Woodfield Care Home Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Woodfield Care Home is a registered nursing home providing accommodation, personal and nursing care for up to 36 people. Accommodation at the home is provided over three floors, which can be accessed using passenger lifts. There is a secure garden at the rear of the building. The home is location in a quiet residential area of Halifax.

We inspected the service on 26 July 2016. On the date of the inspection 35 people were living in the home. At the last inspection in September 2013 the home was found to be compliant with all of the legal requirements inspected at that time.

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.

People and relatives provided very good feedback about the service. They said that the care and treatment provided was appropriate and met people's individual needs. They said people were safe in the home and they were encouraged to raise any concerns by the registered manager. They told us that both staff and the management team treated people well with dignity and respect and delivered care in a friendly and caring manner.

Safeguarding procedures were in place and we saw evidence they had been followed to keep people safe. Risks to people's health and safety were assessed and risk assessments put in place for staff to follow. These were subject to regular review.

Recent increases had been made to staffing levels and we found they were sufficient to ensure people received timely care and support. New staff were subject to appropriate recruitment checks to ensure they were of suitable character to work with vulnerable people.

The premises was safely managed. Regular maintenance was carried out to ensure it was kept in good condition. It was adapted to the needs of people with appropriate signage and people were encouraged to personalise their bedrooms.

Medicines were managed in a safe manner. People received their medicines as prescribed and at the times they needed them.

People and relatives praised the food provided by the home. We saw people received sufficient choice and variety of food and the mealtime experience was positive with people supported in a caring and attentive manner.

People were cared for staff who had the right skills and knowledge and who received appropriate training and support.

People, relatives and health professionals told us healthcare needs were met by the service.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, decisions were made in their best interest and care was provided in the least restrictive way possible.

People were treated with dignity and respect by staff who understood people and their individual needs. People were listened to and their opinions respected.
People's needs were assessed prior to admission and appropriate plans of care put in place. These were subject to regular review to respond to changes in people's needs.

A system was in place to log, investigate and respond to complaints. The service took action to learn from complaints and incidents.

A range of appropriate activities was provided to people by activities staff.

People and relatives spoke positively about the way the service was run. The staff team worked well together and there was a pleasant atmosphere within the home.
The management team undertook a range of checks and audits to assess, monitor and improve the service. We saw these were effective in driving continuous improvement.

People's views were regularly sought and used to make improvements to the home.

## 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 told us they felt safe and able to approach the registered manager with any concerns. Risks to people's health and safety were assessed and plans of care put in place for staff to follow.

People received their medicines as prescribed, at the times they needed them. Staff administering medicines had received appropriate training and adhered to good practice.

There were sufficient quantities of staff deployed to ensure people received safe and prompt care. Staff were of suitable character to work with vulnerable people.

### Is the service effective?

Good

The service was effective.

People and relatives praised the staff team and said they were effective in their role. Staff had access to a range of training which was mostly up-to-date.

People and relatives praised the food. We saw there was a good choice available and where nutritional risks were identified, action was taken to protect people.

People's healthcare needs were assessed by the service and appropriate plans of care put in place. We received and had sight of good, positive feedback from local health professionals about the home.

### Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for, indicating their personal care needs were met by the service.

The service took time to understand people's lives in order to provide personalised care.

## Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to admission and appropriate plans of care put in place which were followed by staff.

Activities staff were employed who provided people with a varied range of activities to help meet social needs.

A system was in place to log, respond and learn from complaints.

## Is the service well-led?

Good

The service was well led.

People, relatives and staff all praised the way the service was managed and said the registered manager was approachable and dealt with any issues that arose.

The management team undertook a range of daily, weekly and monthly checks to ensure the service operated to a high standard. These were effective in identifying and rectifying issues.

People's feedback on the service was sought both on an informal basis and through more formal mechanisms such as residents meetings and surveys.

# Woodfield Care Home Limited

**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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 July 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service and five relatives. We spoke with the registered manager, the deputy manager, two registered nurses, one team leader, two care assistants, the chef, one of the activities co-ordinators, the hairdresser and a housekeeper. We also spoke with three health and social care professionals who regularly worked with the service.

