

Tri-Care Limited

Bywater Hall

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 1 December 2015 and was unannounced. At our last inspection in December 2014 we found the provider was in breach of two regulations and asked them to take action to make improvements. Bywater Hall provides accommodation and personal care for up to 44 people who may be living with dementia or other mental health conditions. The home is set in its own gardens. There are two floors, each with its own living and dining rooms together with en-suite, single bedrooms. There is a lift connecting the two floors.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a recently recruited manager in post who had submitted an application to register with the CQC.

At our previous inspection we found the provider was in breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of Medicines. Under the new regulations this equates to Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in December 2015 we found

Summary of findings

evidence the provider had taken action and was meeting the requirements of the regulation. Staff received training in the safe administration of medicines and we saw these were stored and managed appropriately. People told us they received their medicines on time. We found one error in the stock count of a controlled medicine and the provider told us they would take action to prevent recurrence of the error.

At our previous inspection we also found the provider in breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This equates to Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in December 2015 we found evidence to demonstrate the provider had taken action and was meeting the requirements of this regulation. Staffing levels were appropriate to people's care and support needs safely, and people told us there were enough staff. We saw evidence of use of bank staff to ensure gaps on the rota were covered and saw the provider was in the process of recruiting new staff.

We looked at all areas of the home and concluded there were sufficient domestic staff to ensure the environment was safe. There were some malodours present in seating in a communal area and the manager told us they had a plan in place to rectify this.

Risk to people was well assessed and used to develop individual care plans. Although care plans contained sufficient information we found them bulky which meant it was not always easy to find the information we were looking for. We fed this back to the provider's operations manager during the inspection.

Policies and procedures were in place to ensure people who used the service were protected from abuse. Staff received training in the safeguarding of vulnerable adults and knew how and when to report any concerns. In addition we found the provider managed accidents and incidents well, making appropriate healthcare referrals where needed. Systems for reporting incidents to the local safeguarding authority and the CQC were robust and well managed.

Staff training was comprehensive and kept up to date, meaning they had the necessary skills to provide care and

support to people. Staff told us they felt well supported, although we found that supervisions and appraisals had not been kept up to date. The manager was aware of this and had already taken steps to improve this.

We saw evidence people's health needs were supported with access to other healthcare professionals as required. A visiting health professional told us they felt the staff were responding well to their input and they had seen improvement in this since the new manager had taken post.

We found the principles of the Mental Capacity Act 2005 were generally adhered to. Staff had received appropriate training and capacity assessments had been completed for people who used the service. However, we found an inconsistent approach to the recording of consents in people's care plans. The manager had identified this as an area for improvement before our inspection.

People told us the service was caring and we saw evidence of good practice regarding people's dignity and privacy throughout the inspection. Staff were able to tell us about the care and support needs of people who used the service. People told us they were cared for by staff who understood those needs. We found people's care plans contained up to date information which showed how people's care needs would be met, although there was an inconsistent approach to evidencing people's involvement in defining or reviewing care needs.

We saw evidence of a programme of activities in the home and were told how this was developing with input from people who used the service.

The provider had robust policies and procedures in place to ensure complaints were recorded and resolved. A clear course of action was set out and we saw the provider actively involved people who had raised concerns or complaints at all stages in the process.

Staff and people who used the service were very positive in their feedback about the manager. They told us the manager was approachable, supportive and caring. We saw evidence of good leadership driving improvements in the service.

Summary of findings

People were consulted in the running of the home and given opportunity to provide feedback. The manager and provider were working together to improve the effectiveness of quality monitoring and audit in the home.

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?

The service was safe. However due to the fact the provider had previously been rated 'inadequate' in this domain, we would need to see evidence of sustained improvement before we could rate it as 'good'.

We saw medicines were managed safely, although we found one discrepancy in the stocks of medicines. MAR charts were completed electronically and showed no gaps.

