore needed to be skilled to understand and engage with them. When a new keyworker joined the team, we heard how they worked hard to change people's perception of the person so they could enjoy a more productive way of life. They made small changes with an immediate impact; there was a resulting reduction in incidents and the person's self-esteem increased by working on everyday things, choosing clothes or which direction they would start off from when going for a daily walk. The person now experienced the world in a different way and has increased in confidence and gained in independence. One staff member commented, "Like Nanny McPhee my goal with [Name of Person] has been accomplished so now I will help someone else to see the world and people in it differently."

The registered manager told us how the service recognised the importance of staff continuity and relationship building for people and worked hard to instil good and caring attitudes in the ethos of staff. A great deal of thought had also been invested in the environment, and the impact of attention to detail on mood and behaviour, for both service users and staff. This had reaped benefits and seen a reduction in behaviour traits and a further decrease in prescribed medication. The underlying factor in these improvements within people's conditions was the trusting and mutual relationships that had been formed between staff and people, enabling them to access interventions and skills they had not previously been able to, or willing to do so. People and their relatives felt able to rely on staff and trusted them implicitly.

Within the service, there was a relaxed atmosphere and we observed that staff prompted people instinctively. The registered manager informed people of our reason for visiting and invited them to talk with us freely. They told us that people deserved to know who was in their house and to be able to say what they wanted to.

Throughout our inspection we observed extremely warm, caring and friendly relationships between people and staff. People were comfortable and at ease with the staff that supported them. Staff were not worried about being tactile, for example, we observed them offering comfort to someone, using a gentle tone of voice to enable them to feel secure. We also saw staff singing with people to music, not worrying about what they looked like and having an enjoyable time. One person was ready to leave for the day centre, and we saw that when staff passed by, they commented on their smart appearance. We later heard how when they were on the way to the day centre, they pulled out a pair of sunglasses and placed them on with joy. Records confirmed how the care and support of staff had enabled this person to flourish and take a pride in their appearance, to engage more in activities and enjoy a better life.

Staff felt it was important that people were happy and had an exceptional quality of life. One staff member said, "I love the people here and I like the staff team. We all really care about each other." Staff were extremely happy in their roles and worked hard to ensure that people received the very best of care and support they needed. This motivated ethos enabled people to flourish and was based upon a team approach which placed people at the very heart of everything. Staff were highly motivated and committed to people who used the service.

Staff supported people to remain as independent as possible. One person was determined to be able to do things for themselves and liked to help clear plates, do laundry and help tidy up with the support of staff. We saw how much enjoyment they gained from this. It was evident that they felt at home and able to discuss with staff what they wanted to do and to work towards their goals. People's individuality and diversity was recognised by staff and consistent attempts made to provide people with everything they would have had, should they have been in their own home. People and their relatives had been fully involved in the planning of their care in order for this to happen. Any changes in condition or need were incorporated into care plans to ensure they remained reflective of current needs.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They told us how they realised one person's dignity was greatly affected by automatically returning their dirty jacket to their room when arriving home from the day centre. The person was now encouraged to take the jacket to the laundry room where it was cleaned overnight. Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs. When people could not verbally express their needs, staff knew what people's non-verbal cues meant and addressed their requirements in a timely manner.

Staff told us they always knocked on people's doors before entering their bedrooms and made sure doors and curtains were shut during personal care. One staff member told us, "We respect people's rights and give choices, for example in personal care or with what activity to do." We found that staff worked hard to ensure people were treated in a dignified manner, not only during personal care but also during activities where explanations were given to people in a way they could understand. Support was all inclusive for everybody who wanted to participate, there were no barriers.

Is the service responsive?

Our findings

Prior to moving into the service, we found that people were assessed to make sure that their needs could be met. We saw that most people at the service had been living there for a large number of years, so we could not review any recent admissions. However we heard from people's relatives how they had been involved in the process of gathering information when they were first admitted to the service.

