

Mrs Rowena Christina Wallace

Cloneen Care Home

Inspection report

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Date of inspection visit: 5 June 2015
Date of publication: 13/08/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected Cloneen on 5 June 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting. This was a first inspection of a newly registered service. Cloneen Care Home is an established service which had been registered previously under a different provider.

Cloneen Care Home provides care and accommodation for up to 15 older people and/or older people living with a dementia. Cloneen is a converted Victorian house in a residential area of Saltburn. There is a communal lounge and dining room on the ground floor of the home. The service is close to shops, pubs and public transport.

The service did not have a registered manager. They had left their employment on 3 June 2015. 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. A new manager had been appointed who was due to start work at the service on Monday 8 June 2015. In the interim, a senior care assistant who had worked at the service for many years was taking charge of the service on a day to day basis with the support of the provider.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. Records looked at indicated some staff had received more recent supervision than others. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service. However, it was difficult to see when the training had taken place as the training chart had just been filled with a dot when training had been completed and certificates were not always on file.

People told us they thought there was enough staff on duty to meet their needs.

The senior care assistant we spoke with had attended training in the Mental Capacity Act (MCA) 2005. They had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's care plan. Other staff who worked at the service had not attended training in mental capacity and therefore had limited understanding and knowledge.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We saw that medicines had been given as prescribed.

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, were encouraging and caring.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments. Staff at the service had good links with the district nursing service. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Assessments were undertaken to identify people's health and support needs. We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. The registered manager and staff that we spoke with during the inspection were able to describe how they kept people safe; however some risk assessments were too generic and did not contain individual measures to reduce / prevent the highlighted risk.

People's independence was encouraged and there was activities taking place in the service.

The provider had a system in place for responding to people's concerns and complaints. People and the relative that we spoke with during the inspection told us they knew how to complain and felt confident that staff would respond and take action to support them.

Records looked at during the inspection informed that audits were in place to monitor and improve the quality of the service provided. However, it was difficult to determine from records what checks had actually been made as audits were just a tick box.

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 protected by the service's approach to safeguarding, whistle blowing and arrangements for staff recruitment. Staff we spoke with could explain the different types of abuse and action they would take to ensure people's safety was maintained.

Suitable arrangements were in place to ensure that people received their medicines safely.

People told us there was sufficient numbers of staff on duty to meet their needs.

Staff had the knowledge to keep people safe, however, risk assessments were too generic and did not contain individual measure to help to reduce / prevent the highlighted risk.

Good



Is the service effective?

Improvements are required to ensure that the service is effective.

Staff told us that they had the knowledge and skills to support people who used the service. However, it was difficult to see from the training chart the dates training had taken place. Staff had received supervision, however some more often than others. The senior care assistant had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, however other staff working at the service had not attended training in respect of MCA and DoLS.

People were supported to make choices with their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

The service was caring.

People were treated well by caring staff who respected their privacy, dignity and encouraged their independence.

People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff interacted well with people and provided them with the support they needed.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People told us they were encouraged to take part in activities.

We were told that staff were approachable and that people felt comfortable in talking to staff if they were concerned or had a complaint.

Is the service well-led?

Improvements are required to ensure that the service is well led.

The service did not have a registered manager. Staff told us they felt supported and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People who used the service had opportunities to give feedback or raise issues through meetings.

There were systems / audits in place to monitor and improve the quality of the service provided, however it was difficult to determine from records what checks staff were actually undertaking.

Requires Improvement



Cloneen Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We inspected Cloneen Care Home on 5 June 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included notifications we had received from the service.

We did not ask the provider 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.

At the time of our inspection visit there were 13 people who used the service. We spent time talking with six people. We also spoke with the relative of one person who used the service.

During the visit, we spoke with the senior care assistant who was taking charge of the service on a day to day basis. We also spoke with two care assistants and an apprentice care assistant.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We spoke with people who used the service who told us that they felt safe. One person said, "I go to bed at 9pm and wake up at about 4am. I sleep with my door open and feel very safe." Another person said, "I feel very safe. Everything is closed up on a night and the front door is locked."

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. We saw that risk assessments were in place for moving and handling, bathing, showering and falls amongst others. The staff that we spoke with during the inspection were able to describe how they kept people safe; however some risk assessments were too generic and did not contain individual measures to reduce / prevent the highlighted risk. For example one person who used the service was highlighted as at risk of falling. The control measures were documented as staff ensuring good housekeeping and making sure the person wore suitable footwear. The risk assessment did not detail individual measures to prevent the highlighted risk. This was pointed out to the senior care assistant at the time of the inspection who told us that they would review all risk assessments for people who used the service.