Staffing was at a level appropriate to meet people's care and support needs and maintain a clean and safe environment for people.

The provider's approach to safeguarding vulnerable adults was robust. Staff had received training, could identify different types of abuse and understood how and when to report any concerns.

Requires improvement



Is the service effective?

The service was not always effective.

Staff supervisions and appraisals had not been kept up to date, meaning staff were not always adequately supported. The manager had a plan in place to improve this.

The provider undertook assessments of people's mental capacity; however we found an inconsistent approach to the recording of consents in people's care plans.

The provider ensured staff received training which equipped them with the skills necessary to provide care and support for people.

Requires improvement



Is the service caring?

The service was caring.

People told us they liked living in the home and we experienced a pleasant and calm atmosphere during the inspection.

Staff understood how to protect people's privacy and dignity and we observed good practice throughout the inspection. We saw staff knocking on people's doors and engaging in meaningful conversation with people.

People were free to make choices and staff were patient in giving people time to make choices.

Good



Is the service responsive?

The service was responsive.

People told us their care and support needs were well understood.

Good



Summary of findings

There was a programme of activities in the home which was being developed with input from people who used the service.

The provider had robust systems in place to ensure complaints and concerns were well managed.

Is the service well-led?

The service was well-led.

Staff and people who used the service expressed a high level of confidence in the manager and their ability to make improvements in the home. Staff told us they felt supported.

People who used the service were consulted in the running of the home.

The programme of audit and quality monitoring in the service had not always been kept up to date or used to create action plans, but we saw evidence the manager and provider had already taken steps to improve this.

Good



Bywater Hall

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.

The inspection took place on 1 December 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor social worker with medical and health expertise and an expert by experience with knowledge of caring for older people. An expert by experience in someone who has personal experience of using or caring for someone who uses this type of service. Before our inspection we checked information we held about the service including notifications they had sent us about incidents and the action plan provided in response to our inspection in December 2014.

At the time of our inspection there were 33 people living at the home. During the inspection we spoke with eight

people who used the service, five visitors, seven members of staff, the manager and unit manager, the provider's operations manager and one visiting health professional. We looked in detail at the care plans of three people and related health records to ensure these were accurate and up to date. We also looked at records relating to the management of the service. These included medicines records, quality checks, staff rotas, recruitment and training records, quality audits, meeting minutes and the provider's policies and procedures.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our previous inspection in December 2014 we rated this domain as inadequate. We concluded medicines were not managed safely and found insufficient staff were present to provide safe care and support to people who used the service. We also found there were insufficient domestic staff to maintain a safe level of cleanliness.

In their action plan the provider told us they had taken action to improve staff practice in the management of medicines. During our inspection in December 2015 we found they had followed their plan and saw evidence of improvement in this area. We concluded they were no longer in breach of regulations covering the administration of medicines.

We spoke with two members of staff who were responsible for the administration of medicines. Both told us they received regular training to support their work and their competency was regularly checked by a senior member of staff observing their practice. We observed a medicines round during the inspection and saw evidence of good practice. Staff were able to take their time to ensure people were appropriately supported. Medicines were stored safely and securely in a room which was kept at a suitable temperature, and we saw evidence this was checked regularly. We looked at electronic Medicines Administration Records (MAR) which were completed correctly and checked stocks of medicines, finding no discrepancies. We saw the electronic system maintained a running stock count each time medicines were given and would raise an immediate alert if any medicines were missed.

We spoke with people and their relatives about access to medicines. A person who used the service said, "Medication is on time, but it's not explained what it's for and staff don't stay until it's taken." We made observations during the inspection and saw staff explained medicines to people and waited to ensure medicines were taken before moving on to the next person. A relative told us, "[name of person] gets their medication on time."

