Rose Villa Care Home Limited

Rose Villa Nursing Home

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

This was an unannounced inspection undertaken on the 23 and 24 March 2015.

Rose Villa is located on Beverley Road, Hull; it is close to the city centre. There is good access to public transport plus local facilities and amenities.

The service is registered with the Care Quality Commission (CQC) to provide care and accommodation for 36 people who need nursing care and who may be living with dementia. It also provides an interim care service for people who may need support following discharge from hospital with support from local NHS services.

The service was last inspected September 2013 and found to be compliant with the regulations we looked at.

At the time of the inspection there were 28 people living at the service.

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

Summary of findings

The staff understood they had a responsibility to keep people safe and knew how to identify and report any abuse they may become aware of. The registered manager had audited the environment to ensure it was safe for people to live in. Staff were recruited safely and provided in enough numbers to meet people's needs.

People were provided with a varied, wholesome and nutritious diet which was of their choosing. Staff monitored people's wellbeing and made referrals to health care professionals when required. Staff were trained to meet people's needs and were supported to pursue further qualifications. Newly recruited staff received induction training, however, it was not evident this was based on good practise guidelines; we have made a recommendation about this. Systems were in place to ensure any decisions made on people's behalf were in their best interest, however, the principles of the Mental Capacity Act 2005 were not full applied; we have made a recommendation about this.

People were cared for by staff who were caring and understood their needs. People who used the service or their representative had been involved with the formulation of care plans and had contributed to this process, this meant people received care which was appropriate to meet their needs and of their choosing.

The care people received was person centred and staff made sure people's dignity, privacy and independence was promoted. A range of activities were provided for people to participate in and staff understood the importance of engaging those people who may spend a lot of time away for the main lounge in their own rooms. People could choose what they wanted to do and when and were supported by staff to pursue individual hobbies and interests. The registered provider had a complaints procedure in pace which people could access if they felt the need to raise any concerns or complaints. These were investigated and resolved to the complainant's satisfaction wherever possible.

The registered provider had systems in place which monitored the quality of the service provided; this included a range of audits the registered manager was expected to complete. Surveys were used to gain the views of people who used the service, their relatives and health care professionals who had an interest in the people's welfare and wellbeing. All accidents and incidents were analysed and any learning was shared with staff and changes made to working practises or procedures if necessary. This meant people could have a say about how the service was run and the service provided was safe and based on learning and good practise.

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.

People were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs. However, induction training was not based on good practise guidelines. Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions. However, the principles of MCA were not always followed.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

Good

Is the service caring?
The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Good

Is the service responsive?
The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and pursued individual hobbies and interests with the support of staff.

People who used the service could raise concerns and make complaints if they wished.

Good

Is the service well-led?
The service was well led.

People who used the service could have a say about how it was run.

Good

Summary of findings

Other people who had an interest in the welfare of the people who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits of the service to make sure people lived in a safe, well run service.

Rose Villa 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on the 23 and 24 March 2015. The inspection was undertaken by one adult social care inspector 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 service.

The service was last inspected in September 2013 and was found to be compliant with the regulations inspected at that time.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 12 people who used the service and six staff; this included care staff and nurses. We also spoke with the registered manager.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Good

Is the service safe?

Our findings

When we spoke with people who used the service they told us they felt safe, comments included, "Yes I feel safe, because you've got call buttons to press and staff are about", "Yes, staff are here, and my room is safe", “Yes, I feel protected there is staff here" and "Yes, because there is always someone on duty 24 hours a day." People told us they felt there was enough staff on duty, comments included, " I’ve never had to wait", "There are certain times they take longer to respond, sometimes at night it’s a bit of a wait", "There’s a pretty good amount of staff on duty all the time" and “Just sometimes a bit of a wait." People told us they received their medicines regularly, comments included, "Yes I get them four times a day”, "I get them at different times there’s never any problems”, “I get quite a few and I get them on time" and "Yes, I always get my tablets." They also told us they felt the service was kept clean, comments included, "Yes it’s clean", "I think it is kept nice and clean" and "It’s done every day and vacuumed every day."

Visitors told us they felt their relatives were safe, comments included, "Yes, the staff seem to be very good", "Yes, locked doors downstairs and there is a lift" and "Staff are always about.” They also told us they felt the service was clean, comments included, "It seems clean enough to me, they clean it regularly", "It’s always clean" and "Yes, it’s a nice place."

