Abbeyfield East London Extra Care Society Limited The

The Abbeyfield East London Extra Care Society Limited

Inspection report

George Brooker House
100 Dagenham Avenue
Dagenham
Essex
RM9 6LH

Tel: 02089848983
Website: www.georgebrookerhouse.co.uk

Date of inspection visit:
30 March 2016
31 March 2016

Date of publication:
08 June 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The Abbeyfield East London Extra Care Society Limited is also known as George Brooker House. The service provides accommodation and support with personal care for up to 44 older people. The service is a large purpose built property divided into three units arranged on two levels. There were 43 people living at the service at the time of our inspection.

The service had a manager who at the time of our inspection was awaiting the outcome of her application to become the registered manager of the service. This application was successful with effect from 22 April 2016. 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.

At the last inspection on 26 and 30 January 2015 we found ten breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not safe at the service. There were poor arrangements for administration of medicines and infection control. Risk assessments were not completed in a timely manner and did not address the risks to people using the service which put people at risk of harm.

People were not protected against the risks of unsafe or inappropriate care and treatment by monitoring of their medical condition. Staff did not always receive regular supervision or appraisals and there was no line management structure for care staff. Training records showed staff did not receive up to date training in relation to first aid, care planning, mental capacity and record keeping. The service was not well led. The provider did not inform the Care Quality Commission of important events that happened in the service. Following the inspection the provider submitted an action plan for improvement of the service.

We inspected George Brooker House on 30 and 31 March 2016. This was an unannounced inspection. At this inspection we found the service had improved, however further improvements should be made regarding mental capacity assessments for people using the service and some care staff did not have a clear understanding of the Mental Capacity Act (2005). The service did not have a formalised process for reviewing staff progress during the induction of new staff employed at the service. We have made a recommendation about the induction process for the service.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. There were effective and up to date systems in place to maintain the safety of the premises and equipment. We found there were enough staff working at the service and recruitment checks were in place to ensure new staff were suitable to work at the service. Medicines were administered and managed safely.

Appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. Staff received appraisals and group supervisions. People using the service had access to healthcare professionals as required to meet their needs.
People were offered a choice of nutritious food and drink. Staff knew people they were supporting including their preferences to ensure personalised care was delivered. People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People and their relatives knew how to make a complaint.

Regular meetings took place for staff, people using the service and their relatives. The provider carried out satisfaction surveys to find out the views of people and their relatives. The provider had quality assurance systems in place to identify areas of improvement. Staff, people and their relatives told us the registered manager was supportive and approachable.

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 and their relatives told us they felt the service was safe.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People had risk assessments in place to ensure risks were minimised and managed.

There were appropriate arrangements in place for the safe administration of medicines.

The provider carried out regular equipment and building checks.

Is the service effective?

Requires Improvement

The service was not always effective. Some staff did not have a clear understanding of the Mental Capacity Act (2005) and formalised reviews of staff progress during induction was not completed.

People's health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access health care services and professionals when they needed them.

People had access to enough food and drinks.

Staff received training, supervision and appraisals to support them in their role.

Is the service caring?

Good

The service was caring. People told us the service was caring and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the service.

The service enabled people to maintain link with their culture and religious practices.

Is the service responsive?

Good

The service was responsive. People's health and care needs were assessed regularly and individual choices and preferences were discussed with people who used the service.

People were able to take part in a programme of activity in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service.

There was a complaints process and people using the service and their relatives said they knew how to complain.

Is the service well-led?

Good

The service was well led and had a registered manager. Staff told us they found the registered manager to be approachable.

Records were accurate and kept up to date.

The service sought the views of people who used the service.

Effective systems were in place to monitor the quality of the service.

The Abbeyfield East London Extra Care Society Limited

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.

We inspected George Brooker House on 30 and 31 March 2016. On both days of the inspection, the inspection team consisted of an inspector and a specialist advisor. A specialist advisor is a person who has professional experience in caring for people who use this type of service. On the first day the inspection team was accompanied by a pharmacist inspector. Before the inspection we looked at the concerns raised and information we already held about this service. This included details of its registration, previous inspections reports and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with 11 people and two relatives of people who used the service. We spoke with 14 members of staff. This included the registered manager and care manager for the service, a senior care worker, six care workers, a member of the executive team, domestic assistant, the chef, kitchen assistant and activity co-ordinator. We also spoke with a health care professional visiting the service.

We examined various documents. This included ten care records relating to people who used the service, 20 medicines records, ten staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

At our last inspection in January 2015 we found significant concerns. There were poor arrangements for the storage and administration of medicines and infection control procedures were not adhered to. Risk assessments were not completed in a timely manner when people were admitted to the service and did not address the risks to people using the service which put people at risk of harm. People were not protected against the risks of unsafe or inappropriate care and treatment by monitoring of their medical condition. During this inspection we found these issues had been addressed.