We looked at three people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures. We 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.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications 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 completed and returned to us in a prompt manner and we took the information provided into account when we made judgements in this report.

Good

# Is the service safe?

## Our findings

Medicines were managed safely by the service. People received their medicines as prescribed and at the times they needed them. The administration of medicines was undertaken by both registered nurses who administered medicines to nursing residents and trained team leaders who administered to residential residents. The team leader we spoke with told us they had been provided with appropriate training to administer medicines safely. They told us the registered nurses provided support and input when required. Competency checks were undertaken on staff to ensure they had the required skills and knowledge to administer medicines safely.

Some medicines have to be given at certain times such as before food. We saw arrangements were in place to ensure these were given at the correct times. Where people received variable dose medicines or medicines on set days each week, we found these medicines were given correctly. We saw staff supported people to take their medicines in a calm and friendly manner explaining to people their medicines and what their purpose was.

We looked at medicine administration records (MAR) and saw they were consistently completed indicating people received their medicines as prescribed. We undertook a random count of medicine stocks and found the number in stock matched what should have been present. This indicated people had received their medicines consistently as prescribed.

Medicine administration records were mostly pre-printed by the pharmacy and contained the required information to aid safe administration of medicines. In a small number of cases, hand written MARs were in place. These were checked by a second member of staff to ensure they were accurate.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely, with appropriate records kept detailing the amount in stock and any administration. Administration of these medicines was checked by a second member of staff. Stock checks of controlled drugs were undertaken daily to identify any discrepancies.

We saw 'as necessary' (PRN) medicines were supported by written instructions which described situations, frequency and presentations where PRN medicines could be given. Staff we spoke with had a good understanding of when these medicines should be offered and we saw them offered appropriately during the inspection.

Medicines were kept securely, either within the locked medicines trolley or within the locked medicines cupboard. Whilst administering medicines staff were diligent not to leave the medicines room or trolley unsecured. Temperatures of the medicines room and fridge were monitored and these were generally within permitted limits. Systems were in place to ensure medicines were ordered in a timely way and disposed of appropriately.

People using the service told us they felt safe at the home. One person said, "Yes, I feel safe here." A relative told us, "I know Mum is safe here and I can leave and don't worry." People told us that they felt able to approach the registered manager with any issues. Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and how to raise any concerns. We found referrals had been made and liaison taken place with the local authority over identified safeguarding concerns. Where incidents had taken place, clear preventative measures were put in place to prevent a re-occurrence.

We concluded there were sufficient staff deployed to ensure safe care. The registered manager explained they used a dependency tool to make sure there were enough staff on duty to meet people's needs. The use of this tool had identified the staffing levels needed to be increased in the mornings and this had been done. Our observations of the care and support provided showed these levels were sufficient to meet people's current needs. This was confirmed in our discussions with staff, who felt there were enough staff. They explained the additional carer was able to supervise the lounge and dining area to make sure people's needs were responded to quickly. We saw staff were available and present in communal areas and worked well together to ensure people's requests for assistance were dealt with promptly. People and relatives we spoke with also said there were enough staff available to ensure safe care and support.

Safe recruitment procedures were in place and we saw evidence they were followed. Prospective staff completed an application form and detailed their employment history and qualifications. Checks were completed on staff character to ensure they were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining satisfactory references and ensuring an interview was held. Nurse pin numbers were subject to regular checks to ensure they were still registered to practice.

People's care records contained identified areas of risk. Risk assessments were in place for falls, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, people who had been assessed as being at risk of falling had 'falls mats' in place. These mats trigger an alarm if the person starts to get out of bed so staff can offer assistance. This meant staff were identifying risks to individuals and taking action to reduce those risks. Where accidents occurred, these were investigated and preventative measures put in place to keep people safe.

