Leonard Cheshire Disability

Gloucestershire House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

Summary of findings

The inspection was unannounced. There were no breaches of legal requirements from our last inspection that we needed to follow up.

Gloucestershire House is a modern 36 bedroomed home near to Cheltenham town centre. The home is suitable for mostly young adults with a range of physical disabilities. The home comprises of five inter-linked lodges each with their own lounge/kitchenette area plus a further six bungalows for the more independent person. At the time of our inspection there were 35 people living at Gloucestershire House.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager and staff team had received safeguarding adults training and understood their role and responsibilities to protect people from harm. Information was available to them on what to do if they needed to raise safeguarding concerns with other agencies. Any risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed. Plans were in place to reduce or eliminate those risks. Staffing numbers on each shift were sufficient to ensure that each person was kept safe and their care needs were met. Medicines were well managed and people were supported to manage these themselves where they were able.

Staff were provided with regular training and opportunities to develop their skills further. Staff had the knowledge and skills they needed to meet people's individual care needs. People were provided with sufficient food and drink, or dietary supplements to meet their requirements. Where people were at risk of poor nutrition or hydration, measures were in place to monitor how this was going. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

Staff and people who lived in the home had positive and caring relationships. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People's privacy and dignity was maintained at all times.

People's individual needs were met because everyone was looked after in a person-centred way. They were encouraged to have a say and to express their views and opinions about their care, the way the home was run and activities that took place. Staff listened to what they had to say and acted upon any concerns to improve the service they provided.

The registered manager provided good leadership and had a committed staff team who provided the best possible service to each person who lived there. The quality of service provision and care was continually monitored and where shortfalls were identified actions were taken to address the issues.

Summary of findings

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 were safeguarded from harm because staff were aware of their responsibilities and would report any concerns. Staff recruitment procedures were safe and ensured unsuitable staff were not employed.

Risks were well managed and enabled people to be as independent as possible and to explore new activities. Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The staff were well trained and had the necessary knowledge and skills to be able to look after people effectively. The registered manager provided good support for the staff team.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the requirements of the DoLS. Appropriate steps were taken where needed to ensure the correct authorisations were in place. People's rights were properly recognised, respected and promoted.

People were supported to have enough to eat and drink and their specific requirements were accommodated. Measures were in place to monitor and manage people's needs where there was a risk of poor nutrition or dehydration.

People's health care needs were met and staff worked collaboratively with the GPs and other healthcare professionals to access relevant services.

Is the service caring?

Good

The service was caring.

People were positive about the staff who looked after them and said they were encouraged to be as independent as possible. Staff provided the support people needed and treated people with dignity and respect.

People were looked after in the way that they wanted and staff took account of their personal choices and preferences. People were involved in making decisions about their care and support and their views were actively sought.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and were involved in the process of making decisions about how they wanted to be looked after where possible.

The staff team know the people they were looking after well. People's preferences, likes and dislikes were recorded and they were encouraged to speak out when they wanted things to change.

Summary of findings

People participated in a range of in-house activities and community facilities throughout the week. Some were for groups of people and others were on an individual basis.

Is the service well-led?

Good

The service was well-led.

The home was well run and all staff were committed to meeting each person's individual needs in a person-centred way. The registered manager was well respected, approachable and provided good leadership.

Monitoring systems were in place to ensure that a quality service was provided to each person. Any comments or complaints people had were listened to and acted upon appropriately.

There was an ethos of continual improvement to enhance the care and support provided and the lives of people who lived there.

Gloucestershire House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The last inspection of Gloucestershire House was completed on 31 July and 1 August 2013. At that time we found no breaches of regulations.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in respect of younger people with physical disabilities.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We contacted seven GPs, district nurses, the Continuing Health Care team and Gloucestershire County Council commissioning team prior to our inspection. We asked them for some feedback about the service. The professionals we contacted provided positive feedback the service provided and the quality of care provided to their patients.

During the inspection we spoke with 15 people who lived in the five lodges and one person who lived in a bungalow. We also spoke with 12 staff, including the registered manager, nurses, care staff and other ancillary staff.