When we spoke with staff they were able to describe the registered provider’s policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the nurse on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised to the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring. Staff were able to describe the different types of abuse they may witness or become aware of these included, psychological, sexual, physical and emotional. They were aware of changes in people’s behaviours which may indicate they may be subject to abuse, for example, becoming withdrawn and low moods. They were also aware of physical signs which may indicate people were being abused, for example, bruises.

We looked at records which showed staff had received training in how to safeguard people from abuse and how to recognise signs of abuse. The training informed staff of the best way to report abuse and their duty to protect people. The registered manager showed us a record of all safeguarding alerts they had made to the local authority safeguarding team and the outcome of any investigations. They had made an analysis of the incidents to look for any learning points which could be shared with the staff.

Staff told us they tried to treat everybody who used the service as individuals and respected their rights to be different. They also told us they would support people to lead a life style of their own choosing and would not discriminate because of gender, age or sexual orientation. The registered provider had policies and procedures in place which guided staff with regard to discrimination and people’s rights and referred to good practice guidelines.

People’s care plans contained assessments which identified areas of daily living which may pose a risk to the person, for example mobility, nutrition and falls. Assessments had been undertaken with regard to the risk of developing pressure sores with instructions for staff to follow to make sure the risk of people developing these was eliminated. Staff collated charts which indicated how they supported people who may be at risk of developing pressure sores by turning them regularly and making sure treatments advised by health care professionals were adhered to and followed.

People’s care plans contained assessments which had been undertaken to protect the person and others if they displayed any behaviour which put themselves and others at risk and challenged the service. Staff described to us how they would use distraction techniques which had been recommended by health care professional to keep the person and others safe.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people’s safety if the premises were flooded or services like gas and electric failed. People’s care plans contained detailed evacuation plans which instructed the

Good

Is the service safe?

staff in how to evacuate the person safely in the event of an emergency. These took into account people's abilities, for example, the person's level of mobility and how they should be supported by the staff.

Staff knew they had a responsibility to raise any concerns they may have about the treatment of anyone who used the service and they would be protected by the registered provider's whistleblowing policy. They felt confident to be able to raise concerns with the registered manager and felt they would take their concerns seriously and act on them. Staff were also aware they could approach outside agencies if they felt the need to raise concerns they may have. The registered manager told us they took staff concerns seriously and would take appropriate action if any allegations were made against any of the staff to protect people who used the service from harm.

Accidents people had were recorded in their care plans and the official Home Office approved accident book. The service promptly sought medical attention by either calling the person's GP or supporting the person to attend the local A&E department. Staff usually accompanied the person and the person's relative was informed. Outcomes of any attendance at the A&E department were recorded in the person's care plan and any changes as a result of the incident were used to inform ongoing assessment of needs, for example, a fall which may result in a change in the person's mobility.

Staff were provided in enough numbers to meet the needs of the people who used the service. Staff told us they never felt rushed and had plenty of time to meet people's needs and to sit and talk with them; we saw this during the inspection.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience and qualifications. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services (DBS). Nurse's registration status was check to ensure they were able to practise. This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an on-going stock control was kept. There was a record of all medicines returned to the pharmacist. We looked at the medicines administration record sheets and saw these had been signed by staff when people's medicines had been given, staff used codes for when medicines had not been given or refused. All medicines were locked in a cupboard and the trolley used to take the medicines around the building was secured to the wall. Controlled medicines were administered and recorded in line with legislation and there was an accurate on-going stock control.

The temperature of the fridges used to store some medicines had been monitored; staff knew the parameters the fridges should be working at to keep the medicines stored in them safe. The service's medicines system had recently been audited by the City Health Care Partnership (CHCP), a private agency set up to assist and advise care homes on the safe use of medicines; the registered manager showed us the report which had been produced by the CHCP. Records we saw showed us staff received regular training with regard to the safe handling and administration of medicines. Medicines were also audited by pharmaceutical staff who worked as part of the intermediate care service to ensure people who used this service had the right medicines and these had been administered correctly. A staff member who was at the service undertaking an audit during the inspection told us they found the staff very professional and felt they were more than competent in the administrating of medicines.

Good

Is the service effective?

Our findings

People who used the service told us they thought the staff were well trained and could meet their needs, comments included, "Yes, I think they know what they are doing", "Yes, staff have been here a long time." They also told us they were happy with the quality of the food provided, comments included, "Food is lovely, good choice", "Good choice, food is fair", "I like my puddings", "Very good, you get a choice, it's hot" and "For tea I get sandwiches." They also said, "Lots of favourites, all nice", "Food is hot, main meal is lunch and at tea time I get sandwiches or soup and tea is offered", "Very good", "All okay, it's always hot" and "I like my soup at tea-time."

