Abbey Healthcare (Aaron Court) Limited

Aaron Court

Inspection report

17 Ramsey Way
Leicester
Leicestershire
LE5 1SJ

Tel: 01162415552
Website: www.abbeyhealthcare.org.uk

Date of inspection visit:
17 February 2016

Date of publication:
18 April 2016

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

Summary of findings

Overall summary

This inspection took place on 17 February 2016 and was unannounced.

Aaron Court is a care home that provides residential and nursing care for up to 91 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. Accommodation is over four floors accessible using the stairs or the lift. Bedrooms are all single ensuite and there is a choice of communal lounges and dining rooms on each floor. Each floor has a dedicated team of staff. At the time of our inspection there were 65 people in residence.

A registered manager was in post. 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.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff were trained and understood their responsibility in protecting people from the risk of harm.

Risk assessments and care plans had been developed with the involvement of people and where appropriate their relatives and health care professionals. Staff had the clear information on how to reduce risks to ensure people were supported in a safe way.

Staff were recruited in accordance with the provider's recruitment procedures and sufficient staff were available to meet people's needs. People received quality care and staff receive on-going training and support.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before supporting them. The registered manager sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People and where appropriate their relatives and health care professionals were involved and made decisions about their care and support needs. People chose how they wish to spend their day and had opportunities to take part in activities that were of interests to them. People's family and friend were encouraged to visit at any time.

People told us staff were caring and kind and that they had confidence in them to provide the support they

needed. We saw staff positively engaging with people, and treated them with dignity and respect.

People were provided with a choice of meals that met their health and dietary needs. Referrals were made to relevant health care professionals where there were concerns about people's health.

People's views about the service and their relatives were regularly sought as part of monitoring the quality of service provided and to improve the service. The registered manager was developing new ways to engage and support staff to ensure they contributed to the staff meetings and the development of the service.

The provider's quality assurance systems were used effectively to monitor the performance and the service provided. Regular audits and checks were carried out to ensure people's safety, the premises and the equipment used was well maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence.

Staff had been appropriately recruited and there were sufficient numbers of staff available to keep people safe and meet their needs.

People received their medicines at the right time and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought. Care records showed that the principles of the Mental Capacity Act 2005 were used when assessing people's ability to make informed decisions about their care and support people's rights.

People's nutritional and dietary needs were met. People were supported to access health care services and receive ongoing health care support.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and supported by staff who were kind and caring in their approach. People were treated with dignity and respect.

People were encouraged and involved in decisions made about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care was reviewed regularly to ensure care provided was appropriate. Staff knew people well including their preferences and responded quickly to any change of care needs.

People were encouraged and supported to take part in activities of interest to them. People were supported to maintain contact with family and friends which promoted their wellbeing.

People were encouraged to share their views about the service and knew how to make complaints. The management team addressed concerns and complaints in line with the procedure.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. They and the staff had a clear view as to the service they wished to provide which focused on quality care provided in a homely environment for people.

The service sought the views of people who used the service and their relatives and systems were in place to ensure staff were trained and supported.

The provider's quality assurance and governance system was used to monitor the quality and safety of the service provided.

Aaron Court

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.

This inspection took place on 17 February 2016 and was unannounced.

The inspection was carried out by two inspectors and a specialist professional advisor. The specialist professional advisor who supported us on this inspection was a qualified nurse with experience of palliative and end of life care in the community and hospitals.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. 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 PIR was completed and returned to the Care Quality Commission, which we took account of in our planning.

We contacted the health and social care professionals and commissioners involved in supporting some people who used the service for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We looked at other information sent to us from people who used the service and relatives of people who used the service. We looked at the information we held about the service such as 'notifications' of significant events that affect the health and safety of people who used the service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people who used the service and ten visiting relatives and friends.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in one

lounge in the morning and during the lunch time meal service.

We spoke with the registered manager, two nurses, two senior staff, eight care staff, the activities staff and the cook. We looked at the records of eight people, which included their assessment of needs, care plans, risk assessments and records relating to their daily wellbeing and health. We also looked at information relating to staff recruitment and training records of eight members of staff, a range of policies and procedures, meeting minutes, complaints, satisfaction surveys and the provider quality assurance.