Not every person was able to express their views verbally therefore we spent some time watching how people were being looked after. We did this to help us understand the experience of people who could not tell us about their life in the home.

We looked at four care records, two staff personnel files, training records for the whole home, staff duty rotas and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments we received included, "I can always rely on the staff to help me if I get into any difficulties", "I feel safe here. I have been taken advantage of where I used to live. The staff here would not let anything like that happen to me again", "All the staff watch out for me" and "As long as I can stay in this lodge I will feel safe. The people who live in this lodge look out for each other".

One person made some negative comments when we asked them if they felt safe. They said, "I have seen and heard shouting, I don't know if (named person) is being provoked but they use their walking sticks to attack people (staff). Now it has come to a point where I am scared to be around them and I need somebody beside me in their presence as my confidence drops. I can't recall (named person) being like that at the beginning. You never know the trigger". We fed back these comments to the registered manager who explained that this individual had never harmed another person, was planning to move to a smaller group home and became frustrated living with so many others. This person was being supported to attend anger management sessions.

Staff understood their responsibilities to safeguard people from harm. They talked about the training they had received and the importance of safeguarding people who were immobile or unable to communicate verbally. Staff were aware that abuse included the way people were treated, staff interactions, and the interactions between people who lived in the home. They were aware that any safeguarding concerns they had about people's safety was to be reported to the registered manager or the nurse in charge. Most of the staff were also aware they could report directly to the Gloucestershire County Council safeguarding team, the Care Quality Commission and the police.

Information about the safeguarding reporting process and the provider's whistleblowing process were displayed in the staff room. Policies were in place; both policies had been reviewed in September 2014 and November 2013 respectively.

Staff files were checked to see if safe recruitment procedures were followed. Appropriate checks had been undertaken. Each file contained an application form, two written references and evidence of the person's identity. Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks had been carried out for all staff. There had been very little staff turnover since the last inspection. The measures in place ensured that only suitable staff were employed.

Risks assessments had resulted in care plans being devised that managed that risk. Some risk assessments were person specific whereas others were completed for each person. Risk assessments were completed for each person in respect of moving and handling, the likelihood of developing pressure ulcers, continence and nutrition. Where staff were required to move people from one place to another, a moving and handling plan were devised and these detailed the equipment to be used and the number of staff needed to complete the task. Where bed rails were in use assessments had been completed and consent had been obtained. Examples of other risk assessments were using public transport or the home's minibuses, risks from choking and risks from seizures.

The fire risk assessment had been reviewed on 4 October 2014 and a small number of minor shortfalls had been identified. Appropriate action had been taken and been signed off by the registered manager.

An emergency action plan was in place and had been reviewed in October 2014. Contact details for other agencies were listed along with personal information about each person (a pen picture of each individual's specific care needs) and GP contact details. Personal emergency evacuation plans had been prepared for each person and all were located in the fire 'grab file' by the main entrance.

Appropriate measures were in place to ensure that the premises and facilities were maintained in good working order. Records were maintained of checks of the fire alarm systems, fire fighting equipment, fire doors and the hot and cold water temperature checks. Hoisting equipment and the call bell system were regularly serviced and maintained. Each of the lounge/kitchenettes in the lodges had a fridge and freezer and the temperatures were checked daily.

Staffing levels were variable each day and at weekends and were based upon both the personal and nursing care needs of each person and the social activities that people were undertaking. The registered manager said that when people were ill, staffing numbers were increased in order that one person's increased needs did not impact upon the

Good

Is the service safe?

others. Staff told us they were listened to if they had concerns about staffing numbers. There was always at least one qualified nurse on duty at all times and shifts were also covered with a mix of management, ancillary and care staff. Staff were employed to work on a specific lodge but would cover shifts in other lodges when necessary. People were looked after by staff who were familiar with their needs and preferences. The registered manager told us there was a low turnover of staff and only minimal use of agency staff. Agency staff may on occasions be used to cover a night shift.

Some people living in the home were able to manage their own medicines or some of their medicines. Assessments had been completed to ensure that the person was safe to do this. They were provided with secure facilities within their bedrooms to store these medicines. Other people were unable to look after their own medicines therefore they were looked after and administered by staff at the prescribed times. Nurses or appropriately skilled team leaders administered medicines.