We found the premises was managed safely. We asked people if they were happy with the accommodation. One person told us, "It's very nice here and very clean." Another person said, "It's nice and homely and there is plenty of room." A third person told us, "It's always clean and tidy and I have a nice bedroom." A relative told us, "They have done lots of renovations over the last twelve months and have bought new carpets and furniture. This has made the building more homely."
We looked around the building and found it was well maintained. We saw the lounges and dining rooms had been redecorated and refurbished to a high standard and the secure back garden area could be accessed by everyone as a ramp had been fitted. People told us they had enjoyed sitting outside in the nice weather.
We looked around the building and found it clean, tidy and odour free. We spoke with one of the housekeepers who told us there were enough staff to keep the home clean and tidy. Recent work had been undertaken to the toilet extraction systems to reduce odours in the ground floor area. We saw the food standards agency had inspected the kitchen in April 2014 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely and hygienically.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Good

# Is the service effective?

## Our findings

People and relatives said staff had the appropriate skills and knowledge to provide effective care. Health professionals we spoke with also told us this was the case. New care workers were required to complete the Care Certificate. This ensured that new staff received a standardised induction in line with national standards. Staff also received an induction to the homes policies and procedures and ways of working.

Periodic training updates were provided to all staff in mandatory subjects such as manual handling, dementia, safeguarding and the Mental Capacity Act (MCA). The registered manager told us that training compliance had lapsed at the start of 2016 but that there had been a recent push to ensure staff were up-to-date in mandatory subjects. On reviewing training records, we found this was the case with staff now largely up-to-date with required training. The registered manager also sought to discuss topics such as safeguarding and the Mental Capacity Act with staff on a regular basis to ensure they understood key training topics.

Staff received specialist training in areas such as end of life care and catheter care, appropriate to their roles. We concluded training systems were effective as staff we spoke with had a good understanding of the subjects we asked them about. Staff were encouraged to complete recognised qualifications in health and social care. The registered manager had recently completed a level 5 management qualification which was also being undertaken by the clinical lead and a team leader. Care workers were supported to achieving level 2 or 3 qualifications in health and social care.

Staff received periodic supervisions and appraisals. This assessed staff performance and set goals to help ensure continuous improvement of staff skills. We saw these were largely up-to-date although some nursing staff were overdue their supervision.

There was a low turnover of staff with a stable staff team. This helped build expertise within the team and help ensure people received care from familiar faces with appropriate knowledge, and experience.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 home had thought carefully about whether people were being deprived of their liberty, undertaken capacity assessments and made appropriate DoLS referrals where they were concerned that people's liberty

may be being deprived. We saw seven standard authorisations were in place, with no conditions attached by the supervisory body. Further applications which had been made to the supervisory body for other residents were awaiting assessment. The registered manager and staff understood who had DoLS authorisations in place and what this meant for these people. We saw care and treatment was delivered in the least restrictive way possible, with people given freedom to move around the home and access the garden area.

Our discussions with the registered manager demonstrated they had a good understanding of the MCA and how it should be applied in the home. Care plans showed where decisions needed to be made, people's capacity was assessed. Where people lacked capacity a best interest process was followed for example, around a decision to give medicines covertly to one person.

We saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNAR) forms were completed appropriately in discussion with people who used the service and/or their relatives and signed by relevant professionals.

We observed care and support and saw people were given choices as to how they spent their day and what they wanted to eat. People were asked for consent before being offered care and treatment.

We asked people about the meals at the home. One person told us, "The food is very nice." A second person said, "I like the food." Two visitors told us their relatives had both put on weight since they had moved into the home. Staff told us when they were working a long shift they were permitted to eat the meals and told us they were very good.

We saw people were offered a choice at breakfast which included porridge, cereals and toast as well as a cooked option. People were offered hot and cold drinks during the morning as well as biscuits and fresh fruit. We observed the lunchtime meal and saw the dining tables had been set with table cloths, cutlery, crockery and serviettes. Menus were displayed on each table and on the blackboard in the dining room. People were offered a choice of cold drinks with their main meal and a hot drink after. We saw people were offered a choice of meal and when people needed assistance from staff we saw this was provided in a caring and compassionate manner.

