MBi Social Care Limited

# Sandycroft Nursing Home

## Inspection report

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## Ratings

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

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

# Summary of findings

## Overall summary

The inspection visit at Sandycroft was undertaken on 03 & 04 February 2016 and was unannounced.

Sandycroft provides nursing care and support for a maximum of 26 people who live with dementia and/or a physical disability or sensory impairment. At the time of our inspection there were 24 people living at the home. Sandycroft is situated in a residential area of Blackpool close to local amenities. There are three floors offering single room accommodation for people who live at the home. There are ample toilet and bathing facilities and a large communal area for people's use.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 15 April 2014, we found the provider was meeting all the requirements of the regulations inspected. The inspection was undertaken with the previous provider. Another organisation has since taken over Sandycroft and registered as the new provider. Our inspection on 03 & 04 February 2016 was undertaken with the new provider.

During this inspection, we saw the provider was undertaking a substantial refurbishment and redecoration programme. The registered manager had kept us informed about the work already completed, being undertaken and planned for the future. This included the full consultation with and the involvement of people who lived at the home, staff and visitors. The management team told us this was for the benefit of people's welfare and safety.

We observed the refurbishment work was being completed in a phased way in order to minimise disruption to the service. We saw records contained evidence of people and their relatives being involved in the entire process. This included consultation through surveys and 'resident' meetings. We found this was improving the living environment and had benefitted people's well-being and safety. This showed the provider worked openly with CQC in ongoing service disruption and had involved people in planned environmental change.

We saw the management team assessed and analysed accidents to reduce risks to people, staff and visitors. People were protected from potential hazards because risk assessments had been completed to maintain their safety. Staff demonstrated a good understanding of how to protect people from potential harm or abuse. One staff member said, "At the end of the day, we're here to give the residents the best possible care. How can we do this if we don't report poor practice?"

We observed staff worked in a patient and unhurried way in their duties. We found there were sufficient staffing levels and skill mixes to meet people's requirements. The management team had recruited suitable staff to maintain the safety of individuals who lived at Sandycroft. Where required, the registered manager

had monitored staff members' professional registrations to ensure they were current. Staff told us they were effectively trained to carry out their duties. One staff member said, "There's no end of courses."

We observed medicines were stored in a secure, clean environment. Staff were trained and underwent regular competency tests to assess their ongoing proficiency. The registered manager regularly audited all related processes to monitor the safe management of people's medicines.

Staff supported people to meet their nutritional needs in a discrete and respectful way. Individuals who lived at the home said they had a choice of what to eat. They told us they enjoyed their meals.

When we discussed the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards, staff demonstrated a good awareness. We observed people were not deprived of their liberty and had consented to care and treatment.

Staff demonstrated a kind and respectful approach when they engaged with individuals who lived at the home. Staff had recorded people's wishes and consistently promoted their privacy and dignity.

Care records we checked did not always provide staff with clear guidance to meet people's needs. There were gaps in documentation and care plans lacked detail to assist staff in how to support individuals. However, we noted a new, more in-depth assessment, planning and evaluation system was being implemented. We observed staff supported people with a personalised approach and consistently offered choice before they assisted them. The registered manager told us, "Staff feel more supported and residents' needs are considered rather than being task-orientated."

We have made a recommendation about the registered manager seeking guidance related to recordkeeping and care planning.

Staff, people and their representatives told us the home was well organised and had good leadership. The management team sought feedback from people, relatives and external healthcare professionals. The outcomes of comments were analysed, acted on and displayed in a transparent way. The registered manager had regularly completed a range of audits to maintain people's safety and welfare.

## 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.

The registered manager had suitable arrangements to maintain people's environmental safety. Staff understood safeguarding procedures to protect individuals from abuse.

Staffing levels and skill mixes were sufficient to meet people's needs. The management team had recruited suitable staff to maintain the safety of individuals who lived at Sandycroft.

People's medicines were managed safely because staff were trained and monitored to assess their ongoing proficiency.

### Is the service effective?

Good

The service was effective.

People told us they enjoyed their meals and were offered a choice of what to eat. Staff completed assessments intended to protect individuals against the risk of malnutrition.