We looked at the recording and storage of controlled drugs. We checked the stocks of these medicines against the records which the provider kept and found a discrepancy with one liquid medication. We brought this to the attention of the manager at the time of the inspection. They told us that records were updated each time liquid

medication was dispensed but that the amount delivered from the pharmacy was not checked to ensure it was as stated on the packaging. They said they would begin checking this to ensure stock keeping was accurate.

The provider told us in their action plan they would review the staffing levels in all departments of the home and ensure gaps on the rota due to absence were filled with bank staff where needed. During our inspection in December 2015, we looked at staffing records, made observations and spoke with staff and people who used the service. We saw evidence of improvement and concluded the provider was no longer in breach of regulation in this area.

People who used the service gave broadly positive feedback about staffing levels. One person who used the service told us, "Staff seem very pushed to do things but they never show it." Another told us they saw bank staff on a regular basis saying, "They have to be told what I like." Staff we spoke with told us there were enough staff to provide safe care and support to people. They said the bank staff who worked in the home did so regularly, meaning they knew the care and support needs of people. A member of staff told us, "The agency staff shadow us first, or they are given tasks such as making teas and coffees and supervising the floor." Another member of staff said, "Some days we are short staffed, but management make an effort to get agency staff. The unit manager and deputy also help out." A further member of staff told us, "There are usually enough people on each floor. We have had a lot of sickness which has been a problem. We can still meet people's needs but it takes its toll on staff." The manager told us they were undertaking a recruitment drive to increase staffing numbers and we saw evidence this was the case.

At our previous inspection we concluded there was insufficient provision of domestic staff to keep the home adequately clean. During this inspection we looked around all communal areas of the home, the kitchen, some bathrooms and some bedrooms of people who used the service. In general we found the home to be clean and well maintained. However, we found some malodours present in seating in the communal areas. We raised this with the manager during the inspection. They told us a deep clean of the furnishings was planned, and that if this did not remove the odours then they would seek to replace the furniture.

Is the service safe?

We looked at rotas for the previous four weeks and saw evidence staffing levels, including senior staff, care staff and domestic staff, were consistent each day. The manager used a dependency tool to help them work out how many staff were needed to meet people's care needs. We saw they updated this monthly or when someone started using the service. Based on records, observations and what people told us we concluded the provider had made sufficient improvement to no longer be in breach of this regulation.

We looked at the recruitment files of four staff and saw the provider undertook appropriate background checks before people commenced employment in the home. Files contained references from former employers which evidenced previous good character and relevant experience, and we saw records of checks made with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people. These checks help employers make safer recruitment decisions.

People who used the service told us they felt safe in the home. One person said, "[I feel] very safe here because of the kindness of everyone." Another told us, "I do feel safe here." A visiting relative told us, "[Name of person] is kept safe here."

We looked in detail at three people's care plans and saw a range of risk assessments in place to minimise harm to people who used the service. These risk assessments were

linked to care plans which showed how individual needs were met. For example, in one person's records we saw a risk of pressure sores had been identified and a very detailed care plan had been written to ensure the risks to the person's skin integrity were minimised as much as possible. We saw risk assessments and care plans were regularly reviewed and updated.

The provider had policies and procedures in place to ensure concerns about the safety of people who used the service were appropriately reported. Staff we spoke with told us they received training in safeguarding vulnerable adults and understood the importance of raising any concerns without delay. They were able to describe the different types of abuse and how they would report this, either to senior management or outside the home to bodies such as the local authority or the CQC. Staff were also aware of the provider's whistleblowing procedure and told us they had training to support their understanding of this. One member of staff told us, "Training [in safeguarding] is really important and the new manager is really keen on it."

We looked at the provider's records of accidents, incidents and safeguarding reports. We found clear and detailed records were made, including information on what action had been taken following the incident. We saw evidence that referrals were made to appropriate healthcare professionals and the local safeguarding authority where needed.

Is the service effective?

