IVY LEAF CARE LIMITED

Ivybank Care Home

Inspection report

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Date of inspection visit:
09 May 2016
10 May 2016
16 May 2016

Date of publication:
08 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9, 10 and 16 May 2016. The first day was unannounced.

The home is registered to provide nursing care and accommodation for up to 38 older people, some of whom may be living with dementia or have complex healthcare needs. During our inspection there were 35 people living at the home. This was the first inspection of Ivybank Care Home since a new provider took over from a previous provider in November 2015.

Ivybank 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.

People we spoke with told us they felt safe in the home and told us how the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm. People were supported by staff who had received training on how to protect people from abuse. Despite this we saw some isolated incidents of poor staff practice that did not promote people's safety. This included a member of staff letting in a visitor to the home without checking their identity.

Effective recruitment and selection procedures were in place and appropriate checks had been undertaken before new staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with people.

There were not always enough staff on duty to ensure people's needs were met. Recruitment was in progress to ensure there would be sufficient numbers of staff available to meet people's individual needs. We reviewed the systems for the management of medicines and found that people received their medicines safely.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs and preferences. People told us they were involved in the planning of their care and were asked how they wanted to be supported. Staff were kind and caring, and respected people's privacy however we observed domestic staff not seeking permission to enter people's bedrooms.

The registered manager had approached the appropriate authority when it was felt there was a risk people were being supported in a way which could restrict their freedom. Staff had been provided with training about the Mental Capacity Act 2005 (MCA) but not all staff were aware that Deprivation of Liberty applications had been submitted for some people.

People were offered a range of food, drinks and snacks that met their cultural, dietary and health needs.

Some people expressed their views about the lack of variety of the meals but the provider was already in the process of consulting with people and updating the menus.

People had access to a range of healthcare when this was required.

There was a programme of activities available within the home which involved various group activities and less frequently, activities on an individual basis. The frequency of activities was reduced when the activity worker had to cover for other staff absences. The provider had plans to improve the range and frequency of activities on offer to people to provide stimulation, and to reduce the chance of people being socially isolated.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints. People and their relatives said they knew how to raise any concerns and most were confident that these would be taken seriously and looked into.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always supported by adequate numbers of staff to meet their health and social needs. Recruitment was underway to improve upon this situation.

People told us that they felt safe living at the home. Staff in the home knew how to recognise and report potential risks of abuse. Some isolated incidents of poor staff practice did not promote people's safety.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had been trained to ensure they had the knowledge and skills to support people who used the service.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service but not all staff were aware that Deprivation of Liberty applications had been submitted for some people.

People had access to healthcare when needed. People had enough to eat and drink and menus were under review to make sure they met people's preferences.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity and privacy was not always promoted and respected.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People who used the service had their needs assessed and received individualised support.

People did not consistently have access to interesting activities that would provide stimulation and reduce the chance of social isolation. The provider was taking action to improve this.

People and their relatives knew how to raise concerns and most were confident that these would be taken seriously and looked into.

Is the service well-led?

Requires Improvement

Some aspects of the service were not consistently well led.

People, relatives and staff said the registered manager and provider was approachable and available to speak with if they had any concerns.

There were systems in place to monitor and improve the quality of the service provided, however these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

Ivybank Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 9, 10 and 16 May 2016. The first day was unannounced. The inspection was undertaken by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor had experience of providing nursing care to people who use this type of service.

We looked at the information we already held about the service. This included information received from relatives, from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with eight people who lived at the home and with five relatives. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day.

We spoke with the registered manager, nominated individual, company director, a cook, one nurse and five care staff. We also spoke with two health and social care professionals. We looked at the care records of five people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. The provider sent us further information which was used to support our judgment.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Ivybank. People described some of the actions staff undertook to ensure they felt safe and to ensure that they received reassurance and support about things they might become anxious about. Comments from people included, "I feel safe because there is always someone around." "I feel safe when I am assisted with having a shower or a bath," and "I feel safe because I have a call bell and when I call they soon come and ask what the problem is even at night." When asked who they would speak to if they didn't feel safe, people told us they would talk to the staff.

During our visit there were some occurrences that had the potential to put people at risk of harm. Whist no actual harm occurred we brought these to the attention of the registered manager who assured us he would discuss the occurrences with the staff concerned.