The supplying pharmacist provided printed medicines administration record (MAR) charts that listed the person's medicines they were prescribed. The staff would refer to these charts when reordering medicines and checked these against the prescriptions completed by the GP. Medicines were re-ordered on a four weekly basis and staff ensured that people's medicines were always available to be administered. When new supplies were delivered they were checked against the MAR charts and the prescriptions to ensure they were correct. Staff signed in how many medicines were received. Where additional medicines or medicine changes were made outside of this four weekly arrangement, medicines were either delivered by the supplying pharmacist or collected by staff.

Medicines were kept securely in a locked and ventilated room. Suitable arrangements were in place for the storage of controlled drugs but at the time of our inspection there were no controlled drugs in use. Controlled drugs required additional security. Some medicines need to be kept in a refrigerator. The temperature of the refrigerator was checked twice daily to ensure those medicines were stored at the correct temperature.

Staff used the MAR charts to record when they had administered medicines. Some people had time specific medicines and the nurse told us the systems in place to ensure those people received their medicines at the correct time. Daily medication audits were in place. The nurse in charge at the end of their shift had to check that all MAR's had been completed and had to sign to say they had done this. We looked through the MAR's and we did not see any gaps or omissions.

No one was prescribed oxygen therapy at the time of our inspection, but nurses were aware that appropriate warning signs needed to be displayed when oxygen cylinders were kept in the building. There were procedures in place for the safe disposal of unwanted medicines.

Good

Is the service effective?

Our findings

The home had a programme of staff training, supervision and appraisal in place. The registered manager told us individual staff supervision and performance appraisal was delegated to named senior staff. Staff members we spoke with during our inspection said they received supervision once every two months. When we asked, staff members were able to tell us who their supervisor was and confirmed they found supervision helpful. Staff records showed that supervision was held regularly with staff and training was also planned and delivered regularly. Staff had received training to meet people's needs. The date that training needed to be updated was identified in staff training records. Staff told us they had received the training required to meet people's needs. Staff said they were particularly happy with the moving and handling training and saw this as essential to their roles. In addition to staff employed, the home used a number of volunteers. Care plans we looked at showed volunteers were used on a planned basis for identified activities and not to provide care and support. A training programme to provide volunteers with the appropriate skills was in place. People were cared for and supported by staff trained to deliver care to an appropriate standard.

Information in people's support plans showed the service had assessed people in relation to their mental capacity and that people were able to make their own choices and decisions about their care. In people's care plans was a document called, "How best to support me". This identified outcomes the person wished to work towards and documented progress towards achieving them. People and their families were involved in discussions about their care and support and any associated risk factors. People we spoke with told us, "I drew up my plan with staff" and "I'm involved with planning what I do and how I do it". This showed us the person at the centre of the decision had been supported in the decision making process.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. They explained how consent was given when people were not able to verbally consent. With one person this included raising their eyebrows and smiling to say yes and give consent and looking down to say no. With another person this included nodding to give consent and not doing so to say no. People's care plans clearly documented how they gave consent to any care and support. The registered manager told us of two occasions where people's capacity to make a decision had been assessed and then a best interest meetings had been arranged. These had been recorded and the appropriate authorities involved. In people's care plans we saw people had made arrangements for advance decision making. People had stated the care they wished to receive if they became unwell and were not able to make their decisions known at that time.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These were available to staff. We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty these were assessed by professionals who were trained to assess whether the restriction was needed. The registered manager had a good understanding of MCA and DoLS and knew the correct procedures to follow to ensure people's rights were protected. There were no deprivation of liberty authorisations in place or required at the time of our inspection.

People's nutritional needs were assessed during the care and support planning process and a detailed meal time plan had been drawn up for each person. People's likes, dislikes and any allergies had been recorded in their support plan. The motivation to eat healthily and for each person to be as active as possible shone through. Healthy eating plans were followed and there was a three week menu rota. A well balanced diet including meat and vegetarian options was provided. The catering staff had previously provided gluten free and vegan diets to meet people's specific needs.