The management team supported staff in their responsibilities by providing sufficient training and assessing their competency.

Records contained evidence of people's consent to their care and treatment. Staff demonstrated a good awareness of the MCA and DoLS.

### Is the service caring?

Good

The service was caring.

People told us they felt staff were caring, respectful and consistently maintained their dignity. We observed staff were compassionate and demonstrated an awareness of the principles of good care.

We found people and their representatives were supported to be involved in their care. Visitors were made to feel welcome and were able to see their relatives at any time.

## Is the service responsive?

Requires Improvement

The service was not always responsive.

Care planning did not always provide staff with clear guidance to meet people's needs. There were gaps in documentation and care plans lacked detail to assist staff in how to support individuals.

We observed staff supported people with a personalised approach and consistently offered choice when they assisted individuals.

People were supported to comment on the quality of their care. The registered manager had a good complaints process in place.

## Is the service well-led?

Good

The service was well-led.

We saw the registered manager had a 'hands on' approach to their leadership. People, staff and visitors said the management team was supportive and organised the home well.

The management team sought feedback from people, relatives and external healthcare professionals. The outcomes of comments were analysed, acted on and displayed in a transparent way.

We found the registered manager had completed a variety of audits to maintained people's safety and well-being.

# Sandycroft Nursing 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.

The inspection team consisted of an adult social care inspector and a specialist professional advisor. The specialist advisor had a nursing background and experience of working with older people.

Prior to our unannounced inspection on 03 & 04 February 2016, we reviewed the information we held about Sandycroft. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Before the inspection, the provider completed 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. The registered manager stated a substantial internal refurbishment and redecoration programme was underway. Additionally, they told us new infection control, medication and environmental safety systems were being developed. Other planned processes included an enhanced staff training programme, a quality assurance auditing system and new care planning forms.

We spoke with a range of people about this service. They included four members of the management team, six staff, six people who lived at the home and three relatives. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Sandycroft. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Sandycroft and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

# Is the service safe?

## Our findings

People, staff and visitors told us they felt safe at Sandycroft. One person said, "It's lovely here. It's clean and well-kept." During this inspection, we saw the provider was undertaking substantial refurbishment and redecoration of the home. The registered manager told us this was for the benefit of people's welfare and safety. We observed the refurbishment work was being completed in a phased way in order to minimise disruption to the service. We found the provider had suitable arrangements to maintain people's ongoing environmental safety whilst work was being completed. For example, risk assessments were in place and the registered manager had completed regular health and safety audits. We noted identified issues were acted on and records were kept to evidence this.

We reviewed the systems the registered manager had in place to manage accidents and incidents. Associated records we looked at included details about accidents, any outcomes and actions taken to manage them. We found these were audited to review how the reoccurrence of incidents could be minimised. Additionally, the management team engaged with the community support team to identify and manage risks to people from falls. This showed the registered manager had suitable arrangements to protect individuals from potential environmental harm.

Hot, running water was available and delivered within health and safety guidelines. We saw the registered manager kept records to evidence this. Additionally, we observed windows were secured with restrictors, whilst smaller windows were in the process of having restrictors installed. The service's gas, electrical and legionella safety checks were up-to-date.

The management team had completed regular assessments to minimise the risks of harm or injury to people. Risks assessments included the environment, bedrails, lighting, heating, trips and falls. We noted records included action to manage risks as well as protocols to ensure control measures were sufficient. Additionally, a brief outline of each person's movement and handling risk assessment was kept in their rooms. This gave staff an immediate reference guide to maintain the safety of individuals who lived at Sandycroft. The registered manager had assisted staff to maintain people's safety and welfare.

Staff had a good awareness of the principles of protecting people from potential harm or abuse. Training records we looked at contained documented evidence staff had received related guidance. One staff member told us, "If I ever saw anyone being disrespectful in any way, shape or form I would stop it and then report to the person in charge. I would have no concerns about whistleblowing to CQC." The registered manager had guided staff to protect people from unsafe care and treatment.