They also commented on the support they received from staff, one person said, "Staff sit with me as they are concerned I am not eating properly." People told us they got time to eat their meals, one person said, "I get plenty of time."

We asked people if they could access their doctor or any other health care professionals, they told us, "Yes I can", "Yes if I need him" and "I have seen him a couple of times, if there is anything wrong with me they soon call a Doctor."

Visitors told us they thought the staff were trained to meet the needs of their relatives, they told us, "They seem to know what they are doing" and "They all know what to do."

They were also happy with the food their relatives received, comments included, "Balanced diet, definitely" and "Reasonable choice, he gets sandwiches at tea-time and gets cornflakes and a poached egg on toast for breakfast."

Visitors also told us their relatives had access to health care professionals when they needed it, they told us, "Yes, a month or so ago she had to have some rings cut off, also, she is seen by a GP regularly" and "I think the doctor comes once a week, Thursdays I think."

We saw records which showed us staff received training which was relevant to their role and enabled them to meet the needs of people who used the service. The registered provider had identified some training as being mandatory for all staff to complete, this included health and safety, lifting and handling, safeguarding adults from abuse, fire and first aid. This training was updated annually or as required. Staff told us they had access to other training which helped them to meet people's needs, for example, how to support people who may have had a stroke, the effects of diabetes and how to deal with behaviours which may put the person and others at risk and challenge the service. The registered manager had a system in place which identified when staff training needed updating. We looked at the induction training newly recruited staff received and while this was thorough the registered manager could not tell us if it had been based on any good practise guidelines. **It is recommended the registered provider updates the induction training and bases this on good practised guidelines issued by a reputable source.**

Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. The supervision sessions also gave them the opportunity to learn about any new way of working and the registered manager to tell them about any new guidelines. The annual appraisal gave them to opportunity to set goals for their development for the coming 12 months. The staff felt the communication was good and they could approach the registered manger if they had concerns or wanted to clarify anything.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered manager had routinely assessed people's ability to make an informed choice regardless of their level of capacity; this is contradictory to the principles of the MCA whereby it should be assumed people have capacity unless otherwise. **It is recommended the registered provider re-evaluates the practise of assessing capacity to make sure it is in line with legislation and good practise guidelines.**

The registered manager told us all the people who used the service could make informed decisions and none were subject to a DoLS.

People were provided with a wholesome and nutritious diet which was of their choosing. People's preferences had been recorded in their care plans as to what they enjoyed eating. The cook told us they had a good knowledge of people's likes and dislikes and made every effort to

Good

Is the service effective?

accommodate these within the menu. They were aware of the need to provide some people with a high calorie diet and how to fortify meals to achieve this. There was a choice of meals at both lunch and tea time. The meal provided on the day of inspection looked appetising and well presented. People's weight was monitored and referrals were made to dieticians when required. Referrals were also made to the speech and language therapy services (SALTS) when required if people had difficulty swallowing.

Instruction had been written into people's care plans for staff to follow in how to support people to eat and what supplements needed to be added to aid swallowing. We observed the lunch time and saw people were served food promptly while it was hot. Staff assisted people sensitively and sat with them providing support and gentle encouragement. We observed the meal time and while no one sat at the dining tables people seemed relaxed and were happy to eat their meals from a small table either in front of them or beside their arm chair. The registered manager explained they had attempted to encourage people to eat at the tables but everyone had declined and chose to stay in their arm chairs.

People's care plans showed they had access to health care professionals when they needed, for example, their GPs. Due to the service providing accommodation for people who no longer needed to be in hospital but required a little support and rehabilitation before they could return home staff had good access to community nurses, physiotherapists and occupational therapists. When we spoke with visiting health care professionals they told us they advised staff about the people who lived at the service permanently as well as working closely with staff to help people return home. They told us they found the staff professional and they followed their advice and carried on therapies aimed at rehabilitating people to go back home.

The registered manager had put signs around the building to indicate where things were, for example toilets and bathrooms, this helped people who were living with dementia to find their way around the building.

Good

Is the service caring?