On arrival at the home one of the inspection team was let into the building by a member of staff. They were not asked who they were and were left alone in the foyer without other staff being made aware of their arrival. This did not show robust systems for checking visitors to the home.

We looked at the arrangements to assist people with their mobility needs. One person's relative told us, "I have seen members of staff hoisting residents and they take great care and speak to them and explain what they are doing." We observed staff assisting people to move from chairs into wheelchairs and vice versa. This was usually completed safely and people were not rushed by the staff assisting them. We brought to the attention of the registered manager that we had observed some manoeuvres being undertaken without applying wheelchair brakes. This may have increased the risk of an accident occurring.

Staff we spoke with could describe how they supported people in ways that complied with the risk management guidance to help them not to develop sore skin. Some people needed special pressure relieving mattresses to reduce the risk of pressure sores developing. Some of the mattresses were not at the correct setting for the person's weight. This meant that people were not fully protected from the risk of developing pressure ulcers. This was addressed during our visit when brought to the attention of the registered manager. We looked at the records showing how risks such as people falling or developing sore skin had been assessed and managed. We found these documents were informative and practical.

Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. A member of staff told us, "If I saw any sign of abuse I would report it straight away and I would feel safe to do so, I have never witnessed any signs." One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. There was information and guidance about reporting concerns around the home for people, staff and visitors.

We saw emergency plans were in place for people. These were written records that recorded the support each person would need in the event of a fire. Staff we spoke with confirmed they had received fire training. Staff had received training in basic life support but this was through e-learning and had not been practical

training. The provider had not completed a risk assessment regarding first aid provision in the service. This meant they could not be confident that there were staff on duty who were trained to an appropriate level to respond in the event of a accident.

We looked at the number of staff on duty and how the registered provider ensured there were enough staff to meet people's support needs. People who lived at the home and their relatives had mixed views about whether there were enough staff to meet their needs. Some people said that improvements were needed as they sometimes had to wait for staff to assist them. Our observations showed that a member of staff was available in the communal lounge and dining areas and that people were not left unattended for any significant length of time. While the approach of staff to people was kind and caring, staff mostly interacted with people during a task, such as while serving drinks, or assisting with lunch. Staff we spoke with did not think that staffing levels were unsafe but we did receive some comments that staffing could be improved. One care staff told us, "We need more staff to be able to interact and spend quality time with people." Another staff told us, "I have raised that we need more staff due to the increased numbers of people and they [provider] are acting on this."

On one of the days of our visit there was only one cleaner working in the home and several communal areas and bedrooms were not attended to until late in the afternoon as the cleaner did not have capacity to complete these sooner. We spoke to the registered manager and the nominated individual about the staffing arrangements. They told us they were aware that staffing arrangements needed improvement and that recruitment of additional staff had already taken place to include domestic, care and kitchen staff. Recruitment of additional nurses had so far not been successful. We were told that there would be an extra care staff on duty during the day and this was due to commence in the next few days. On our third visit to the home we saw that an increase to the care staff on duty had been introduced. The new staffing arrangements should help to ensure people's needs are attended to more quickly and that staff had more time to spend with people.

We looked at the recruitment records for two recently recruited members of staff and saw that appropriate pre-employment checks had been carried out. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and good character are employed.

People were supported so that they received their medication safely. Medications were administered by the nurses who had received recent training to refresh their knowledge. Each person's record included their photograph to make sure no one was given the wrong medicines. Medication Administration Records had been completed to confirm that people had received their medicines as prescribed. Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. Medicines were securely stored in lockable trolleys or cupboards as appropriate in a dedicated treatment room. This kept people safe from accessing medication inappropriately.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

People we spoke with praised the staff and said that staff knew how to look after them. The majority of relatives' were also complimentary about the staff at the home. One relative told us, "Staff are friendly, there is not a high turnover." Another relative told us, "Staff are very attentive."

We asked staff about their induction, training and development. Staff we spoke with told us that they received sufficient training to enable them to carry out their job effectively. We saw that all staff undertook an induction at the start of their employment at the home. Staff who are new to the care sector are expected to complete the Care Certificate. This sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager told us they had not had any new staff who had needed to complete the care certificate but they were aware of when this was needed and had the resources to ensure this was available to staff who needed it.

