

Barchester Healthcare Homes Limited

Kenwyn

Inspection report

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Truro
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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

This unannounced comprehensive inspection took place on 12 January 2016. The last inspection took place on 2 June 2014, the service was meeting the legal requirements of the legislation at that time.

Kenwyn is a nursing home which offers care and support for up to 109 people. At the time of the inspection there were 97 people living at the service. Some people were living with physical disabilities, long term physical health and mental health conditions including dementia. The service comprises of a large detached building over two floors. The service was divided up in to four units.

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

We walked around the service which was warm and comfortable. Bedrooms were personalised to reflect people's individual tastes. People were treated with kindness and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identifying when errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff were supported by a system of induction training, supervision and appraisals. However, staff were not receiving supervision according to the policy held at the service, which stated staff should be supervised four times a year. More specialised training specific to the needs of people using the service was being provided, such as dementia care. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

There were staff dedicated to providing 80 hours a week of activities for people at the service. However, the activities provided were not meaningful and relevant to people's specific interests and abilities.

The registered manager was supported by a deputy manager and senior staff from the four units at the service. The provider supported the management team with regular visits from the area managers.

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 using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People received their prescribed medicines in a timely safe manner.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with an induction programme, supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People did not always have meaningful and relevant activities provided for them.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team.

Kenwyn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 January 2016. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who lived at the service. Not everyone we met who was living at Kenwyn was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five visitors, 10 staff and three visiting healthcare professionals during the inspection. Following the inspection we received feedback from four healthcare professionals, one family of a person living at the service and six night staff.

We looked at care documentation for seven people living at Kenwyn, medicines records for 33 people, five staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Kenwyn. Comments included; "I find the place is safe for (the person)" and "I feel quite safe thank you."

One visitor told us; "It is much better recently, there are more staff and they are happier staff."

Visiting healthcare professionals told us they considered Kenwyn a safe and caring environment and were happy to agree placements with the service

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training and updates on Safeguarding Adults. Some staff were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The service held a policy for staff to refer to should they need to raise any concerns.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. The registered manager told us they had lowered one person's bed and placed a mattress on the floor next to their bed to help ensure they were not injured when they climbed out of bed. This was as a result of auditing their falls.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and some of these items had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. A nurse told us that sometimes the labels came off the product and took us to three people's bedrooms where the prescribed creams were clearly labelled with the date the item was opened.

The service was holding medicines that required stricter controls by law. The nursing staff recorded regular checks of these medicines. We checked four items against the records held and these tallied.

The service was storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily to help ensure any fault with the refrigerator would be noticed in a timely manner. This meant the safe cold storage of medicines could be assured.

Some people required to have their medicines given to them covertly. This had been assessed and agreed

by the person's GP and this consent was displayed in their medicine records for staff.

An audit trail was kept of medicines received into the service and those returned to the pharmacy. An external pharmacy audit had been carried out in September 2015 and had raised no concerns. The service regularly audited their medicine administration practices and procedures. These audits had highlighted some errors. Most of the medicines used by the service were in blister packs dispensed by the local pharmacy. However, some medicines were dispensed loose in boxes. These boxed medicines were regularly counted and checked against the records to ensure they tallied. Some errors had been identified and the registered manager told us this had been attributed to the use of agency staff at night who were needed to cover vacant posts. The service was recruiting staff at the time of this inspection and there was an induction for new staff taking place during this inspection.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, staff were guided to ensure the person was wearing good fitting shoes or slippers to ensure they did not trip and fall. One person liked to have quiet space around them and did not like people entering their bedroom and touching their things. The service had installed a sensor and alarm at their bedroom door so that anyone entering this person's room alerted staff immediately and they could be distracted and diverted away.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. For example one person who had exhibited such behaviour, had been provided with one to one support. This meant the person was free to move around the service as they wished and helped reduce the risk to other people and staff. Care records contained information for staff on how to avoid some behaviours and what to do when incidents occurred. For example one care plan guided staff to approach the person from the front as their peripheral vision was poor. If the person did not see staff approaching it surprised them and could lead to them becoming distressed.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the service. It included details of their mobility and any equipment required to evacuate them if needed. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service had vacant posts for four night nurses and eight care staff. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. On the day of this inspection one staff member was off sick. There were 21 care staff with four nurses supported by a manager on an 8am to 9pm shift. Night staff worked 8pm to 8am. Agency night staff were being used regularly to cover vacant night staff posts. Staff were happy working at the service, they were a good team, worked well together and that morale was good. One staff member told us; "We have been short but we pull together to help each other." Staff and visitors confirmed that staffing had increased recently at the service and everyone felt there were sufficient staff to meet people's needs provided no one was off sick at short notice.