Our findings

People told us they found the staff caring and kind, comments included, "Certainly they are attentive to my needs", "I feel comfortable", "Yes, very caring, they talk to me and are very gentle", "Yes, staff are so nice to me and kind" and "I would say so, I had a shower the other day, first one in a while, and it went well." They told us they were involved with their care, comments included, "Yes, I am involved" and "Yes, I think so." People told us staff helped them to remain independent, comments included, "They don't rush me, but there's not a lot I can do", "They don't hurry me" and "They let me do what I can."

Visitors told us they thought their relatives were well looked after, they said, "General impression is yes" and "I have seen how they look after Mum, they talk to her" and "I think they are, they take time and they listen."

Staff treated people with kindness and compassion. We saw and heard staff communicating well with people who used the service and explaining what they were doing and why. They also asked the person for their co-operation and how they would like the person to help them to ensure their safety. We saw staff caring for people with limited communication in a sensitive and compassionate way. They gave people time to respond and spoke quietly and slowly confirming the person had understood what had been said. Staff used nonverbal as well as verbal communication, this included smiling and thumbs up signs to confirm people were happy with what was happening and they had understood them.

Staff told us they tried where possible to maintain people's independence and supported people to do as much as possible for themselves. We saw examples of this around the service as staff were supporting people to walk to the toilet and to their rooms and while supporting people to eat. Staff understood the importance of respecting people's human rights and told us they supported people to lead a life style of their own choosing. For example, they respected people's religious and cultural wishes and made sure people had access to their preferred method of worship. Staff told us they would never judge anyone and treated everyone as an individual respecting their wishes and choices.

A section of the person's care plan contained information which showed us the person or their representative had been involved with its formulation; the person or their representative had signed the care plan to agree its contents and the care which was to be provided. We saw staff asking people if they had understood what they had been asked to do during care tasks, for example, when staff used a hoist to assist someone to stand they explained what they were doing and what would happen. They gave the person time to understand the information and to confirm their understanding and if they agreed to the task being undertaken. This showed us the staff were aware of the diverse needs people had and how to best support them.

The registered manager told us they had used an advocacy service in the past for one person who had been admitted who had no relatives. A representative from the placing authority confirmed their awareness that advocates had been used in the past by the registered manager.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

Care plans we looked at contained evidence people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People we spoke with told us they could exercise choice in their daily lives, comments included, "Yes, I get up and go to bed when I like", "I choose when to go to bed and get up", "It's my choice to stay in my room" and "I mainly choose to stay in my bed, in my room." They also told us staff consulted with them about their care "They usually do, they explain what they are doing", "They ask me before they do anything", "They ask me first" and "They do ask me my permission."

People told us they were happy with the activities on offer, they said, "I went down to the lounge to see a singer about two days ago, I listen to audio book cassettes and music", "I have been to listen to a singer" and "We had a garden party in summer and I went to that."

People knew they had the right to make complaints and raise concerns, comments included, "I would go to see (administrator's name) in the office", "I'd see the boss", "I would speak to whoever it was first; if serious I'd speak with (registered manager's and administrator's name)", "I would ring the call button and tell staff and if important I'd tell manager or staff in charge" and "If it concerned a carer I would speak to them, then (administrator's name, registered manager's name)."

Visitors told us they knew they could raise concerns and who these should be directed to, comments included, "I would see (the registered manager's name) or I would go to the Citizens Advice if serious" and "I would see whoever was in charge." They also told us they were kept informed and involved in their relatives care "One or two times I have been out at night and they left a message on the answerphone to say mum had seen the doctor and what the outcome was."

We saw evidence of person centred care being provided throughout the service. When we spoke with staff they could explain how they minimised the risk to people and how they liaised with other health care professionals to ensure people received the best care possible. As part of the information gathering process prior to the inspection visit we contacted health care professionals who were involved in the care the people who used the service received. They told us they felt confident the staff at the home followed their advice and guidance. We also spoke with health care professionals who were visiting the service at the time of the inspection. They were positive about the care and support people who used the service received and felt the staff were professionals and competent.

We saw care and management staff were going about their duties in a calm and professional manner. Due to people being nursed in bed there was a formal system in place to ensure they were checked and consulted with on a regular basis. We saw and heard staff asking people if they were okay or if they needed anything.

Care plans were well ordered, easy to read and person centred. Some people had agreed to a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) due to ill health and, where relevant, this was clearly visible in the care plans. Detailed life histories were also in place in people's care plans. The daily notes and records made by the staff in people's care plans demonstrated they provided care and attention to meet people's needs. For example, daily notes documented what the person did, how the staff supported them and any changes in the person's needs. The daily notes also documented who the staff contacted, what advice had been given and what assessments had been undertaken if the person's needs changed.