Our findings

People's needs were met by staff who had an appropriate mix of skills and knowledge to provide care and support. We looked at the training records which showed staff completed a range of courses, including; dignity in care, diet and nutrition, diversity and equality, safeguarding and first aid. The records showed staff were up to date with training and we saw plans were in place to ensure refresher training took place at appropriate intervals. Staff we spoke with told us they had regular training and could request training in additional areas of interest at any time. One staff member told us, "All my training is up to date. I've done training in medicines recently, and moving and handling and fire safety. The e-learning we do lets you take it at your own pace."

Staff we spoke with told us they felt well supported by the manager and had supervisions where they could discuss their performance and any training needs. One member of staff told us, "I have supervisions regularly. I am being supported to progress towards promotion." Another said, "I have supervision every two months. I find them useful." We looked at the records of supervisions and the provider's policy which stated "formal supervision must take place six times a year with each staff member." Records showed there had not been a consistent approach to supervision. For example, one member of staff had received a supervision in August, September and October of 2015, but none were recorded for earlier in the year. Another member of staff had only one supervision recorded in 2015. We raised this with the manager during the inspection. They told us, "This is a situation that has been inherited, but identified as an area of focus which will re-engage staff and help share a new sense of vision." A member of staff told us, "It [supervision] has not been good up until recently but [the manager] is now getting on top of things. They have only been here for 3 weeks and have done loads already; they can't do everything straight away." Out of 36 staff members 20 appraisals had taken place, 4 were planned for December, 2 staff were on Maternity leave, 2 staff were on long term sick, 3 staff had less than 12 months employment and 5 staff members had not yet started work and were currently in the recruitment process and so did not require an appraisal.

We saw evidence in care plans that people had access to healthcare services when they needed them. We saw

regular input from professionals including; GPs, district nurses and dieticians. These visits were, in general, well documented. One person's care plan contained records of weight loss and we could not find evidence of a referral to a dietician, although care staff told us they believed it had been done. This meant there was a risk that changes noted in people's general health were not effectively investigated or mitigated. We raised this with the manager who took action to make a referral during the inspection. We spoke with one visiting health professional who told us, "Things are getting to where they should be. I have confidence from what I have seen that the new manager is on top of things. They seem to be taking things on board now."

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. At the time of our inspection four people were subject to DoLS and we saw all documentation was completed correctly to ensure that it was lawful.

People's care plans contained completed capacity assessments and information regarding people's capacity to make decisions. Staff we spoke with informed us they had completed MCA training. They told us they knew people's needs through talking with them and asking them what they liked. They also looked at people's care plans which included information about people's preferences and described what action they would take if they felt a person was unable to make a decision. One member of staff told us, "I make an assumption everyone can make decisions, and when I need to I give all the information I

Is the service effective?

can to help the person make a decision.” Another said, “I talk about choices with people and help them decide. It might be what to wear or what to do, but I always offer choices.”

We saw inconsistent evidence in the recording of people’s consents or best interest decisions regarding areas such as treatment, administration of medication and agreement to residential care. We raised this with the manager during the inspection and found they had already identified this as an area for improvement.

People who used the service spoke positively about the food. Comments included; “Plenty of choice.”, “It’s getting

better.”, “There is always enough to eat and drink, I can get fruit or biscuits or whatever I need.” and “Plenty to choose from and it’s well cooked.” We saw there were jugs of juice available in several areas of the home for people to help themselves and fresh fruit was also provided in public areas. A visiting relative told us, “[Name of person] will live on sandwiches but staff will try to explain how important a balanced diet including vegetables is. They will respect what [name of person] says, though.” We observed the lunchtime meal service and saw the food available was of a good standard, was well presented and smelled appetising. Staff we spoke with told us there were always alternatives available if people did not want the options on offer.

Is the service caring?

Our findings

People who used the service spoke positively about the staff and the experience of living in the home. One person who used the service said, “I haven’t been here for long but it feels like home.” Another told us, “The staff are very nice and always helpful.” A third said, “Nothing is too much trouble for the staff, they are lovely.” We observed a pleasant and calm atmosphere throughout the inspection, and people told us this was normal for the home.