Is the service effective?

Our findings

People told us; "It's nice here," "I vary my bedtimes and staff respect this" and "It's not bad living here, my son thinks it is one of the best." Staff told us; "I love it here, it's really organised. I get a lot of support from the nurses and the manager is very keen on the training," "Support is good here, they (management) listen to me and provide what we need" and "Best I have ever worked in. Good team work." One family told us; "We are over the moon, (the person) is so much better, they are content and come on leaps and bounds."

Visiting healthcare professionals told us the nurses at the service appeared clinically knowledgeable about people living at Kenwyn. Staff had followed the guidance provided and some people had improved during their time at the service. Staff took time to ensure people had adequate fluid intake. Fluids were available throughout the service.

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

The premises were in good order and there were no unpleasant odours in any area of the service throughout this inspection. There was a programme of refurbishment in progress throughout the service at the time of this inspection. Carpets were replaced and bedrooms and communal areas were redecorated regularly. Ensuite bathrooms were being replaced with wet rooms and showers to reflect people's changing needs. Some bathrooms and toilets were clearly marked with pictures and bedroom doors had nameplates with people's names and some had photographs to aid recognition. Staff told us people were asked what they would like on their doors. People were able to decorate their rooms to their taste, and fill them with their own possessions and familiar things. One of the units at the service cared specifically for people living with dementia. This unit had not yet been refurbished and signage and orientation throughout this unit did not always support people's need for orientation to their surroundings. The registered manager told us this was being taken into consideration when the planned work took place in the near future.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Comments included; "I want to go on to do nurse training and they (management) are being very supportive with training" and "There is no lack of training the manager is very hot on training."

Records showed staff training was monitored and updates were provided as needed. Training was provided in different formats both face to face and via electronic learning packages. The staff notice board held notices advertising opportunities for staff to sign up for various courses that had been arranged in the coming weeks. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care.

Staff received some supervision. The service policy stated staff should be provided with supervision four times a year. Staff told us they did receive supervision but not so regularly. Comments included; "I had my

first supervision nine months ago," "Managers welcome new ideas. I am happy to go to management if I have a problem" and "We discuss problems every day, nurses meet every week with management to pass on any problems." Staff felt able to access support at any time from management and nurses, and no staff felt they lacked support. Appraisals were carried out with staff annually. This was an opportunity for staff to reflect on the past years work and identify any development that may be beneficial to the staff member.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any staff new to the role to undertake the Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The registered manager had added falls training, Mental Capacity Act training and information about the Duty of Candour to their existing induction programme to help ensure all aspects of the Care Certificate were covered. We spoke to two new staff who confirmed they had found the two week induction very beneficial. One commented; "I feel very good, I like this job, I was new to care and I have found this job very interesting. I like to make people happy." Part of their training had included the 'lived experience'. This put new staff in the position of being a person receiving care. For example, being fed by another person whilst blindfolded and being moved in a hoist. The purpose of such powerful experiences for new staff was to help them to understand how people may feel whilst receiving such care and be able to empathise.

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 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 was aware of changes to the legislation and had a good understanding of the MCA and DoLS. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. One person who lacked capacity to make their own decisions did not have any family to support them. The service arranged for the person to have an independent advocate to assist with decision making in the person's best interests. People who required potentially restrictive care plans had had these assessed and authorised by the DoLS team. Any conditions imposed by the authorisation were being followed by the service.

Staff received training in the MCA and DoLS and were able to tell us how they helped ensure people's legal rights were protected. For example, giving people choices and seeking their consent before providing care. Comments from staff included; "(the person) capacity is limited they have no real insight into their health condition but is still able and capable of making decision in her day to day life" and "They (the person) likes to live in a messy cluttered environment. The management have had to intervene a bit as it is so full up with stuff we cannot get the hoist in there sometimes. They have capacity to make their own decisions however, the bathroom is used by the person as storage of their stuff. It is everywhere. We have to ask them to tidy up a bit so we can provide for their needs but it is a compromise and they can refuse as it is their right to live as they wish."