We asked the registered manager to send us additional information in relation to the provider's complaint procedure and the action plans used to monitor the improvements. This information was received in a timely manner.

Good

Is the service safe?

Our findings

People who use the service told us they felt safe. One person said, "I feel very safe here, the staff look after me very well." Relatives told us that the family member was cared for safely. Another relative described to us how staff had supported people living with dementia that may display behaviours that challenge and said that staff always spoke in a soft tone of voice. They shared their observations of what staff did such as offer assurance, remind them of about a specific time in their life or ask if they would like to help with the dusting or want a cup of tea.

We observed the staff supporting people in a safe way. They were attentive to people's needs and took care to ensure people were safe and comfortable. For instance, staff gave clear instructions to one person who was supported to use a walking frame and another staff member helping a person who was nursed in bed with their mouth care. This showed people's safety and personal hygiene including people who were nursed in bed was maintained.

The PIR sent to us by the provider before our inspection visit stated that all staff were trained in the safeguarding (protecting people from abuse) procedure and also discussed with staff in their supervision meetings. Information about safeguarding people including the contact details were displayed around the service. This helped to raise people's awareness of abuse and how to alert agencies of their concerns.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service and knew to contact external agencies such as CQC and the local authority if the management team did not take action. One staff member said, "I would report anything I was concerned about." Staff were confident to use the provider's whistle-blowing procedure to report concerns. That meant people could be confident that staff knew how to protect them from harm and to keep them safe.

The registered manager had reported safeguarding concerns to relevant agencies promptly and took the appropriate steps to protect people. Some had been concluded with regards delay in medical assistance being sought were substantiated. The provider had taken steps to prevent this from happening again as staff updated the next senior or nurse on duty with any updates and follow-up actions needed to ensure people's health and wellbeing.

We saw people's personal finances were recorded and audited regularly to ensure they were managed safely. Regular checks were carried out to ensure people's finances were protected.

We found the provider consistently promoted people's safety, which supported the information in the PIR sent to us by the provider. People's care and support had been planned and delivered in a way that ensured their safety and welfare. Risks to people's health had been assessed and the plans to reduce those risks. These included risk of falls, moving and handling, development of pressure sores and nutrition, amongst others and were reviewed regularly. Information was clear in the care plans as to how to minimise risks, which included staff having the appropriate training, using equipment correctly and how to support people

with behaviours that challenge. Records showed advice was sought from relevant health care professionals to ensure that people needs were met safely. This helped to ensure people's safety was maintained.

We saw staff used equipment correctly to keep people safe. Records showed staff regularly re-positioning one person who was nursed in bed to prevent them from developing pressure ulcers. Where we found a gap in the records for one person's weight loss the nurse in charge explained the person was re-weighed due to a fault with the scales but the information had not been transferred to the care records. They assured us records would be updated, which showed risks to people's health, safety and wellbeing were managed effectively.

Staff were aware of their responsibilities to report concerns, accidents and incidents which affect people's safety and wellbeing. Records showed staff recorded and reported incidents affecting a person's safety and the management team took appropriate action to maintain people's safety.

We found people had evacuation plans in place in the event of an emergency. This helped to ensure people received the appropriate level of support in an emergency to help keep them safe. This provided assurance that appropriate action was taken to ensure the safety and wellbeing of people.

The PIR stated that the premises were maintained with the assistance from external health and safety contractors and records viewed confirmed equipment such as hoists and slings were serviced. This meant people lived in an environment that was maintained and safe.

We asked people who used the service whether staff were available to help them. One person told us staff were available and helped them and another said staff were prompt when they used the call bell to request help.

A relative said, "There's always plenty of staff on this floor and mostly the same ones." Another relative whose family member was poorly said, "Staff are amazing. Mum has never had to press the buzzer – someone is always there." This showed people's safety was maintained because staff checked on people who were unable to use the call bell to request help.

The registered manager told us that the staffing was planned and based on people's needs and the staff skill mix needed, which could vary on a daily basis. They had the authority to increase the staffing levels if people's needs changed and used bank staff who were familiar to the service and people's needs. This meant people's safety was assured because staffing levels were maintained.