We discussed staffing levels with staff and people who lived at Sandycroft. We reviewed staffing rotas and found there were sufficient numbers and skill mixes of staff on duty at all times. We saw staff worked different shifts than their usual pattern to gain an insight into diverse responsibilities. The registered manager told us, "The night staff do work day shifts to have a better appreciation of different shift requirements."

We observed staff answered call bells in a timely manner and they were patient and unhurried in their duties. People who lived at the home, staff and visitors said staffing levels were adequate. One person told us, "They make sure there are always two staff to help me." A staff member stated, "There's enough staff to meet residents' needs. We try and cover sickness between us." This showed the staff team managed leave and sickness between them to optimise people's continuity of care. However, we were told if this was not possible, agency staff were brought in to maintain staffing levels.

Staff files we looked at held evidence of the management team following safe recruitment procedures. Records included references and criminal record checks obtained from the Disclosure and Barring Service. The management team confirmed personnel had a full employment history. Additionally, the registered manager had verified, where required, staff had a current professional registration in order to practice. They told us they had a data system that prompted when nursing staff registration was due for renewal. This demonstrated the registered manager had oversight of each employee's current practice requirements and had recruited staff safely. Records we checked contained evidence of staff induction training to support them in their new roles. One staff member told us, "I was petrified when I started, but I got lots of support and training."

We observed staff administering medicines and noted they were not interrupted and able to focus on one person at a time. Associated documentation was completed in-line with National Institute for Health and Care Excellence (NICE) guidelines on medicines recordkeeping. The registered manager had guided staff in the safe management of people's medication. For example, charts were kept in the individual's room to indicate to staff where, when and how to apply creams. The registered manager had ensured staff received relevant training and undertook regular checks to ensure all processes were safe. This included staff competency tests and recurrent audits of documentation and other procedures. We found identified issues were addressed through staff supervision and meetings.

Medicines were stored securely and locked in the designated trolley when it was left unattended. All equipment and storage areas were clean and tidy and relevant checks had been completed and recorded. Documents we looked at held evidence of a clear process of medication ordering, receipt, recording and disposal. We noted the nurses worked with the local pharmacist as part of their medicines management. For example, they checked the purpose of new medication or prescription dosages. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

Good

# Is the service effective?

## Our findings

All the people and their representatives we spoke with said they felt staff were effective in maintaining their nutritional support. They told us they enjoyed their food and were offered alternatives to what was on the menu. One person stated, "I can choose what I want to eat." Another individual added, "The food is good and the staff are very helpful."

Kitchen hygiene and food safety records were in place and we found staff had documented required checks on completion of tasks. We saw the kitchen was clean, tidy and well stocked with foods and fresh produce. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. We discussed people's special diets, nutritional requirements and individual preferences with kitchen staff, who demonstrated a good understanding of their needs. One staff member said, "Any new residents I go and speak with them. I ask if they have any special diets and check their likes and dislikes. I get really involved with them so I know I cook what they want."

We joined people for lunch and observed staff encouraged the event to be a social and enjoyable occasion. Where applicable, staff supported individuals with a discrete and caring approach. Relatives were encouraged to stay and support people, if they wished to. Staff offered them a meal in order for them to eat with their relative. Care files held nutritional risk assessments and other relevant documentation, such as related care planning and regular weight checks. Staff regularly updated these to protect individuals from the risks of malnutrition. Where concerns were identified, we found the management team acted on this, such as referral to GPs or dietitians.

Staff files we looked at contained records of regular supervisions and appraisals to support staff in their roles. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Both processes were a two-way discussion about staff attitude, communication, timekeeping, personal care and further training. A staff member told us, "We have regular supervision. We get the chance to talk about any problems and how I'm doing."

The registered manager told us the new provider had introduced a raft of training courses to assist employees in their roles. In addition, they were redesigning a room to house computer equipment for staff as a part of their learning and development. We found evidence of staff training in movement and handling, infection control, falls management, catheter care and continence support. The registered manager said a new computerised audit system identified when staff were due to have training refreshed. This meant staff continued to receive guidance to ensure their effectiveness in supporting people who lived at the home. The registered manager told us, "[The provider] started looking at what we wanted for training and to improve the home in all areas."