The chef had a good knowledge of people's dietary preferences and told us how they fortified foods for people who were at risk of losing weight. They also told us if people 'fancied' something which was not on the menu they would make it for them.

We saw people's weights were monitored closely and records showed people were mostly maintaining their weight. We saw some people's nutritional intake was monitored closely, with additional fortified drinks/snacks being given. We saw from the daily records the nurses on each shift checked the food and fluid charts and commented on whether or not the person had received sufficient nutrition and fluids. We concluded this monitoring ensured people were receiving adequate nutrition and hydration.

We saw one person had been losing weight over time. Their records showed staff had involved the dietician and GP and followed all of their advice. However, the person continued refusing offers of food and would only drink water. We concluded staff had taken all of the correct action to mitigate the risk of this person being nutritionally compromised.

We found people's healthcare needs were being met. We spoke with two health professionals who were visiting and they told us, "The staff are welcoming and lovely. They always have time to spend with us to discuss individual cases. They contact us if they have any concerns and follow any advice I give them. I enjoy

coming here as they are proactive in their approach," and, "I had a good reception when I arrived. I was given the care plan for the person I had come to see, and the nurse was informative. The staff are proactive, very responsive and follow any advice they are given." One person using the service told us, "If you are poorly, like I am at the moment they [the staff] come and see you and make sure you are all right. They will get the community matron or the doctor if you need them."

Two visitors told us both of their relatives health had improved since they moved to Woodfield Care Home. One of them said, "Within a week of moving in [person] had been seen by the GP, dentist and podiatrist. It has been life changing for [person] moving here. The staff know exactly what is going on and we can always speak to a nurse when we phone up and they are very informative." The other visitor told us, "Staff pick up on stuff straight away and any medical needs get a quick response." People had access to health care professionals to meet their specific needs. During the inspection we looked at three people's care records. These showed people had access to appropriate professionals such as GPs, community matrons, dentists, opticians and speech and language therapists.

Good

# Is the service caring?

## Our findings

People and relatives we spoke with all provided positive feedback about staff and the registered manager and said they were kind and caring. One person told us, "The staff are smashing." Another person said, "We all get on alright. The staff are kind and will help you, they are very good." A third person told us, "They [the staff] are kind and helpful, it's a nice place this." A relative told us, "When I walk in I see the registered manager and breath a huge sigh of relief, her door is always open and she always has a nice smile on her face. Staff are all wonderful." Another relative told us, "Couldn't have wished for a better place. All staff are very nice, everything is perfect. " A third relative told us, "I can't speak highly enough of the staff. I heard them chatting to[person's name], they didn't know I was there, and they were so nice. I also know [person's name] gets lots of cuddles." A fourth relative told us, "I am over the moon with the care. Staff are like family and they don't just care for [person's name], they care for me as well. There is a lovely atmosphere here."

Feedback we reviewed from questionnaires sent to people, relatives and health professionals showed that everyone felt staff treated people with dignity and respect. For example, we reviewed one comment made by a health professional which stated, "Residents I have visited are always treated with dignity with a person centred approach." During the inspection a visiting health professional also told us, "The staff are pleasant and helpful and I have never seen any poor practice. They genuinely care."

Our observations of care and support confirmed to us that people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment. We found there was a pleasant, relaxed, calm and friendly atmosphere in the home. Staff were upbeat and smiling and this had a positive effect on people using the service. Staff used both verbal and non-verbal communication techniques to interact appropriately with people. We saw staff reassuring people, for example, during hoist transfers and if they became distressed.

We saw people looked well cared for. People were wearing clean clothing, men had been shaved, people's spectacles were clean and their hair had been brushed or combed. We also saw people wearing hearing aids. One relative told us staff always made sure their relative was wearing theirs. This showed us staff were supporting people who had hearing impairments to communicate effectively.

People's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. People's clothing had been put away tidily in wardrobes and drawers. This showed staff respected people and their belongings.