The provider's staff recruitment procedures were thorough and all the required pre-employment checks were completed prior to them commencing employment. The recruitment records we looked at had the required documentation in place. A further check was undertaken for the nurses to ensure they were registered with the professional body as to their qualifications and suitability.

People told us they received their medicines when they should. One person said, "If I asked for a painkiller I could have it whatever time of the day." One relative said, "The nurse gives her medicines, [person's name] wouldn't remember because of her dementia. Sometimes she will refuse or push it away but staff are patient with her."

We observed two nurses administer medicines on two of the four floors. Both administered people's medicines individually, safely and completed the medicines records correctly. Where people wished to continue to manage their own medicines assessments were completed for their suitability to manage their

medicines, which helped to promote their independence. That meant people's health was supported by the safe administration of medication.

Medicines were stored and disposed of safely which was consistent with the provider's medicines management procedures. We found weekly audits were carried out on the medicines, records and storage to ensure medicines were being managed well.

Good

Is the service effective?

Our findings

People were happy with the staff that supported them as were the relatives we spoke with. One relative said staff used would distract their family member's attention by offering a drink, magazines and re-assurance to reduce their anxiety. Staff were trained to look after people living with dementia.

Staff we spoke with had received training and had the skills to meet people's needs and to promote their wellbeing and independence. A nurse told us they received a lot of support from management and another said, "I feel the training and support is good for me."

Staff demonstrated the effectiveness of the dementia awareness training was put into practice. One staff member gave examples of how they supported people living with dementia, which varied from person to person, times of the day and the activity such as at meal times or during support with personal care. We observed when a person was becoming upset a member of staff sat stroking their hand and spoke to them about their early years which visibly helped them to relax.

Staff training was monitored and planned to ensure staff maintained their knowledge and skills. For instance, practical moving and handling training was booked for March 2016 to ensure staff's knowledge and skills were maintained. Nurses were responsible for maintaining their own continuous professional development and accessed specialist training such as catheter and pressure care.

The staff training matrix we looked at confirmed staff received training for their role. This included manual handling, health and safety, first aid, nutrition, dementia awareness and safeguarding adults. Training updates was accessed through e-learning, practical training and competencies assessed which helped to ensure staff's practices and skills were up to date. This supported the information detailed in the PIR and confirmed that new staff had completed the 'Care Certificate' training. The Care Certificate is a set of standards that provides the health and social care staff with the necessary skills, knowledge and behaviours to delivery good quality care and support and care staff had a professional qualification in health and social care or were working to achieve it. This meant people could be assured that the care and support was provided by trained staff

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). The registered manager demonstrated a good awareness and understanding of MCA and when this should be applied.

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. We found 12 people were subject to a DoLS and some people's applications were currently being considered. We found where conditions had been set these had been met by the service, which included in the care plans to provide bed side rails to prevent the risk of falls.

People's care plans had clear information as to the person's capacity to be involved in day to day decisions about their life. Our observations showed that people were encouraged to make decisions and be involved in their care. We saw staff sought consent before they were helped or supported people to make choices by presenting information in a manner that the person could understand. For instance, staff showed one person the two plated meals for lunch so they could choose what they wanted to eat. This showed that people were supported to make decisions and their choices were respected.

We asked people and relatives for their views about the meals provided. The comments received were mixed. One person said, "I can have a salad as an option which I like." Another person who chose to eat in their bedroom told us that food was sometimes cold when they received it and said, "Today they have put a cover over it, probably because you are here." A relative who ate a meal with their family member said, "The meals are excellent" and another expressed concerns that their family member was not offered any drinks or snacks after tea time. We shard the comments with the registered manager who assured us drinks and snacks were offered and further checks would be carried out.

The assistant cook had a good understanding of people's likes and dislikes and was updated when people's dietary needs changed. We saw people were offered a choice of drinks and snacks such as cakes, biscuit and fresh fruit, throughout the day. There was a choice of meals, which looked nutritious and prepared to suit people's dietary requirements such a soft mashable and pureed diet. People's independence was promoted as they were provided with adapted cutlery to enable them to eat without help from staff.