We saw the management team completed regular spot checks of staff care practices. These covered, for example, infection control, environmental safety and comfort, equipment use and personal care. The registered manager said they discussed identified issues in supervisions and, where necessary, provided additional training. A staff member stated, "Anytime I'm not sure about something, there's always support

around. It's constantly there, the training and supervision." A nurse added, "I have had more training since working here than in my whole career."

Care records we looked at held documented evidence of people's consent to their care. Staff had recorded the individual's agreement to overall care as well as where decision-specific consent was required. This included consent to care planning, level of involvement and to have their photograph taken. We observed staff consistently assisted people to make their day-to-day decisions. For example, they checked what individuals wanted to eat, what they wanted to do and where they wanted to sit. On discussing consent, one staff member explained, "I cannot take that away from a resident. It helps them to keep a bit of independence and gives them a purpose in life."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us four people had a DoLS in place to deprive them of their liberty in order to safeguard them. Records held evidence of clear decision-making processes, mental capacity assessments and best interest decisions. Staff had transferred all the information associated with the legal authorisation to the individual's care records. Staff demonstrated a good level of awareness about the principles of the MCA and DoLS. One staff member said, "This is about what their capacity is to make decisions. Whether this is right or wrong, we must help them to make decisions. We must never take their abilities away from them." This showed staff were guided in the MCA and code of practice to prevent the deprivation of people's liberty.

Staff worked with other healthcare services to monitor people's physical and mental health, in order to support their ongoing needs. Records were updated to identified concerns and actions were documented in daily reports. Where necessary, staff referred complex issues to, for example, GPs, social workers, specialist hospital services and the local pharmacist. Where applicable, relatives told us they were kept up-to-date with any changes in health or support needs. One relative said, "The nurses and carers communicate well with us."

Good

# Is the service caring?

## Our findings

People we spoke with told us the staff and management team were caring. One individual who lived at the home said, "The carers are all good." Another person added, "It is as good as anywhere and I have friends here." A relative stated, "[My relative] is very well looked after and cared for." We saw equipment in use was designed around people's well-being, such as specialist air mattresses in place for all individuals. One person told us, "My mattress is very comfortable."

We discussed care with staff who demonstrated a compassionate and kind attitude. One staff member stated, "I enjoy my job because of the closeness I have with the residents. I feel like I am giving something back to the community." We observed staff were patient, kind and respectful towards people who lived at the home. They consistently spoke with individuals on entering communal areas, using a friendly and informative approach. For example, before lunch we saw staff encouraged three people to have a sing-a-long together. The staff then joined in and supported individuals to have fun.

During our inspection, we saw the provider was undertaking a substantial refurbishment and redecoration programme. The registered manager said they had fully consulted with and involved individuals who lived at the home, staff and visitors. The management team told us this was for the benefit of people's well-being. We found records contained evidence of individuals and their relatives being involved in the entire process. This included consultation through surveys and 'resident' meetings. This showed the provider had included people in planned environmental change and the redecoration of their living space. A staff member told us, "What they are doing is a good thing, trying to make the home a good place for us and the residents."

Care records we looked at contained documentation of people's preferences and wishes in relation to their support. This included preferred number of pillows, what individuals wished to be called and getting up/going to be times. Other information included recorded checks of how involved people wished to be in their care and support planning. Staff had documented each person's preferences about how they wished to be assisted. This demonstrated the registered manager had involved people in care planning to ensure support matched their stated wishes.

We saw an outline of people's requirements and support preferences was recorded in their bedrooms. This gave staff an immediate reference guide about the individual's care needs. The information was displayed inside people's wardrobes in order to maintain their confidentiality when visitors entered their rooms.

When we discussed the principles of dignity in care with staff, we found they had a good understanding. We observed staff maintained people's privacy and dignity throughout our inspection, such as knocking their doors before entering. One person who lived at the home told us, "The staff are kind and considerate." Staff files we looked at contained spot checks the registered manager completed. These covered assessments of staff skills and awareness in maintaining people's dignity and privacy. We saw evidence of any identified issues being documented and followed-up. This showed the registered manager monitored care practices in order to ensure high standards of dignity were met.