As a result of this initial process, people received care that was personalised to their needs. One relative told us, "They help [Name of Person] to do the things they like; they always ask us for information and keep us updated. We are fully involved in all aspects of care." Another relative said, "We are involved, every step of the way. Any changes, any new thing, we are told." One staff member told us, "People have a right to be cared for like they want to be, so we need to understand what they like. The care plans really help us with that." Another staff member said, "The care plans have a lot of information in them, they tell us what we need to know. We also learn a lot from the hands on care we give though."

Care plans contained detailed and personalised information about people's history, likes and dislikes. Staff members recorded daily notes so that information was able to be shared with staff coming on to shift. This meant there was an up to date record of a person's on-going care for staff to access. People's needs were regularly reviewed and updated as required. Staff felt they were able to input to people's care and changes they suggested were listened to.

People and relatives were able to discuss matters in meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated and acted upon as a result of things that people had said within the meetings.

People were able to take part in a range of activities and relatives spoke highly of the activities that people undertook. These included art and craft and attending day centres or clubs. We also saw that themed events were regularly held around times of the year such as Easter and Christmas. Both relatives and staff spoke about how enjoyable these activities had been and how much had been gained from them. One relative told us, "The home goes out of its way to find activities for my brother which are special to him and which he enjoys."

A healthcare professional told us in respect of activities, "It is clear to see that staff are familiar with each residents' personality, needs, likes and dislikes. Support workers ensure that necessary information is shared with volunteers so that residents are supported safely and appropriately." We were also told, "During the sessions, staff from Victoria Cottage have displayed commitment to ensuring that each resident that attends the club is involved in the activities of their choice, but are also stimulated to explore beyond their comfort zone and to develop their confidence and enthusiasm by actively participating in group games and social situations." Staff told us, "Our service users are now part of the community attending various fetes, events, open house and diversions. We regularly go for meals out and our service users have chosen to holiday together for the past three holidays." Staff had invested time and effort in ensuring people were provided with a range of options to provide them with engagement and stimulation.

People and their relatives were aware of the formal complaints procedure in the home. A relative told us, "Oh, I don't need to complain but I know they would always listen to me if I did have a complaint." All complaints and concerns were recorded and actions and responses were created and carried out for each of the complaints made in accordance with the provider policy.

Is the service well-led?

Our findings

The service was led by a registered manager who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People knew who the registered manager was and we observed that they had a visible presence in the service. This enabled people to speak frequently with them and voice any concerns or just to pass the time of day. We observed that people smiled when they saw the registered manager and openly sought to spend time with them.

One relative told us, "The manager is really very good; all the staff are. They keep in regular contact with us and we know we can ask them anything at all." Another relative told us, "The manager and deputy are both very good. We have no problems at all now that they are on board." In the additional written feedback we reviewed, relatives and healthcare professionals were also very positive about the registered manager and the provider and confirmed how amenable and approachable they were. Everybody was keen to highlight the improvements that had been made to the service over the past couple of years; ranging from environmental changes to improvements in staffing and provision of care.

We found that there was positive leadership in place at the service which enabled staff to fully understand their roles and responsibilities and also meant that the day to day management tasks could be completed efficiently. None of the staff we spoke with had any issues or concerns about how the service was being run and were extremely positive about the leadership in place. One staff member said, "[Name of Registered Manager] is really great, we all get on well together; we are like one big family here now." Another staff member told us, "[Name of Registered Manager] has made a lot of changes here for the better. This has had an impact upon people, they seem more settled and happier." The positive management structure in place enabled staff to feel valued. As a result of this ethos, we found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to and suggestions would be acted on. Staff told us how much they enjoyed working at the service because of the family based philosophy of care that existed. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff told us the meetings were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff said that communication was good and they could influence the running of the service.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us that frequent audits had been completed. Records confirmed that audits had been undertaken in areas such as infection prevention and control, medicines administration, staff recruitment files (with right to work visas checked) and fire safety systems overviewed to ensure that emergency equipment was kept safe and in working order. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.