We saw staff supporting people to be as independent as possible, for example, encouraging someone to hold their own drink, before offering them more assistance. Staff explained this person was living with dementia and sometimes they could be more independent than others, so they always encouraged them to do things for themselves before offering assistance.

People and relatives said that they were familiar with staff and that staff knew people's individual needs well. The staff team was stable with a low turnover which allowed good positive relationships to develop between people and staff. Information on people's likes, dislikes and personal histories was obtained by the activities co-ordinator when people started using the service. Staff we spoke with understood how people liked to be cared for. This demonstrated the service had taken the time to learn what was important to people to help provide individualised care and support.

All of the relatives and visiting healthcare professionals told us they were made to feel welcome and were offered a drink. We also saw visitors could have a meal with their relative if they wished.

People's views and opinions were listened to by staff. We observed a culture of asking people for their consent before assisting with care and support, and staff respecting people's decisions. People were asked what they wanted to eat and drink and what they wanted to do throughout the day. People were able to raise their opinions informally with staff and the registered manager on a daily basis but also more formally through a 'manager's surgery' held each Friday, care plan reviews and periodic resident meetings.

Where people were approaching the end of their life appropriate care planning and liaison took place with relevant health professionals. Anticipatory drugs were ordered to ensure people would have access to pain relief when they needed it. We spoke with one relative about the end of life care provided to their relative. They said it couldn't have been better and the staff and home provided attentive and personalised care in a dignified and sensitive manner.

Good

# Is the service responsive?

## Our findings

People and relatives told us that people's needs were met by the service. For example one relative told us, "They understood exactly what was needed and provided excellent care."

We looked at three care files and saw people had been assessed before they moved in to make sure staff could meet their care needs. One relative told us, "One of the nurses went to assess [relative] in hospital, before they offered [relative] a place. She has improved so much since she moved here." Another relative told us how much better their relative was because they were receiving the right care and support. The relatives we spoke with all told us they had been involved in the care planning process, and felt involved in their relatives care and support.

Care records were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences. The reviewing nurse who was visiting told us the care plans and documentation had improved and monthly reviews were always up to date. We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered. We saw the reviews gave a good overview of people's well-being for the previous month and identified any new issues.

The home operated a 'resident of the day', with each resident being focused on once a month. The registered manager explained that on this day, the person's room was subject to a deep clean and the person's health and wellbeing was reviewed in detail including their care plan. This helped ensure people's care and treatment was subject to regular review and helped identify and respond to any changing needs.

A '10 at 10' meeting took place on a daily basis where nursing staff and management had a quick chat about the home and people's care and support needs. This, together with the handover between care shifts, helped ensure any changes in people's needs were well communicated and action was taken to respond to people's changing needs.

Reasonable adjustments were taken by the service to meet people's diverse needs. For example, we saw action had been taken to ensure culture appropriate diet and mealtime experiences were provided and people had access to religious services if needed.

People using the service told us activities were on offer to keep them occupied. One person told us, "We had a Gala day on Saturday, it was a smashing affair, and we made £500." A relative told us, "They have a tablet computer and use it to do reminiscence and for discussion. Some afternoons they get a singer in."

The service employed two activities co-ordinators who worked Monday to Friday, six hours each day. We saw four different activities were available each day and details of these were on display in the main entrance. We spoke with one of the activities co-ordinators who told us people using the service were able to choose whatever activity they wanted. Some activities were for groups, such as ball games and quizzes, whilst others were provided on a one to one basis. They also told us about a computer based reminiscence

programme they were using. They told us this generated a lot of interest and discussion with people and was really useful to use with people who spent time in their bedrooms. They told us they also used it, for example, if they were talking about a particular film to find a clip of the film to show people. This showed us people were being provided with occupation and stimulation.

A new hairdressing salon had been created on the ground floor, which was in use on the day of our visit. We spoke with the hairdresser who told us this had helped to reduce some people's anxiety as they could see other people having their hair washed and dried. One relative told us the visits to the salon were a really good experience as the hairdresser was very skilled at reminiscing with people.