The provider worked with the National Gold Standards Framework (GSF) and had achieved a commend award in end of life care. The GSF is an external organisation supporting providers to develop evidence-based approaches to optimising care for people approaching their end of life. The registered manager and staff had received specialist training. The GSF carried out quality assurance assessments to check the management team and staff were meeting the required standards. This showed the management team had guided staff to meet people's needs and maintain high standards in end of life care.

The registered manager said they worked with the local hospice and community support team to improve people's end of life care. We noted hospital admissions were reduced because of staff training and good care practices. This meant people were enabled to remain in their familiar surroundings with staff they recognised. Additionally, where applicable, the registered manager had sought relatives' views of end of life care through questionnaires. One relative had commented, "The support that we were given during and after the death of my [relative] from everyone at Sandycroft was exemplary."

We observed staff welcomed friends and relatives when they visited people who lived at the home. For example, they engaged in a friendly manner, provided drinks or offered a meal at lunchtime. We saw friends and relatives were encouraged to visit at any time and to support individuals whenever they wished. The registered manager and staff had assisted people to retain their important relationships and develop their social skills.

Requires Improvement

# Is the service responsive?

## Our findings

People and relatives we spoke with said they felt staff were responsive to their needs. For example, we overheard a friend asking one person if they felt they were getting better. The individual responded, "Yes, because I can do more for myself than I used to be able to when I was on my own." Another person told us, "I couldn't be cared for any better. I am making good progress."

We found a brief outline about people's requirements and their wishes in relation to their support was displayed in their bedrooms. This gave staff an immediate reference guide about assisting individuals in accordance with their preferences. The registered manager had supported staff to be responsive to people's care requirements. They told us, "We have split the teams in to two to make care more holistic and personalised. It means the teams are much better aware of each person's needs."

The management team completed an assessment of people's needs prior to their admission to check they were able to support them. Nurses then assessed individuals following admission and on an ongoing basis to check support continued to meet their requirements. However, we found care records did not always provide staff with clear guidance to meet people's needs. There were gaps or missing information in documentation and care plans lacked detail to assist staff in how to support individuals. For example, staff had recorded in one care plan 'clean and position catheter correctly'. However, there was no instruction as to how staff should complete this care. Records were not always signed and dated by staff to evidence when they had been updated.

The registered manager acknowledged care planning required further development to maintain people's support. We saw a new set of care documentation was being introduced. This included detailed forms related to assessment, care planning and risk assessment. The records included thorough checks of people's life histories, preferences and support requirements. This showed the registered manager was implementing structured support to inform staff fully of each individual's requirements.

We observed staff supported people with a personalised approach and consistently offered choice before they supported them. This included providing options about where people wished to sit, what they wanted to do and what they wanted to eat. We saw staff had a good understanding of each person's requirements and they supported them in a caring and sensitive manner. For example, one person required an expensive dressing on a pressure ulcer, which an external healthcare professional wanted to stop. However, the registered manager acted as an advocate and ensured this continued because there was evidence of extremely effective healing progress. We found staff involved people and their representatives in the review of their care. One staff member said, "We communicate really well to make sure we keep up-to-date with any changes."

We observed the management team had provided a range of facilities to maintain people's social skills. This included several televisions in the communal areas showing different programmes to suit people's wishes. Hobbies and interests were encouraged. For example, we saw one person watched football on their handheld computer, whilst others read newspapers and books. We saw in one person's care plan staff had

recorded they loved pet dogs. This individual told us, "If any dogs visit, the staff make sure they bring them to my room so I can see them."

Whenever staff entered communal areas, we noted they took an interest in what people were doing and encouraged them with a positive approach. During our inspection, an external entertainer sang songs and encouraged people to dance and join in. Other regular activities included games, prize bingo, jigsaws and trips out. A staff member told us, "We go out, even if it's just for a cup of tea and a cake." The registered manager told us they had recruited an activities co-ordinator on the day of our inspection. They said they planned to work with the co-ordinator on developing activities to benefit people's welfare. They additionally wanted to utilise the new staff member to improve 'resident' meetings and increase people's involvement in the service.