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. Care plans contained information about people's dietary needs, individual requirements and preferences. People who were at risk of weight loss had meals fortified with full fat milk and cream. Records showed intake of food and drink was monitored which helped monitor their health.

The relatives we spoke with were satisfied that their family member's health needs were supported and had access to a range of health care professionals. People's care records we viewed showed that people were supported access to a range of health care professionals to meet their health needs. This supported the information detailed in the PIR that people had access to doctors, speech and language therapist, specialist nurses including psychiatric in-reach team and social workers.

We found arrangements were in place to support people who had made an advanced decision about their care with regards to emergency treatment and resuscitation. Care plans were in place to support people in receipt of end of life or palliative care. That meant people could be confident that their health needs and decisions were supported and acted upon.

Aaron Court is a purpose built service. The design and layout of the service helped people to move around safely including a small outside garden area which promoted people's independence. There were a choice of lounges with large window which made in light and airy. The cinema room and a bar provided people with the facility to entertain and socialise with their family and friends. This showed people's lifestyle choices were promoted.

Good

Is the service caring?

Our findings

We asked people for their views as to the attitude and approach of staff. People told us that staff were caring and compassionate when supporting them with their care. Comment received included, "All the staff are so kind", "They are all kind and work so hard" and "The staff are good as gold and look after me properly."

Visitors to the service told us they were treated with care and compassion by the staff. A relative said, "The nurse rang me to tell me they had moved my mother to another room – it was very thoughtful. She did not want us to worry when we arrived."

During our visit we saw that staff approached people in a friendly and respectful manner. Staff checked that people were comfortable and asked them if they needed anything throughout the day. We noted positive relationships had developed between people and their visitors with the staff, as they were heard laughing and having conversations sometimes albeit a quick chat.

People told us they knew about their care and support arrangements but not everyone we spoke with was aware of their care plans. Some people had been actively involved in making decisions about their care and how they wished to be supported. Their choices had been taken into account in planning their care and had been respected by staff. One person said, "Nobody stops me doing anything" and another said, "I can get up and go to bed when I want to."

Relatives we spoke with had been involved in the decisions made about the care because their family member were either unable to express themselves due to their health condition or lacked capacity to do so. One relative told us that the staff involved them when their family member's needs changed and to review the care provided. Another relative said, "We have had a conversation with the nurse today regarding [person using the service] declining health and plans for end of care." This showed people and their relatives were actively involved in the care provided.

People's records detailed how they wished to be cared for and their individual choices, preferences and the decisions made were recorded. The staff we spoke with were aware of people's life histories and had good background knowledge of people who used the service, including their abilities and support required. Records confirmed that the person, their family and health care professionals were involved in ensuring people received the care they needed.

The daily records completed by staff included information about each person's day such as their involvement in activities outside of the service and contact with other people such as relatives, friends or professionals.

The PIR stated that regular meetings were held with the people who used the service and their relatives. The meeting minutes showed that people had the opportunity to share their views about the service provided and comment on plans to develop the service. The minutes did not always include who had attended the meeting or update on issues raised previously. We raised this with the registered manager who assured us

action would be taken.

People told us that staff supported them in a way that maintained their privacy and protected their dignity. One person said, "They [staff] are very careful about closing doors if they are helping me with personal stuff." Another person said, "They [staff] always close the door to help me wash and dress." Relatives told us that staff helped promote their family member's dignity and could visit without any restriction and we observed this to be the case throughout out the day.

People's privacy was promoted as they could retire to their room whenever they wanted to and lock the room should they wish to. Staff we spoke with understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity and during our inspection we observed that staff discreetly supported people with their personal care needs to help ensure they remained clean and comfortable.

Aaron Court looked after people who received palliative and end of life care. Arrangements were in place to support people where they had made an advanced decision about their care with regards to emergency treatment and resuscitation. Relatives we spoke with confirmed they supported their family member to make advance decisions and their wishes to known. One relative said, "It was difficult but a positive meeting because we don't want her to go to hospital, rather die peacefully here where she is loved."