The service had received a four staff rating from the food standards agency inspection in October 2015. Two issues raised had been addressed at the time of this inspection and the service was awaiting a return

inspection in the near future. We observed the lunch time period in one of the dining rooms. The food looked appetising and staff were seen sitting with people assisting them as needed. People told us the food was good and they were offered a choice. We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting new residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. They told us about one person with very specific dietary needs and that they visited this person every day to discuss their meals and how they would like them prepared.

Staff had 24 hour access to the kitchenettes on each unit. People were able to have snacks at any time of the day such as cheese, crackers, toast and cereals as well as any hot or cold drinks they wished.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example staff had noticed a person's food intake had reduced and they were losing weight so they began monitoring their total intake for three days. Staff were recording people's intake at the time of this inspection and we saw this was done regularly and in detail. The information gained from this monitoring was then discussed with external healthcare professionals and a plan of action was put in place. For example one person was referred to the speech and language team for assessment of their swallow. People's files contained specific details of how much fluid was sufficient for them in 24 hours to guide staff.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. The service provided physiotherapy two days a week at the service for up to 30 people. We were told one person arrived at the service for palliative care and improved so much they were able to go home which was very satisfying for the staff. Two visiting healthcare professionals were positive about the care provided at Kenwyn and that any guidance they provided was followed and any changes were reported to them effectively.

Is the service caring?

Our findings

People told us the staff were kind and caring. Comments included; "They (staff) are very kind to me" and "The staff are absolutely lovely." Relatives comments included; "It is always so welcoming and friendly, the staff are very helpful" and "There has been a high staff turnover but they are all very kind and gentle with (the person)." Families told us they felt they were involved in their family members care. Some visited daily and assisted their family member with meals. Visiting healthcare professionals told us they found the staff to be caring and kind. Staff spoke about people respectfully and fondly.

Some people required equipment to move them safely and staff used hoists and slings to do this. We saw hoists and communally used slings in the corridors throughout the service during this inspection. Sharing slings does not respect people's dignity and can be an infection risk. We were told some people currently shared slings but the service had ordered many new slings in order to ensure that each person had their own in future. We saw these slings had arrived in the management office.

During our tour of the service there were unnamed continence products in the toilets on the units. These products were being used by care staff communally. This meant people were not always being provided with the product they had been specifically assessed for and this did not respect their dignity. The deputy manager agreed such unnamed products should not be used communally and that carers should only use the product that had been specifically provided for each person according to their needs.

We spent time in many of the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's privacy was respected. For example one person's records stated they liked their own space and quiet. Staff were guided to help the person find quiet areas and avoid noise. Some people chose to spend time in their rooms and this was respected with staff visiting regularly to help ensure they did not become too isolated.

Care plans contained some life histories. This is important as it helps care staff gain an understanding of what has made the person who they are today. However, some people who were living with dementia did not have such information in their care plans regarding their past lives and interests. This meant staff did not have information to help ensure conversations and activities were relevant and meaningful for the person.

Bedrooms were decorated and furnished to reflect people's personal tastes. Some people's bedrooms were full of possessions that were particularly important to them. People found it helpful to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

People and their families were involved in decisions about the running of the home as well as their care. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished. Meetings held for people who lived at the service included families who wished to attend. The last residents meeting held in January 2016 discussed the on-going refurbishment of the units and the potential for some noise and disruption which will be kept to a minimum, activities, and laundry issues.

We asked people about their experiences of the laundry service at Kenwyn. People and families told us they had no concerns about the laundry service. The registered manager told us that sometimes unnamed items did not get returned to their owners or delicate items were damaged in the laundry. The service always replaced anything that got damaged in the laundry and families were encouraged to take all new items to the laundry for labelling if possible.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of some people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

Is the service responsive?

Our findings

People who lived at the service told us; "Staff come as quickly as they can" and "Staff look after me well when I am unwell." Relatives told us; "Staff seem to know what they are doing, they always speak knowledgeably about (the person)" and "We are very happy with the care, this is the best place for (the person)."