We reviewed a sample of complaints received by the management team. We did this to check how they dealt with comments made by people and their representatives. Related records were held in a new 'Duty of Candour' file to highlight how the registered manager met the regulations. There was clear documentation of concerns raised, actions taken and any outcomes, which included, where applicable, a written apology. A staff member told us, "Any complaint we try and deal with it straight away." We further noted staff recorded and monitored in people's care files how complaints and actions taken impacted upon the individual. This was good practice in the management of complaints and showed how the registered manager was responsive to people's ongoing needs.

We recommend the provider seeks evidence-based, best practice guidance about recordkeeping and care planning to better guide staff to be responsive to people's requirements.

Good

# Is the service well-led?

## Our findings

People we spoke with said they felt the home was well organised and managed to maintain their safety and welfare. We observed the registered manager was 'hands on' in their approach to the leadership of the home. A staff member told us, "The management work with us and help us out." The registered manager had a caring approach with individuals who lived at Sandycroft and demonstrated an understanding of their needs. There was a welcoming atmosphere and people approached staff and the management team in a relaxed manner.

Staff told us they felt the registered manager and new provider led the service very well. They said the management team was supportive of their needs and provided opportunities to assist them in their roles. One staff member stated, "I can't fault the management here. They are there if we need to talk. Sometimes they have to manage us when we're not doing things right, but they do it in a really good, supportive way." A nurse told us if the management team were not on duty, "All I have to do is ring [the management team]. They are always available."

Team meetings were held every three months to support staff to raise concerns or ideas for improvement. We looked at the minutes from the last meeting held in November 2015. We saw areas discussed included recruitment, the home's refurbishment plans, people's safety, training and the new care planning system. Associated records we checked contained evidence the registered manager had acted on identified issues or suggestions. A staff member told us, "There are lots of ways we communicate or get updated information. We have handover every shift, regular meetings and we get given information in between as it comes along."

The provider worked with other organisations to assess the quality of the service provided. This included reporting to the local authority to show they were maintaining good standards of care. Additionally, the registered manager had sought feedback from local GP practices they worked with. Comments seen from GP surveys included, "We [at the practice] are extremely satisfied with the quality of care, support and empathy shown by all staff at Sandycroft. They maintain effective communication between GPs and patients."

The registered manager supported people and their representatives to comment about the quality of their care through regular satisfaction questionnaires. These covered areas such as environment comfort and safety, staff attitude, cleanliness, equipment, security and communication. The results of surveys were analysed and displayed in the entrance lobby for staff, people and visitors to read. We saw recorded comments from individuals and their relatives, which included, "If all nursing/care homes were as brilliant as yours the world would be a better place" and "We were very happy with everything." This showed the provider sought feedback about the quality of care and worked in a transparent way by exhibiting any outcomes.

Regular meetings were held between the management team and people who lived at Sandycroft. The intention of the meetings was to support people to discuss ways in which the home could improve. We

noted the registered manager had addressed issues raised. For example, people had commented the home's ongoing refurbishment meant builders were in various parts of Sandycroft completing work. They said they did not know who these individuals were. The registered manager arranged a meeting with people who lived at the home to discuss this further. They told us, "We looked at how we could improve this and took actions, such as introducing the workers to the residents."

The registered manager had completed a range of audits on a regular basis as part of the home's quality assurance. These included assessments of medication, environmental and fire safety, infection control, nutrition, safeguarding, falls and care planning. We noted the management team had recorded on recent audits identified issues as well as actions taken to improve the service. Additionally, staff files we looked at contained a variety of spot checks, such as infection control, medication and personal care. The registered manager completed these to assess the skills and care practice of all staff. This meant the management team had oversight of the quality of care to maintain people's welfare and safety.

The provider had introduced a computer programme to alert the management team to the status of various processes in the home. This included staff training and supervisions, quality audits, service safety certification and local authority performance indicators. Consequently, the registered manager had full awareness of when these processes were due. Additionally we saw the provider had a wide range of policies in place to underpin care provision and maintain safety.