Staff worked with the specialist nurses to ensure people were comfortable and their dignity was maintained at all times. Care plans were in place and tailored to individual's needs including those on who were in receipt of end of life or palliative care. The nurses and staff worked with the specialist health care professionals to provide the care people needed. That meant people could be confident that their health needs and decisions were supported and acted upon.

The service had received compliments and messages of thanks from relatives of people who used the service about the care provided to their family members. All the comments and messages were positive about the staff's attitude, compassion and the care provided to their family member using the service and their relatives.

Good

Is the service responsive?

Our findings

We wanted to find out how the staff supported people in providing personalised care. One person who had relatives visiting requested lunch at 11.30am and the staff immediately organised lunch for the person and their visitors. A relative told us that they were pleased with how responsive the care home had been in the caring for the poorly family member.

We saw several people spent time with their visitors, reading the paper or watching television. We saw that activities were based on personal preferences and that staff used a variety of methods to stimulate and engage people. We saw the activity staff spent time with people individually doing activities that were of interest to the person, which included playing board games. A few ladies, living with dementia made a bracelet for themselves with the support of the activity staff who also took three people out to the pub for a meal.

We used SOFI to observe people being supported to eat at lunch time. All the tables were set out with the appropriate cutlery, crockery, condiments and decoration to make the dining experience pleasant. People ate in a relaxed atmosphere and staff supported people to eat without rushing them. We observed a staff member supporting a person with a visual impairment at lunchtime. They described what was on the plate and the position of the food on the plate. This promoted the person's dignity and independence.

We wanted to find out staff's understanding of what personalised care was and their role in supporting people. One staff member said, "It means giving people the help they need without taking away their independence." Another told us that the daily handover meetings provided them with updates on each person so that any changes to people's needs could be met. Throughout the day we saw staff responding to people's needs and requests. This included supporting one person with personal care who had chosen not to get up until later in the morning.

People's need had been assessed prior to them moving to the service and included information from family members and health care professionals. Information from the assessments were used to develop the care plans so that people received the care and support they required. Some people and relatives told us about the contents of the care files which confirmed those were shared with people. One relative said, "We've just updated her [family member using the service living with dementia] care plan because her needs had changed." Care records we looked at confirmed people were involved with reviewing their care.

Staff we spoke with were knowledgeable about people's needs, preferences and routines. Care plans we looked at had clear guidance on each person's individual care needs and could be developed to include specific information such as which loop of the sling to be used in order to ensure consistency of care. Care plans were reviewed regularly to help ensure the information was accurate and to reflect the changes in the person's needs. The PIR stated that the staffing levels were reviewed regularly against people's dependency needs to ensure the service continues to meet people's needs. This helped to assure people receive personalised care.

We saw the service had a range of ways for people who use the service and their relatives to feedback their experience of the care provided, raise concerns or make a complaint. Each person who used the service was the 'resident of the day' each month and in addition to the review of their care plans, they had the opportunity to meet with the department head such as the cook to choose their favourite meal. This showed the people were involved in their care.

The provider's complaint procedure was detailed and accessible to people using the service and their representatives. People using the service knew how to complain. One person told us they would talk to the staff in the first instance if they had any concerns. A relative said "Staff are approachable; they listen. If I have concerns about anything, even small things, they take action." Another relative was not satisfied with the delay in resolving the concerns raised which they planned to discuss with the registered manager.

The registered manager kept a complaints log. We found complaints and concerns were taken seriously, investigated and outcome shared with the complainant along with any actions taken, where appropriate. This supported the information detailed in the PIR which was sent to us.

We, the CQC had referred concerns to the registered manager to investigate in relation to staff training and maintaining people's personal hygiene. Those complaints were logged, investigated by the provider and confirmed staff were trained and actions taken to ensure people's personal hygiene were maintained. As part of this inspection we found evidence that people's personal hygiene needs were maintained and staff were trained. This meant people could be assured that their complaints were taken seriously and acted upon.

The provider had received a number of compliments, thank you cards and messages which were left on the new 'compliment tree' displayed in the reception. Comments included 'we were happy she was in such good hands at a time of her life when she most needed it', 'All the staff and carers are doing a brilliant job looking after my [person using the service] and 'thank you all so very much for caring for our dad in his final weeks, You have all been incredibly professional, sensitive and kind not only to [person's name] but to us his family.'