Staff we spoke with were able to tell us about the people they supported and cared for. One member of staff said, “We get to know people from talking to them, and from information in their pre-assessment.” During the inspection we observed staff addressing people and their relatives by name, meaning they had developed good relationships with them.

Records we looked showed a lack of consistency in evidencing people’s involvement in writing and reviewing their care plans, and we found a similar lack of consistency in the approach to documenting people’s preferences, likes and dislikes.

We saw people looked tidy and clean in their appearance, which is achieved through good standards of care. Staff we

spoke with gave examples of how they respected people’s privacy and dignity. For example, they would ask the person what assistance they would like and they would also talk through how they were going to deliver care. They emphasised they would knock on people’s doors, give them privacy when assisting with personal care and ensure they were discreet when discussing care needs. During our inspection we observed staff talking to people in a pleasant and friendly manner and saw people were treated with dignity and respect. We saw staff engaging in conversation with people and showed an interest in what they had to say and a respect for their views.

We saw people were free to decide how and where they spent their time and were free to move about the home as they wished. People were offered choices, for example in what they wished to eat and when they wanted to take their medication. Staff took time to explain choices and gave people time to make decisions. Relatives of people who used the service said they felt consulted about their family member’s care. One person said, “I am always notified of anything that requires care decisions,” and “if [name of person] is not feeling well the family is always informed and told how they are.”

Is the service responsive?

Our findings

People we spoke with told us they felt they were well cared for and that staff understood their needs. One person told us, "I haven't been here long and they have listened to what I like and respond to it." Another used the word, "Brilliant" to describe the standard of care. We saw in people's care plans that their needs were assessed. Staff told us they used information in the care plans to help them get to know and provide care and support for people. Although care plans were kept up to date and contained information which showed how individual needs would be met; we found it hard to find specific information as the files were large and not well indexed. We fed this back to the manager during the inspection.

We saw inconsistent evidence of people's involvement in the writing and review of their care plans. We discussed this with the manager and operations manager during the inspection and they told us this was an area they had identified for improvement.

One person told us about activities in the home. They said, "I like the activities now, they are needed to wake the brain up." Another person showed us things they had made and said they were encouraged to come up with ideas and run sessions so that other people could join in. We saw people were making craft items for sale at a Christmas Fayre. Another resident said they had been encouraged to give people a talk on their hobby. We spoke with the member of staff who organised activities in the home. They told us they had access to a budget and were considering ways in which to develop activities which would appeal to the male residents, who had said they did not enjoy craft activities and bingo as much as the female residents. The activities

co-ordinator told us they were working to create a pub style environment where people could play games such as darts and dominoes. People who used the service were being encouraged to produce a coat of arms for the 'pub'.

On the day of the inspection we saw some people enjoying karaoke in one of the communal lounges. We observed a good rapport between the people who used the service and the staff, and people being supported to dance when they expressed a wish to. We saw the staff went from room to room to ask people in other areas if they wished to join in. One member of staff told us, "This could be improved. We have one activity coordinator at present. The staff try to offer different activities but it is difficult to do this whilst maintaining care and balancing paperwork."

We looked at the provider's policies and procedures for recording and resolving complaints and concerns. We saw that all feedback including verbally raised concerns was recorded together with a clear course of action. This included ensuring the person raising the concern or complaint had the opportunity to discuss it with a senior member of staff during any investigation and received feedback on the outcome of the investigation.

We saw risks and concerns were communicated to staff in a variety of ways. Staff attended handover meetings at the start of a shift so that people's changing care needs could be discussed. Passing the Baton' meetings were held at the end of each three day shift cycle so that staff returning could receive a more detailed update and reminder of people's preferred routines. Messages from the provider were discussed in weekly 'Huddle' meetings, which cascaded operational information shared with the manager at their weekly briefings. Staff we spoke with told us they found all the meetings useful as they were asked for their thought about the improvements that were being made. Staff said the support and information sharing had improved since the manager had been in post.