The service had worked with university students to provide additional stimulus and opportunities for people. For example, one student had recently been on a placement at the home to undertake dance therapy. This had provided people with the opportunity to dance or move to music with the aim of improving and/or maintaining their mobility.

Complaints were well managed by the service. We saw the complaints procedure was on display in the hallway. We also saw details of the registered manager's surgery, which was available every Friday from 2pm. This gave people the opportunity to discuss any issues or concerns face to face. People who used the service and relatives told us if they had any concerns they would feel able to raise them with the registered manager or another member of staff. We saw two complaints had been received in 2016 which had been investigated and responded to appropriately. This showed us people's concerns were taken seriously and responded to.

Good

# Is the service well-led?

## Our findings

People and relatives spoke positively about the way the service was run. People and relatives praised the registered manager and said she was friendly, approachable and dealt with any queries or concerns effectively. Relatives said that the home had a nice atmosphere, and they particularly liked the friendly and personalised approach. One relative told us, "Registered manager is very nice, they are happy to help, everything is perfect."

Staff told us morale was good and they were happy working in the home. We found there was a positive atmosphere within the home with the staff team working well together.

A registered manager was in place. They were supported by a deputy manager, registered nurses and team leaders. The home was overseen by an area manager who visited regularly to undertake audits and checks and provide support to the home where needed. Well defined roles were in place, with staff clear about their responsibilities.

Statutory notifications were reported to the Commission by the service. This allowed the Commission to monitor events which occurred within the service.

Systems were in place to assess, monitor and improve the quality of the service. The registered manager and staff team undertook a range of audits and checks to provide assurance that the home was operating to the required standards. This included monthly audits of care related indicators such as people's weights, pressure sores, and any complaints. Where concerns were identified such as weight loss, we saw appropriate action had been taken to address through adaptions to care plans and liaison with health professionals.

Audits were also undertaken in areas such as care plan documentation, infection control, medicines and the premises. Although we were satisfied action was taken to address audits findings, some audits such as infection control audits would benefit from an action plan to clearly set out what action had been taken and within what timeframe following negative findings. The manager also undertook a daily walk around the building to check whether people were happy and the home was running safely.

The area manager also undertook monthly visits which looked at wide range of areas including documentation, compliance with the Mental Capacity Act, speaking with people and checking staff knowledge. Their report formed a service improvement plan which the registered manager worked through on an ongoing basis, updating actions.

Following a local authority and clinical commissioning group visit early in the year, we found a number of improvements had been made to the service including improving training provision, the environment and some furnishings such as bedding. The registered manager assured us that following these issues being identified by these external bodies, new checks and audits had been put in place to ensure issues such as these were promptly identified and rectified by the service itself in the future.

Accidents and incidents were logged and investigated by the service. Accident forms provided evidence that preventative measures were put in place following incidents, such as falls or behaviours that challenge, to help prevent a re-occurrence. These were subject to monthly analysis to look for any themes or trends.

Staff and health professional feedback was also sought by the service through an annual survey. We reviewed the results of the 2015 survey which showed positive comments from both staff and health professionals who were happy with the way the service operated.

People's feedback was regularly sought by the service. People and relatives said the registered manager was very hands on and dealt with many issues informally and to their satisfaction. Formal mechanisms to provide feedback were also in place. Periodic resident meetings were held and we saw these were an opportunity for people to provide feedback on areas such as the food, the environment and provision of activities. An annual survey was also sent out to people and relatives asking them about the quality of the service. We reviewed responses received in 2014 and 2015 and found they were mostly very positive about the service. The registered manager also held a surgery every Friday where people were able to discuss any issues about the service..

The service was contributing to research being undertaken by a local university. This aimed to improve people's mobility and independence in care facilities. Staff had been provided with training to increase their understanding and awareness of the importance of ensuring people were kept as active and mobile as possible. The registered manager told us this training had already had a positive effect on staff. As part of the research people within the home had agreed to have their mobility monitored by the university. The results of this research were to be shortly shared with the home with recommendations on how to further improve practice in the area. This demonstrated the service was committed to continuous improvement through working with research organisations.