There was lots of interaction between the staff and the people who used the service. An activities co-ordinator was employed by the registered provider and they provided activities to the service. They had devised a range of activities which people could choose from on a daily basis; this included arts and crafts, bingo sessions and exercise.

People's care plans demonstrated the person or their representative had been involved with its formulation. Sections of the care plan showed the person's needs had been assessed and described how staff should meet these. Other sections of the care plan described the potential risk to people's health and wellbeing. This included the risk of falls, nutritional risk and tissue viability. These had been reviewed on a regular basis and changes made where needed. There was also evidence of consultation with health care professionals where needed.

We saw that a complaint procedure was displayed around the service and staff were able to describe to us how they would deal with a complaint and how they would pass these up to higher management if they could not resolve them. The complaint procedure explained how people could complain in the first instance to the management

Good

Is the service responsive?

team. It also explained within what time scale people should expect a response. It also explained people had a right to complain to other bodies including the local authority and local government Ombudsman. The registered manager told us they welcomed complaints and saw them as an opportunity to develop the service.

The registered manager described to us how they were working locally with the palliative care team to implement a 'virtual clinic'. This would ensure people who had a medical condition that was worsening would be able to have their symptoms observed via electronic technology. Specialist nurses and doctors would be able to give advice remotely without any disruption to the person's routine.

Due to the service offering intermediate care to people who had been discharged from hospital there were close working links between the service and the NHS. We saw protocols had been drawn up which ensured people received the care and attention they needed when they had been discharged from hospital, this ensured all the services were in place to support them to return home, for example occupational therapists and physiotherapists. The service liaised closely with the NHS to ensure people had the right medicines when they were discharged from hospital and contacted the appropriate departments if people were discharged too early or at unreasonable times.

Good

Is the service well-led?

Our findings

People told us they though the service proved was satisfactory, comments included, "Better than most homes, staff are more caring", "There is entertainment but because of my sight I don't do it", "It is very pleasant and easy going, I would recommend it", "Very good because I feel looked after", "I have faced the fact that this is my home and I am happy here" and "(administrator) is very good, she's caring and she listens." People told us they were involved in the running of the service and felt their views mattered, comments included, "They ask me how I'm doing and if I need anything", "I have meetings with them to discuss my care plans and anything I might need before going home" and "I remember filling out some surveys but that was when I first came here."

Staff told us they could approach the registered manager and felt their views were taken seriously, one member of staff said, "(the registered manager's name) is very supportive and approachable, I can go to him about anything and he will try and help", another said, "We have team meetings and we can discuss whatever is bothering us and (the registered manager's name) provides us with information about anything that's new."

The registered manager told us they try and create an open culture at the service where staff were enabled to share their knowledge and experience and feel empowered to approach the registered manager. This was achieved through regular staff meetings and staff supervision where their practice was discussed and issues which might be affecting the smooth running of the service. The meetings were also used as a time to celebrate achievements and good things about the service, for example what went well and any events which enhanced the quality of life for the people who used the service.

Staff we spoke with were aware of their responsibly, for example to protect people from harm and to report any abuse; they were also aware of procedures in place which guided them to undertake this effectively.

Staff were aware of their responsibility to support people to be independent and to lead a life style of their choosing. Care staff were enthusiastic about and proud of the service they provided to people; they were also positive about the achievements people had made while at the service, for example, recovering from illnesses or regaining skills and interests.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals who visited the service. These were mainly in the form of surveys and questionnaires. These were given out periodically and respondents were asked for their opinions on aspects of the service provided. The results were analysed and a report made of the findings. If any issues were identified these were addressed using an action plan with time scales for achievement.

We saw meetings were held with the people who used the service and their relatives; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level cleanliness of the service.

All accidents and incidents were recorded and an analysis of these was undertaken to identify any trends or patterns. The registered manager told us if they identified any trends or patterns and this involved staff practice they addressed this through the registered provider's disciplinary process and provided re-training; if this was felt appropriate. They told us they would not tolerate poor practice and if this continued despite the re-training they would deal with it effectively. Staff confirmed they understood the disciplinary procedures and felt the registered manager managed them fairly but firmly.

The local authority contracts compliance team had recently undertaken an evaluation of the service using their standards and found the service to be compliant. A dementia mapping team had also assessed the environment to establish the level of service provided for people's who were living with dementia and found it to be satisfactory.