We carried out an observation at lunch time and saw people's individual plans were implemented. A range of different utensils including special cutlery, straws, beakers and aprons were available during the meal to meet people's particular needs and to support independence. Three people who required their food to be pureed had meals that were well presented. One person who was not able to eat or drink by mouth was present in the dining room at lunch time. Staff told us this person, who received food and nutrition through a prescribed system, enjoyed

Good

Is the service effective?

the atmosphere of the dining area and had given their consent to being present whilst others ate. Their care plan detailed this decision and how it was made. People who used the service told us they enjoyed the food and always had enough to eat and drink. One person we spoke with told us, "The food is usually lovely". People were offered drinks throughout the day to ensure good hydration. One person living at the home told us, "I can have food and drink whenever I want it." Another person told us, "I can get a drink anytime". People discussed food preferences at monthly meetings and there was a menu displayed with the choices available. People were supported to be able to eat and drink sufficient amounts to meet their needs. People were asked if they had enjoyed their meal and if they wanted any more to eat or drink. People were being supported to maintain their hydration and nutrition and were supported to make choices about this. We were disappointed to see at the end of the meal (staff did not eat at the same time) staff then had their meals sat together on another table and not with those who remained in the dining room.

People living at the home had a variety of individual health care needs. There were areas in people's care plans, which showed specialists had been consulted over people's care and welfare. These included health professionals and General Practitioners and detailed communication records and hospital appointments. People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. Staff could identify any areas of concern and take swift action. The home employed physiotherapy staff and individual exercise and movement programmes were in place. Staff told us these were important to maintain people's mobility. One person who used a typewriter which then voiced what they had written told us a speech and language therapist helped them. In people's care plans we saw other health care professionals were involved with people when required. The home was well equipped and people had access to moving and handling equipment including overhead tracking and mobile hoists. People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Good

Is the service caring?

Our findings

Overall people rated the care they received positively. One person said, "I felt welcome when I first moved in; I was surprised at how quick I settled here. It was impressive how staff allowed my mother to stop over for the first two weeks. This was so she could see for herself that my needs were being met. Instantly I told my mother "I'm moving in". They added, "I never want to leave as I have many friends here who are in similar situations and we can relate to each other".

Another person told us they had previously lived alone in a flat, had found their community support was unreliable and made them miserable. They said, "I now love where I live, although some days I fall out with people, but then we all sleep on it and agree that tomorrow is a new day for us all". A third person said, "I give the home and the staff 10 out of 10".

Other comments included, "I could not ask to be better looked after, the staff are so kind and friendly", "We are all one big family here, we generally get on very well", "I am very happy here and don't want anything to change" and "The staff are my friends and they encourage me to do what I can for myself. When we go out I don't think I am going out with carers, I am going out with my friends".

A healthcare professional told us, "The people in the home always appear happy and well cared for" and "The staff are very welcoming, polite and helpful when I visit and really care for everyone".

Two staff who worked in the home had been nominated and received South West Care Awards, one a 'care newcomer award' and the other a 'putting people first' award. One of them had also been put forward for the national awards. One person told us "All the staff are very caring but some are very very good".

During our visit we observed positive interactions between the staff and the people they were looking after. Staff talked about the people they were looking after with genuine affection and were able to tell us about their specific individual needs. We heard people being addressed by their first names.

The staff spoke with genuine compassion about the people they were looking after. Where people had non-verbal communication skills, the staff used other means to communicate, for example Makaton. Notice boards were used so friends and family could see what had been going on. Staff were aware of the importance of verbal and non verbal communication and how this determined whether a person was happy with the care they were receiving. People were encouraged to be as independent as possible. We saw one person being supported to make a telephone call about a delivery they were expecting. The staff member was gently prompting them in the background but supporting them to complete the call.

People looked well cared for and were smartly dressed. Staff told us that one person had a very particular style of dress and they always made sure she was well dressed. Staff gave us examples of how they respected people's dignity: "We put signs on the bedroom doors when we are helping someone with personal care tasks", "We make sure we help people promptly if they need help changing their clothes" and "When people are using the hydrotherapy pool they have to rinse their bodies first. We help them shower afterwards and it is their choice if they shower with or without swimwear on. It is their choice".

Good

Is the service responsive?