Staff told us they knew people well and how to provide their care in a responsive way. One told us; "(the person) hears and understands but may use 'yes' and 'no' incorrectly, they express their wishes with their body language and can use the call bell. We tried using picture cards but it did not work and they were unable to use them."

The service provided 80 hours a week of activities for people living at Kenwyn, provided by a co-ordinator and two activity staff seven days a week. However, throughout this inspection we did not see any specific activities being provided for people. Care plans contained little record of meaningful relevant activity being provided for people according to their interests and abilities. The programme we were given consisted of daily newspaper and bar trolley rounds. Flower arranging, bingo and singing once a week and room visits for people who were confined to bed. We spent time in communal areas on one unit where people were living with dementia there was no arranged activities to occupy people. We asked about life histories and were told they depended on the care plans for this information. The activity staff told us; "We don't have any communication with other activity co ordinators in the group, we are isolated" and "We are the last to know when someone passes away or new people arrive, we are playing at it really." The management team agreed the level of activities was an issue they had identified and were working to improve the levels of activity for people at the service. Over Christmas we were told there were many activities provided including a pantomime and staff talent show. Live animals were bought in to the service for people to enjoy. People had access to secure outside garden areas.

Some people chose not to take part in any activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. Care plans contained information and guidance for staff detailing how many staff were required to

care for the person safely and how often they required care. People's preferences and dislikes were clearly detailed. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity to attend care plan reviews and sign in agreement with the content of care plans if they wished. Families told us they did attend such reviews and found them helpful.

Each unit had 'resident of the day' when their care plan was reviewed and checked to ensure it contained accurate up to date information. During our inspection staff told us that the 'resident of the day' for today was reviewed by staff yesterday as they knew we may be short of staff today. This meant the staff were supporting each other in their teams.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff attended a shift handover each day in the morning and at night where each unit discussed all the people and their specific needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff told us they mostly worked on the same unit. This meant there was continuity for the staff and people received care that was provided in a consistent manner by a regular staff group. Each of the four areas of the service had a 'head of unit' who oversaw the staffing, audits and smooth running of the unit. However, there was one head of unit vacancy at the time of this inspection. This unit was being supported by the deputy manager during this time.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were available in the entrance to the service. This contained contact information for the service, the Care Quality Commission and the Ombudsman. The registered manager told us of one concern that had been raised with them. This had been responded to and resolved to the satisfaction of the complainant. Compliments had been received by the service thanking staff for their care and kindness.

Is the service well-led?

Our findings

People living at the service told us they felt the management team were visible, approachable and responsive to any issues raised with them.

Staff told us the registered and deputy manager were approachable and friendly. Comments included; "We have a good relationship with the managers," "Managers welcome new ideas," "The managers are very good you see them walking around" and "Nurses are given supernumerary time to catch up. The manager has been very good at giving us extra time while we are short of nurses."

Relatives told us; "I have found the management a little defensive in the past when I have tried to raise concerns, but the nurses are great and I have no concerns about anything here at the moment" and "The management contact us whenever it is necessary and we feel we can speak with them at any time."

External healthcare professionals told us they found the service to be well managed and that the staff were good at communicating and responding to people's changing needs.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager, nursing team and care staff. The registered manager told us; "We are not quite there yet, we are definitely work in progress, but we are getting there. The deputy and I try to be available and visible to everyone, staff and families as well as the people who live here." The service had recently increased staffing levels and carried out a number of audits of the processes used by staff such as continence product assessments in order to address a number of past concerns raised by staff and members of the public.

Staff told us they felt well supported through regular staff meetings. There were systems in place to support all staff. Night staff had staff meetings held in the evenings an hour before their shift started and were paid for their time. The night staff told us they were given lots of time to undertake training and supported to be involved with the running of the service. Meetings were an opportunity for staff to raise any concerns and discuss any care issues or matters related to the running of the service. Staff commented; "They really do listen to what we raise at meetings, we asked for some new bags for holding continence products as the ones we had were not fit for purpose and they got them" and "We told them we did not have sufficient staff at times and they increased the staffing levels."

The registered and deputy manager worked in the service every day providing care where needed and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example medicines, infection control and record keeping.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids, electric beds and wheelchairs were regularly checked to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.