Since the new provider had taken over the service in November 2015 they had implemented a new training schedule. The nominated individual told us they had identified knowledge gaps within the staff team and had been working to address this. Staff had now completed most of the training they needed to ensure they had the appropriate knowledge to meet people's needs. Care staff had completed training in safeguarding people from abuse but this had not yet been completed by ancillary staff. The provider told us they had prioritised care staff in regard to this training and that ancillary staff would be doing this training soon.

Most of the recent training had been provided via e-learning and the majority of staff told us they found this type of training to be beneficial. One member of staff told us, "The training has moved to e-learning, I prefer this as I feel I have learnt more this way."

Staff told us they felt supported and the majority of staff told us that they received regular supervision sessions. Supervision's are one to one meetings that focus on staff members work and performance. They provide the staff with an opportunity to raise issues if they need to. There were also regular staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Whilst staff had received training in the MCA and DoLS not all of the staff we spoke with were aware that applications had been submitted for people. The registered manager agreed to ensure all staff were aware

of this when we brought this to their attention.

We saw care staff regularly sought consent from people before attending to their daily living needs. We saw examples that people's ability to consent to decisions was considered and where people were deemed to lack capacity decisions were made taking into account their best interests. One person's records indicated that they required their medicines to be hidden in their food or drinks as they might not take them. Evidence was available to show that the person's capacity had been assessed and a best interest decision made regarding the administration of their medication. Some people were in bed during our visit and we saw that measures were in place to help reduce the risk of people hurting themselves if they fell out of bed. Some people had bedrails in place and their capacity to consent to their use had been assessed. Many people had beds which were low to the floor with a mat place by their side which demonstrated that staff were using methods that provided the least restriction whilst keeping people safe from the risks of falls from bed.

We received some mixed views from people, relatives and staff in regards to the variety and quality of the meals on offer. One person told us, "Sometimes it's good and sometimes not". One person said, "The food is good enough and we have plenty to eat, sometimes too much and we have dessert. We have choices".

One relative told us: "I have had Sunday lunch here and the food is pretty good." Another relative told us, "They serve lots of meat which is not soft enough for residents to chew." A member of staff told us, "I think the meals could be improved both re choice and the quality but we have a new chef starting soon." A four week rolling menu was in place and the provider was already in the process of consulting with people and updating the menus in response to feedback received.

Staff appropriately supported people at meal times who needed assistance to cut up their food, or who needed assistance to eat their meal. Some people were supported to eat their meals in their bedroom if this was their preference. Throughout the inspection we saw that people were offered a choice of drinks with their meal and were offered regular drinks. People told us they always had enough to drink but we brought to the registered manager's attention a comment we received from one relative. This was that on a recent occasion their family member had not been offered enough to drink.

The cook and care staff we spoke with had a clear understanding of people who needed supplements in their diet or needed a soft diet. Staff had completed nutritional risk assessments and people had been weighed regularly as required. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration so that staff could check that people were getting enough to eat and drink.

People we spoke with told us they had access to healthcare when they needed and that appointments were arranged in a timely manner when they requested these. One person told us, "I had a problem with a corn on my foot and the chiropodist came straight away and sorted it out." Another person told us, "The doctor is just over the road and the chiropodist, and the optician comes regularly." One person was complimentary about the nursing care they had received at the home. They told us, "Since being here I have progressed I had a stroke and I feel that I have got a little better with the nursing care." During the inspection we met one healthcare professional whose support had been requested to ensure a person's specific healthcare needs was kept under review. They told us that the nurse they dealt with was "good" and they did not raise any concerns about the healthcare the person was receiving.

Some people at the home were at risk of developing, or had sore skin and needed to be assisted to change their position by staff to help them stay well. The staff we spoke with were aware of people's repositioning needs and told us this was undertaken. One relative commented, "The nursing care is very good, my sister is

turned every half hour and she has no bed sores".

Requires Improvement

Is the service caring?

Our findings

People who lived at the home told us that staff were caring. One person told us, "The staff are all very kind and caring." Another person told us, "The girls [staff] are all lovely." A relative told us, "The care is very good, the staff are friendly, caring and approachable." We observed positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to ask them for support.