Good

Is the service well-led?

Our findings

People told us that their views about the service were sought through individual discussions and meetings to drive improvement. People told us they were happy with the quality of care and support provided and their care records showed that they and their relatives, where appropriate, were involved in the planning and review of their care.

We read the minutes of the meeting held for people who used the service. Those showed the topics discussed included the matters relating to staffing and care, menu choices and suggestions made for outings and social events. We noted that the people who attended the meetings was not always included and no updates on any action taken from the previous meeting. The registered manager assured us the meeting format and minutes would be improved.

The service gathered information from people who used the service, their representatives and staff to continually improve the service. A relative told us that they had completed a satisfaction survey recently and were aware of the 'residents meetings' but chose not to attend as they visited their family member daily. The service recently carried out a satisfaction survey to gather people's views about the service. We read a sample of the completed surveys which were generally positive about the care provided and also included specific concerns about the laundry. The registered manager was analysing the results and assured us that they would address issues identified and also share the findings with the people who use the service.

Relatives we spoke with were positive about the care provided but had mixed views about the management of the service. Some relatives felt the registered manager was approachable and visible whilst others felt this was not the case. We raised this with the provider representative. They assured that the registered manager operated an 'open door' policy and encouraged people who used the service, relatives, visitors and staff to approach them at any time with any concerns they may have. In response to people's comments the registered manager planned to hold regular surgeries so that she was more accessible to people who used the service and visitors. This showed the provider was responsive to comments received and took action to improve people's experience of the service.

The daily meetings known as 'flash meeting's with the nurses and senior staff in charge of each floor and the house-keeping and maintenance staff apprised the registered manager of any issues or concerns about people's health or wellbeing, planned activities, any issues relating to the running of the service and audits. This helped the registered manager to oversee the management of the service, assure themselves the people's needs were being met and address issues with regards to staffing and maintenance of the service.

Staff told us they were supported by the nurse and senior staff in charge and felt they provided good leadership. Staff received regular supervisions where they could discuss areas for concern and personal development. Records showed that staff were regularly supervised, their work appraised and received a range of training to staff that enabled them to develop. This supported the information received in the PIR and helped to ensure that the staff met the needs of the people and the provider's expectations of providing person centred support.

We were told by staff that team meetings took place but there was little evidence to show that staff meetings had been held recently. When we asked the registered manager about staff meetings they told us they planned to introduce unit meetings for each floor to encourage more attendance but dates were not yet confirmed. The registered manager assured us that dates of staff meetings would be confirmed as a matter of urgency to ensure staff could attend and contribute in the development of the service.

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and had empowered the person in charge of each floor to lead and address effectively any concerns or performance shortfalls to ensure the continuity and quality care is provided. The registered manager showed us the rolling action plan which was monitored by the provider to ensure the service met the provider's expectations of delivering a quality service.

The provider's quality assurance and governance system was used effectively. Regular checks and audits were carried out by the registered manager and senior staff, on equipment, premises, the management of medicines, people's care and care records to ensure staff were following the procedures in place. Where any issues were identified, the registered manager took action to make improvements, which showed the systems were in place to monitor and ensure people's safety and wellbeing was maintained.

The registered manager was supported by the provider representative who carried out regular internal inspections. We spoke with the provider representative who was visiting the service on the day of our inspection visit. They had carried out quality assurance visits and the recent visit reports we looked at included views from people who used the service and staff; the records checked and monitoring the improvements made to ensure the provider's expectations of the service in relation to quality were met. That meant people could be confident that systems in place to ensure they received care that promoted their quality of life.

The provider had a range of policies and procedures which were in place and had been updated to ensure those reflected the current legislation and good practice guidance.

We found the service worked in partnership with other agencies to ensure people who used the service received quality support that was appropriate and promoted their independence and wellbeing. The information we received from commissioners responsible for funding some of the people using the service prior to our visit and feedback from health and social care professionals was consistent. They found the service acted on concerns and that the management team had made improvements to benefit the people using the service.