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager. There was a manager in post who had submitted an application to register with the CQC. Their application had been received and was being processed at the time of the inspection.

We received very positive feedback about the manager from staff. One member of staff told us, “I really like [the manager] – they are determined and won’t put up with bad practice.” Another said, “They are doing great. I think those of us who have been here a while feel things are finally going to be as they should be.” Staff we spoke with told us they felt the manager had made a strong impression in a short time. We were told the manager was approachable, supportive, led by example and was a champion leading improvement in the home. Staff told us there was a good culture in the home and that they liked working there. People who used the service and their relatives also expressed confidence in the manager. One relative told us, “I like the fact the manager comes from a nursing background. I find her impressive. She came across in resident meetings as very approachable and caring.”

People who used the service were consulted in how it was run. They had opportunity to attend meetings to give and receive feedback and also completed an annual survey. One person told us, “The meetings are good because problems can be raised, are out in the open and dealt with.” We looked at the minutes of recent meetings and saw a varied agenda which had driven a meaningful conversation with people. We saw people had been told about changes affecting the service, asked for suggestions for activities and given opportunity to give feedback about daily life in the home. Minutes of the meeting were displayed on the noticeboard in the entrance to the home.

When we spoke with the manager during the inspection we found they had identified a number of areas for improvement and had robust plans were in place to address these. They told us they were working to share their vision through staff meetings, supervisions and in setting a day-to-day example. Staff told us they liked working at the home and felt they were a strong team committed to supporting the manager to make

improvements. They told us there had not been regular staff meetings but were hopeful this would change. Staff we spoke with told us they felt able to raise concerns with the manager and were confident that they would take action.

We saw that a programme of quality audits was regularly undertaken, although it was hard to determine the schedule for these as results were filed in the month they were undertaken with no overall key or schedule. Audits included; service user weight losses, infection control, care plans, mattresses, pillows and medication. We saw evidence most audits had been recently undertaken and appropriate guidance was consulted in designing the audits. For example, the infection control audit referred to; the Department of Health ‘Infection control for care homes’ publication, Royal College of Nursing ‘Essential practice for infection prevention and control and NICE quality standards.

There was a sufficient level of detail contained within the auditing programme. For example, the weight loss action plan analysed all weight changes, contained Malnutrition universal screening tool and Waterlow pressure ulcer risk assessment scores for the relevant person. We also saw information regarding whether there had been a referral to a tissue viability nurse, district nurse, GP or dietician. The manager recorded whether any changes in care had been added to the person’s care plan and any actions required to be taken. For example, we saw one person had a history of weight loss and the manager had noted the action “[Name of person] has food sensors in their room to stimulate appetite – weight has increased.”

The care plan audit recorded whether an individual care plan was complete and made comments where information was missing or incomplete. The audit contained a detailed action plan which included a deadline for re-audit of the care plan to ensure all points raised had been actioned. Although this was a meaningful and comprehensive audit we saw that it had only been completed once in 2015. We spoke with the manager who told us they thought it should have been undertaken quarterly, and that they were working with the operations manager to improve the processes of audit..

We saw there had been a period where there was no evidence that audits were reviewed after completion to ensure any emerging trends were identified in order for appropriate action to be taken. We spoke with the manager about this and found action to improve this had already

Is the service well-led?

been taken, and saw evidence of good support from the provider. We looked at the minutes of the most recent provider quality visit in November 2015. This was a comprehensive report covering audits including staff recruitment files, infection control practices, analysis of accidents and incidents and feedback from people who

used the service and their relatives. A detailed action plan was also included, with a clear scheme of delegation and timescale for completion. The operations manager told us “The registered manager updates me on progress each week.”