We saw people being supported with kindness and consideration. We saw that some people had difficulty in expressing their needs and, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. We saw at lunchtime that staff helped people to eat at a pace that was suitable for them. People were helped into and out of chairs calmly and with dignity.

People told us that staff knew their likes and dislikes. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. The registered manager told us that in recent weeks a 'resident of the day' initiative had been implemented. Every day the nurses, cook, maintenance staff and activity worker spoke with one person to check that they were happy with the service being provided and if any changes were needed. Once the system was fully established the registered manager advised that it was hoped this would help to focus on people's individual preferences and help to increase staff knowledge about each person.

The people we spoke with said that staff respected their privacy and dignity. One person told us, "The staff speak to me when administering personal care and treat me in a dignified way." Another person told us, "The curtains and doors are closed, they speak to me all the time and treat me with dignity." We observed care staff working in ways that promoted the privacy of people and we saw that staff did not usually enter people's rooms without knocking first. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked the door before they re-entered. However we saw that a member of the cleaning staff was vacuming people's bedrooms during the lunchtime period. We brought to the registered manager's attention that whilst some people were eating their lunch in their bedroom the domestic had entered their room to vacuum. They had not sought permission from the person to enter their bedroom and had not considered that it was not respectful of the person to vacuum whilst they were eating their meal. Two care staff who were assisting people with their meals had not asked the cleaning staff to cease vacuuming whilst people were eating. The registered manager assured us they would address this.

Two people had recently moved from single rooms to share a double bedroom. We saw that their relatives had been consulted in regards to this and that local authority commissioners had been made aware. The nominated individual told us that the compatibility of the people had been considered to make sure it was suitable for them. Portable screens had been provided in the bedroom to help provide some privacy when personal care was being provided.

We asked people if they had been consulted about their preferences in regards to the gender of staff who supported them with their personal care. Most people did not raise any concerns in regards to this but two people felt their preferences were not always respected. One person told us, "I raised to the management

that I preferred a female carer to administer personal care to me and change pads however they do not give me the choice. I get a male worker at night I especially do not like when they have to assist me with my pads." We raised this with the registered manager who provided evidence that they had recently consulted people about their preferences of the gender of staff who support them. They told us that some people had said that whilst they would prefer a female staff to assist them they would prefer a male staff who they knew to assist them rather than being assisted by an agency member of staff that they did not know. The registered manager told us they would revisit their discussions with people to ensure people's preferences were clarified.

People who lived at the home and their relatives told us that visitors were made welcome. One person told us, "Visitors can come at any time." Another relative said "I can come at any time and I am made to feel welcome". This enabled people to maintain contact with people who were important to them.

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. Records showed people were encouraged to make choices about their daily lives.

Good

Is the service responsive?

Our findings

People we spoke with felt staff were responsive to their requests, such as bringing a drink or other immediate requests for assistance. People or their relatives where appropriate had been involved in planning care. One person told us, "I have been involved in my care plan, and it is reviewed regularly." A relative told us, "I have been involved in my relative's care plan as she is not able to do it herself and It has been reviewed."

People received care and support from staff who knew them and had information to provide appropriate care. Care plans included people's personal history, individual preferences and interests. The written plans reflected people's care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. The plans had been regularly reviewed and any changes had been updated.

We looked at the arrangements for supporting people to participate in activities or maintain their interests and hobbies. There was a programme of activities available within the home which included various group activities and less frequently, activities on an individual basis. Some activities took place during our visits. These were organised by the activity worker who also spent time with individual people sitting in the garden as it was a sunny day. The people taking part in activities were observed to be smiling, chatting and enjoying them. The majority of people we spoke with enjoyed the range of activities on offer and said they were involved in choosing them.

Not all people were satisfied with the activities on offer. One person told us, "I do take part in some of the activities, although there is not enough to stimulate the residents." One relative we spoke with told us they had been given the opportunity to make suggestions about how the service could improve. They told us they had requested more entertainment and went on to say, "We have been assured they are working on this"

We observed that people being cared for in their bedrooms often only had contact with staff for their personal care needs. This did not ensure they were being protected from social isolation. The staff rota showed that on some days the activity worker was transferred to cooking or caring tasks to cover for staff vacancies in these areas. This meant that on these days activities often did not take place for anyone living at the home. The provider had already identified that this was an issue and that activities within the home needed some improvement. They had taken action to resolve this and an additional activity worker had been recruited and was due to commence work a few weeks after our visit.