We looked at the arrangements that were in place to protect people from bullying, harassment, avoidable harm and abuse. Staff that we spoke with were able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. This included who to contact to make referrals to or to obtain advice from at their local safeguarding authority. We saw that a safeguarding fact sheet was on display in the entrance area of the service. This gave people and staff telephone numbers of who to contact should they have any concerns. Staff told us that they had received safeguarding training and that safeguarding procedures were in place at the home, were regularly updated and that staff had access to them. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. Staff at the service kept a log of any low level concerns including falls and incidents. Each month this was forwarded up to the local authority for them to review.

The senior care assistant told us that the water temperature of showers, baths and hand wash basins in the service were taken and recorded on a regular basis to make sure that they were within safe limits. We saw that the last water temperatures tests were undertaken on 1 June 2015 and were within safe limits. We saw records to confirm that weekly checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and hoists. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises. We did ask to see the test of the fire alarm; however this certificate was not available for inspection. The provider contacted us after the inspection and confirmed that the fire alarm was serviced on 6 July 2015.

We looked at the arrangements in place for managing accidents and incidents. The senior care assistant told us that accidents and incidents were monitored on a monthly basis. This helped staff to identify any trends and reduce the risk of reoccurrence. On the day of the inspection we saw that some staff pushed people in their wheelchairs without their foot plates on. This meant that people did not have proper support for their feet and legs. This was pointed out to the senior at the time of the inspection who said that they would speak with staff to make sure all foot plates were used when moving people in their wheelchairs.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. The senior care assistant told us that two staff had been recruited in the last 12 months. We saw that staff had completed an application form, which included information about their qualifications, experience and employment history. There were two written references, copies of personal identification and evidence of a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also

Is the service safe?

to minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment records showed that safe recruitment procedures had been followed.

The senior care assistant told us that during the day there was two care staff on duty and between two and three care staff on duty on teatime from 4:30pm until 10pm. In addition to this there was sometimes an apprentice on duty. On night duty there was two care staff. The senior told us that in addition to care staff on duty the registered manager had previously worked full time during the week Monday to Friday. They told us that until the new manager started on Monday they would be working during the day and taking day to day charge. They also told us that they would be working supernumerary to support the new manager until the end of the month.

We asked people who used the service and staff if they thought there was there was enough staff on duty to ensure that needs were met. One person said, "If I ring the buzzer they come reasonably quickly and certainly within a reasonable time." Another person said, "The staff are absolutely brilliant they can't do enough for you." The senior care assistant told us that the new provider was very supportive and that if they felt more staff were needed because of work load, need or maybe because people were attending hospital appointments then staffing levels could be increased.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. Senior staff were responsible for the administration of medicines to people who used the service. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at two people's medication administration records (MARs) and saw that medicines had been given as prescribed. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety. However, we did note that one person who used the service were unable to communicate their needs or if they were in pain. Staff were able to tell us the non-verbal signs that the person displayed if they were in pain, but this was not recorded on the PRN guidelines. The senior care assistant told us that the PRN guidelines would be updated.

Is the service effective?

Our findings

We spoke with people about the service. They told us that they liked the staff and were provided with quality care and support. One person said, "The staff look after you very good indeed." Another person said, "I have lived here since August and I like it very much. Before I came here I was in Guisborough but I like it much better here." A relative we spoke with said, "I think the home is spot on."

The senior care assistant we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The senior care assistant had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We looked at the care file for one person who had been assessed as lacking capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's care plan. Other staff who worked at the service had not attended training in mental capacity and therefore had limited understanding and knowledge. The senior care assistant told us that this training had been booked for 12 June 2015.

At the time of the inspection some people who used the service had been assessed as lacking capacity and were being deprived of their liberty. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. The staff at the service had made appropriate applications to the local authority, and were awaiting authorisation in respect of these. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA 2005 and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The senior care assistant had an understanding of DoLS and why they needed to seek these authorisations. Staff at the service had been booked on DoLS training on 18 June 2015.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us

that they were up to date with their mandatory training and had completed training that was relevant to the service. The senior care assistant showed us a training chart that detailed all staff and the training they had undertaken, however it was difficult to see when the training had taken place as the chart had just been filled with a dot when training had been completed and certificates were not always on file. The senior care assistant told us that they had attended a lot of training provided by Redcar & Cleveland Borough Council; however the local authority did not provide confirmation that staff had attended such training. The senior care assistant told us that they would develop a system which would detail what training had taken place and on what date and when this was due for refresher. They told us that they would speak with the local authority to determine a way in which confirmation of training could be provided. We asked staff about the training they had undertaken. One staff member said, "Where do I start. I'm in the middle of my NVQ 3. I have done fire safety, moving and handling and safeguarding and more." Another staff member said, "All of the training has been really good."