Our findings

People's needs had been assessed and care plans drawn up to state how those needs were to be met. There was a record of people's preferences, interests and hobbies, likes and dislikes and communication needs. Risk assessments were in place and people told us they had been involved in writing these. Regular reviews of people's needs were carried out and these were recorded. The home operated a named keyworker system. Staff told us this involved one staff member being allocated responsibility for ensuring a person's needs were met. People told us they knew who their keyworker was.

People told us they were offered a range of social activities. Activities included going out to theatres and local pubs and volunteers coming into the home to run craft and other sessions. The registered manager told us the home aimed to, "Strike a balance between in-house and going out activities". People's care plans contained a weekly and photographic activity planner and a monthly report of activities the person had been involved in. We asked seven people if they felt there were enough activities. All said there were enough activities. Any new activities were risk assessed and evaluated to ensure people enjoyed them. People had access to adapted vehicles to help them access activities in the community. A new vehicle was delivered on the day of our inspection, one person being supported told us they had discussed which vehicle and the colour they wanted at their residents meeting.

Examples of activities that people were included in were pantomimes, puzzles and artwork (this was displayed throughout the home), wheelchair football and boccia (like green bowls). Specialised equipment was available to enable those people who were severely disabled to participate in these sporting activities. Cookery and baking sessions were in the process of being reorganised. People will be supported to prepare simple meals, cookies, pies, special main courses and birthday cakes. One person told us they had a disco every week and they "organised the music". The on-site hydrotherapy pool is open to people who live in the home from 8 am to 11 am and in the afternoons to the fee paying public. People had use of a sensory room and a physiotherapy room where there was a heated water bed, exercise bikes and weight machines.

The home had a 50 strong team of volunteers who supported the staff team and people to participate in meaningful social activities both inside and away from the home.

During our inspection we were aware of call bells being activated by people to request assistance. People told us the call system worked well and staff promptly attended to their needs. We looked at the call bell system with a senior member of staff. We were able to see where a call was made from, when the call bell was activated and when it was switched off by staff attending the person. We looked at the call records for the day of our inspection. Calls were answered promptly with people not waiting any longer than two or three minutes before staff were in attendance. One person told us they were sometimes asked to wait if the staff were busy when they wanted to use the toilet and the staff got "snappy" with them. This person added, "They don't realise that it's my home and their workplace". These comments were discussed with the staff team and the registered manager and background information was provided.

Throughout our inspection we saw people being cared for and supported in accordance with their individual care plans. People told us they were happy with the way staff cared for and supported them. People told us, "This is the best place you're ever going to get, you're treated with respect, like a person" and "This is a home for life where you can settle". People received personalised care responsive to their needs.

The home had a complaints and comments policy in place. The registered manager told us the complaints' policy was included in people's care plan and people were given support to make a comment or complaint where they needed assistance. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints made. Complaints had been fully investigated and feedback given to the complainant.

People said they were able to raise any concerns they had and were confident their concerns would be acted on. One person told us, "If I wasn't happy I'd tell staff or the manager". Another person told us, "I wanted to change my keyworker, so I spoke to the manager and this was

Good

Is the service responsive?

changed". However one person said, "I am scared of how the staff will react so I ring my mum and tell her what is troubling me". Some days I don't get on with anyone, so I keep quiet and am civil to everyone".

People were supported to maintain relationships with family and friends. They told us family and friends visited them and they were also supported to go and visit family and friends at their homes. One person with no verbal communication was supported to communicate every week with their family by a video messaging system.

The provider had carried out a survey of the views of people on the care and support they received in 2014 and drawn up an action plan based on feedback in May 2014. The action plan detailed action they would take in response to the views expressed by people. These actions included; providing improved Wi-Fi internet access more individualised portion sizes of food, more choice of pureed food and improved communication in the home. Action had been taken by the provider on these areas and this was recorded on a master copy of the action plan. The registered manager told us residents meetings were held regularly and gave people the opportunity to contribute to the running of the home. Five people we spoke with told us they attended the residents meeting. One person we spoke with said, "The meetings mean we can talk about our gripes or concerns". We looked at the minutes of the most recent meeting held in October 2014, which included discussions about activities and menus. The service listened and learnt from people's experiences, comments and complaints.