"People who lived at the home were aware they could tell staff if they were unhappy. People said if there were any issues they would talk to staff or the registered manager. One person told us," "There are meetings where we can express any concerns, they ask my opinion, and I do tell them different things, I make suggestions and they do act upon it."

The majority of relatives that we spoke with were confident to make a complaint and expressed that this

would be acted on. Information within the complaints log indicated that people were generally happy with the outcomes of their complaints.

Information on how to make a complaint was on display in the home. This had recently been made available in large print to meet the specific communication needs of some people who used the service.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with were positive about the management of the home and the approachability of the manager. One person told us, "If I want to know anything I will ring the manager and he would come to my room to speak to me, he is very approachable." A relative told us, "I have nothing but praise for the manager, no matter what the problem you have he would be on top of it straight away." All of the staff we spoke with told us that the manager was approachable. One member of staff told us, "I had a personal issue and the management dealt with it straight away."

We shared with the registered manager and nominated individual feedback we had received from a care professional about the organisation of some recent care reviews. The registered manager openly discussed this with us, and was able to demonstrate that he had already reflected on and learnt from the experience that the feedback had referred to.

The inspection identified that in some areas the registered manager needed to improve their knowledge of the law or current good practice. During our visit we brought to the attention of the registered manager issues regarding safe moving handling and the requirement to submit statutory notifications for example. The registered manager was not aware of current requirements and guidance and so had not ensured best practice or the requirements of the law were being met.

We saw there was a system in place to record and investigate complaints received but the complaints log did not contain the details and outcomes of all complaints received by the home. This meant some outcomes from complaints may not have been fully utilised to identify any patterns and trends to help promote continuous improvement.

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Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. During the meetings they said that there was the opportunity for the manager to share feedback, including the outcome of complaints. This had ensured that all the staff team were aware of how the service needed to improve and develop. The staff we spoke with confirmed this.

A new provider took over the ownership of Ivybank in November 2015. Previous inspections undertaken when the home was owned by a different organisation had identified that there were areas within the operation of the home that needed to be improved. The new provider had used this information, along with their own knowledge to identify where improvements were needed. These included providing additional staffing, additional staff training and improvements to the environment. Some of these improvements were underway. We received some mixed views from relatives about changes since there had been a new provider. One relative told us, "The new owners called a meeting where they stated their vision for the home, but I have not noticed any changes yet." Another relative told us, "I have seen changes for the better since the new owners took over, it is better managed lately."

An audit of infection control procedures had been undertaken by the local Clinical Commissioning Group (CCG) in March 2016. CCGs are clinically-led statutory NHS body responsible for the planning and

commissioning of health care services for their local area. Their audit had identified a number of improvements were needed in relation to infection control. The provider had produced an action plan and the actions we sampled had been completed or were in progress. This showed that the provider was taking action to respond to feedback and to improve infection control arrangements for the benefit of people at the home.

The registered manager monitored the quality of the service by regularly speaking with people and their visitors. Monthly group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. These meetings were also open to relative's to attend. The registered manager also completed a daily 'walk around' of the home when then spoke with talk with people and observed people's experiences of living in the home. A record of any issues they had identified and the actions taken was maintained.

We asked the nominated individual how the provider was effectively monitoring that people were receiving good care. They told us that the registered manager submitted a monthly operational report so that they were made aware of any complaints, accidents or incidents occurring. We saw that improvement was needed to the monitoring system in respect of the number and type of accidents and incidents to help identify any patterns or trends to help reduce the risk of future occurrences. Improvement was also needed to the complaints log as these did not record all of the complaints that had been received and meant that in addition to the risk that some complaints may not be responded to, they were not being used effectively to help improve people's experiences. The nominated individual told us that they were at the home daily and this was confirmed by staff spoken with. They told us they had not yet completed a formal quality assurance audit of the home but intended to complete this within the next month. Surveys had not yet been used as a tool to seek the views of people and their relatives but we were informed these were under review. Using tools such as these would provide further assurance that people are receiving a good, safe service that provides care and support and meets their needs.