The senior showed us the training records for the staff employed. The training record showed that staff had undertaken training in safeguarding and dignity, safe handling of medicines, nutrition, COSHH, moving and handling, first aid, health and safety and fire training.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place, however some staff had received this more recently than others. Of the four staff files looked at during the inspection two staff had last received supervision in April 2015 and two had not received supervision since February 2015. This was pointed out to the senior care assistant who told us they would ensure that all staff were up to date with their supervision. Induction processes were available to support newly recruited staff. We saw that induction included reviewing the service's policies and procedures and shadowing more experienced staff. We spoke with the senior care assistant about the new Care Certificate induction for staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Is the service effective?

People who used the service told us that they were provided with a varied selection of meals. One person said, "The food is good. I like today's dinner. I am having the fish. You always have a choice and the cooks are good." This person didn't want chips with their meal. When staff brought this person their meal we saw they had been given two pieces of fish. They told us the fish was "Beautiful." Another person said, "I have put weight on since coming here and feel better for it." We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Tables were appropriately set with salt and pepper on the table. We saw that fish or the meat alternative was put on each person's plate; however the chips and mushy peas were nicely presented in tureens for those people who were able to help themselves. Those people who needed help were provided with assistance. People told us that they were provided with a plentiful supply of drinks, however on the day of the inspection we had to remind staff about the afternoon tea round as they had forgotten. One person said, "We get cups of tea in a morning and at 2pm. We get plenty of cold drinks if we want."

The senior care assistant informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or

obesity. We saw records to confirm that this was the case. We saw that staff had involved the dietician for advice and guidance when one person had lost weight. We did note that for one person who used the service staff had miscalculated the risk when the person had lost weight on the nutritional screening tool. This was pointed out to the senior who said that they would check all nutritional charts to make sure staff have calculated risks correctly and taken appropriate action.

We saw records to confirm that people visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments. The senior told us how they had good links with district nursing service. One person who used the service said, "I have diabetes. The district nurse comes in every morning including the weekend to give me my insulin." Another person told us that they had felt unwell on the morning of the inspection and that staff had contacted the doctor. They said, "They will be out to see me between 12md and 3pm." One person told us how staff were providing support and encouragement to stop them smoking. They said, "I've been packed in for 8 weeks." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People who used the service and the relative we spoke with during the inspection told us that staff were kind, helpful and caring. One person who used the service said, “I think they [staff] are smashing. I think they are caring. We get lots of laughs.” Another person said, “The staff are all lovely and very caring. There is one who is on duty today who brings in her cat and I like that as I always had cats and dogs at home and I miss that.” The relative we spoke with said, “I think they are really caring. I come every day to see my mum. She gets her hair done every week and they are good at letting me know what’s happening.”

During the inspection we spent time observing staff and how they interacted with people who used the service. We saw that staff interacted well with people and provided them with the support and help that they needed. When one person who used the service became agitated staff provided calming reassurance which helped the person to settle. Staff encouraged people to be independent. The district nurse arrived to see one person to take their blood. Staff were very patient and reassuring whilst providing support to this person to shuffle to the end of their seat to mobilise independently. Staff ensured that the person’s dignity was maintained by ensuring that their clothes were in order.

Staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff were aware of how best to support people. Staff were able to describe each individual person’s care in detail and what was important to them.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement. One person told us that they relied on staff support as they had poor eyesight. They told us how important it was for them to be

dressed smartly. They said, “At times we have a laugh when I put something on that doesn’t match as my eyesight is bad, but they tell me very nicely.” They also said, “I get my hair and nails done regularly. One of the girls is very clever at doing nails. Last week I had a leopard print trousers on and they painted my nails to match.”