Good

Is the service well-led?

Our findings

People said, "I can go into the manager's office and chat with her if I want. She always makes time to see me", "I have lived here a long time, before the manager started. She has made a lot of changes for the good" and "I think everything works very well here. Everyone looks out for us".

Staff commented that the service was "very well managed now" and "significant improvements had been made in the five years she had been in post". Examples included the focus on people's individual needs, various administrative procedures, staff support and links with the local community.

In the PIR the registered manager wrote about the commitment from the staff team to ensure that the service was run in a person centred, open, inclusive and empowering way. The provider's vision for people who lived in home was that they would "enjoy their rights and have the opportunity to fulfil their potential" and "barriers for disabled people were removed in order to improve the quality of their lives".

All staff said they were well supported by the registered manager and she was approachable.

Various different staff meetings were held regularly and included qualified nurse meetings, senior staff and night staff meetings, and staff association meetings. The records of those meetings that we looked at evidenced that feedback from staff was encouraged. The most recent 'residents' meeting showed that use of the hydrotherapy pool, activities and staff having colds and being at work was discussed.

The registered manager was supported in her role by a number of different national teams, for example the provider's property team, human resources, quality team and local line management.

Any accidents, incidents, complaints received or safeguarding alerts made were reported electronically and always followed up. The registered manager looked for any trends in order to put measures in place to prevent further occurrences.

The registered manager was aware of when notification forms had to be sent to CQC. These notifications would tell us about any events that had happened in the home. We use this information to monitor the service and to ensure any events had been handled appropriately. Since the beginning of 2014 no notifications had been submitted to CQC. We found no evidence during our inspection to suggest that a notification should have been made.

All policies and procedures were kept under continual review. We did not look at all policies and procedures but the two we did look at (safeguarding adults and whistleblowing) had been reviewed and updated in September 2014 and November 2013 respectively. Staff knew they could access the policies on line if they needed to.

The last survey was completed in 2013 and had resulted in a 'Customer Service Action Plan'. All issues had been acted upon. Results were displayed on the "You said….we did" notice board. On the 6 October 2014 there had been an autumn catering meeting. Both these notes of these meetings evidenced that the people who lived at Gloucestershire House were able to have a say in how the service was run and the facilities that were available.

There was a programme of audits. We looked at a themed audit that had been completed in November 2013 in respect of person centres practices. Three top priority areas for improvement had been identified and the registered manager and other staff were able to tell us about the improvements that had been made. A thematic audit report had also been completed in March 2014 around Mental Capacity Act policies and principles and Deprivation of Liberty Safeguards. The outcome of this audit was that the home achieved 97% compliance. Full quality and assessment visits were completed by senior managers on a two yearly basis. These would be undertaken more regularly if significant shortfalls were identified.

A range of other audits were completed on a more regular basis. Medicines audits were completed as well as audits of infection control procedures. A pharmacy audit had been undertaken in respect of medicines in November 2014 and records evidenced that remedial actions had addressed the shortfalls.

The health and safety/maintenance person had a programme of safety checks to complete and the manager monitored that these were completed. Records showed

Good

Is the service well-led?

what servicing and maintenance checks were due by external contractors and stated when they had been carried out. Service contracts with external companies were in place for all equipment.

Care plans were reviewed on at least a monthly basis and people and/or their families where appropriate, were included in the process. Any changes to their care and support needs were identified and the plans were amended. One healthcare professional told us "the manager had taken on board all my comments about care plans and now the documentation is very comprehensive".

The complaints procedure "Have Your Say" was displayed in the corridor just of the main reception area. There was also details about a customer helpline that people could contact if they had concerns they wanted to raise. The Care Quality Commission have not had any concerns or complaints raised since the last inspection in June 2013. The registered manager explained they would use information from any complaints to review their practice and showed us the electronic records kept of previous complaints.

The registered manager had an on-going and continual improvement plan for the service. They were open to suggestions from the people who lived there, relatives, the whole staff team and any visiting health and social care professionals who visited the home. This ethos was shared by the whole team who wanted "a fun environment for everybody, where each person was supported to have the best quality life".