During our visit we observed people being involved in decisions about their day to day lives. For example, decisions about what they wanted to wear, eat and drink. Those people who were able had free movement around the service and could choose where to sit and spend their recreational time. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. People told us that they could spend time in their room if they wanted and that staff respected their privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people’s privacy and dignity. For example, they described knocking on people’s doors and asking if they could come in before entering, asking permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. During our visit we observed the interactions between staff and people who used the service and saw that people’s privacy and dignity was maintained in the way staff had described.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. The senior care assistant told us that there wasn’t any person who used the service who required advocacy at the time of the inspection.

Is the service responsive?

Our findings

People told us that they were involved in activities and some outings. One person said, "They take me to the library and I get six talking books. They take me whenever I need to go." Another person said, "I used to have a beer every morning at home at 10am and I still have it in here." Another person said, "They play music for us and that's quite nice and we have a karaoke. I don't like to sing but I like to listen to others."

One person told us how they had enjoyed gardening at home and how they had continued with this interest. They said, "I like to sit out the back. I have put some flowers in. I'm thinking of putting some others in so that I have a mixture and perennials. I'm putting some wild flower seeds in to attract the butterflies."

One person told us that they didn't really like to join in the activities but liked to sit by the window, they said, "I like to look out of the window and see the beautiful trees."

On the day of the inspection we did not see any activities taking place other than some people who used the service having their nails filed, however one person who used the service did go out for a walk with staff.

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. During the inspection we reviewed the care records of two people who used the service. We found that these were generally focused on the individual needs, wants and likes of each person. For example the care plan of one person who used the service in relation to their night time regime care clearly described how this person didn't like to get ready for bed until they

were actually getting into bed. The plan clearly described what the person could do for themselves and the help they needed from staff. This helped to ensure that care was delivered in a way that ensured the wellbeing of the person. We saw that care records were reviewed and updated on a regular basis.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff were responsive to the needs of people who used the service. For example staff provided gentle encouragement for one person to go to the dining room to eat their lunch, however when they objected this was brought to them in the lounge. This showed that staff at the service were responsive to the individual needs of people.

People and the relative we spoke with during the inspection told us that if they were unhappy they would complain to staff. We were told that staff were approachable and listened to them. One person who used the service said, "The manager has left but X [senior care assistant] is very good. I can talk about anything." Another person said, "I would point things out. You don't suffer you make sure your point of view is heard." The relative we spoke with said, "If I had a problem I would speak to the home manager or boss who owns the place."

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact.

Discussion with the senior care assistant during the inspection confirmed that any concerns or complaints would be taken seriously. We were told that there hadn't been any complaints in the last 12 months.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The senior care assistant was able to show us numerous audits and checks which were carried out on the food, environment and health and safety to ensure that the service was run in the best interest of people. We saw that people were asked on a monthly basis about the food provided. The results of the audit showed that people liked the food provided.

We saw checks to confirm that weekly audits were undertaken on medication records, food rotation and 'resident monies'. It was difficult to determine from the audits what staff were actually looking at during these audits as they were just a tick box. They did not describe the checks that staff had undertaken. For example the 'resident monies' audit box had been ticked to confirm it had been checked. We thought the 'resident monies' was checking that people's money balanced, however this check was just to see that people had enough money for the week ahead. The senior care assistant told us about the health and safety checks that were undertaken as a result of the audits but we could not see what checks had actually been undertaken. We saw that cleaning checks / audits were undertaken; however this was not specific to infection control. We could not determine that audits were baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was pointed out to the senior care assistant who said that they would inform the provider of our findings and make changes to audits

People who used the service told us that they thought the service was well led. One person said, "This is a good home with good staff. The home is kept in good order."

The one relative we spoke with during the inspection told us that they thought the service was well run and were very complimentary about the staff team.

Staff told us that they felt supported and were confident about challenging and reporting poor practice, which they felt would be taken seriously. We saw memos to staff dated March 2014 reminding them of their duties in terms of whistleblowing and safeguarding.

Staff told us the morale was good and that they were kept up to date with information from the new provider. They told us that staff meetings had taken place with the new provider at the end of March 2015. We saw records to confirm that this was the case. Staff had talked about person centred care, whistleblowing, nutrition and legislation. We saw that the last meeting for people who used the service had taken place in March 2015. The notes of this meeting were very brief and did not detail who was in attendance. During this meeting reassurance had been given that the quality of care would be maintained with the new provider.

We asked about the arrangements for obtaining feedback from people who used the service and their relatives. The senior care assistant told us that a satisfaction survey had been carried out in September 2014 with the old provider and that the new provider intended to seek the views of people on an annual basis.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.