People we spoke with told us they felt safe at the service. When asked if they felt safe at George Brooker House, one person replied, "Yes, of course." One relative said, "I don't worry about mum's safety here."

The service had a safeguarding policy and procedure in place to guide practice. Staff told us and records confirmed they completed safeguarding training. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff we spoke with knew how and where to raise concerns about unsafe practice at the service. They told us they would be confident to raise any concerns. One staff member said, "Why would I cover it up, I couldn't, I would definitely tell."

Risk assessments were carried out for people using the service. These were documented in people's care files and identified the risk and actions needed to minimise and manage the risk. These assessments included risks associated with specific medical conditions, pressure areas, mobility and falls, behaviour that challenges the service and nutrition. Risk assessments were reviewed six monthly or sooner if a new risk was identified and were completed within seven days of people being admitted to the service. One staff member told us, "The new admission procedure is so much better now. It has to be done quickly and thoroughly. It highlights all the risks for the person and then it's communicated to all the staff involved." Staff were knowledgeable about people's individual risk management plans and knew actions needed to minimise the risk. For example, we saw that one person had a high risk of self-neglect and had a risk assessment and management plan in place relating to this.

Medicines were managed and administered safely. Records showed appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

When medicines were being administered covertly to people we saw there were agreements in place which had been signed by the GP, and a family member.

Medicines taken as needed or as required are known as 'PRN' medicines. We found that PRN medicines guidelines were in place about when staff should administer them. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they need them and in way that was both safe and consistent.

Medicines were stored securely. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature, and so they would be fit for use. Controlled drugs were stored and managed appropriately. Controlled drugs are medicines which the law requires are stored subject to special storage and recording arrangements.

Appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw supplies were available to enable people to have their medicines when they needed them.

Records showed all care workers who administered medicines had the appropriate training and their competencies were reviewed every two months. The provider carried out monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.

Infection control policies and procedures were in place. The registered manager told us and records showed audits were carried out monthly by the infection control lead staff member. Infection control procedures were discussed in staff team meetings. Staff we spoke with were clear about infection control procedures including those put in place when people using the service had symptoms of a suspected infection. We saw staff wearing aprons and gloves when serving meals, carrying out cleaning or preparing to support people with personal care. We observed staff washing their hands and removing aprons before leaving peoples rooms or moving to different areas of the service.

Cleaning rotas included cleaning of all areas of the service twice daily and records confirmed this was carried out. Domestic staff we spoke with told us about the process for ensuring the service was clean and the risk of infection minimised. This meant the service had processes in place to minimise the risk of the spread of infection.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who used the service. Recommendations had been made and recorded in the accident file to prevent re-occurrence. Serious incidents were reported to the local authority safeguarding team and the Care Quality Commission as appropriate. Staff we spoke with knew the procedure for reporting accidents and incidents.

The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification and criminal record checks. Records showed that appropriate checks had been completed to ensure staff were suitable to work in a care environment. This meant the recruitment practice in the service was robust.

People and their relatives told us they felt there were enough staff to meet people's needs. One person said, "Yes, they are always around." One relative said, "I'm here a lot and I never see them run off their feet. There's staff around all the time." Staff told us and records confirmed there were sufficient staff on each shift to meet people's needs. Staff sickness or absence at short notice was covered by bank staff employed by the service. We looked at staffing rotas which reflected this. During our visit we saw staff provided the support people needed, when they required it.

The premises were safe. Building safety checks had been carried out and any issues identified were addressed. This included audits of the environmental health and safety. For example records showed boiler,

water hygiene and electrical checks were carried out annually. Other checks on equipment such as hoists, water temperature and fire alarms were carried out monthly or weekly as required. All communal areas of the service were checked daily by the maintenance person and registered manager and any repairs logged and completed. During our inspection we found disused items of furniture stored inappropriately in the garden. This meant people may be at risk of injury from falling furniture. We spoke with the registered manager about this and action was taken immediately to have the furniture removed from the garden. We were satisfied this had been addressed by the provider.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in January 2015 we found staff did not always have support, supervision, appraisal and training to carry out their role. The service did not send in notifications to the Care Quality Commission (CQC) about the outcome of applications to deprive people of their liberty. Nutritional assessment and monitoring was not carried out for people using the service. During this inspection we found these issues had been addressed.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and deputy were knowledgeable about the MCA and how to obtain consent before giving care. However they were less confident about completing mental capacity assessments for people who used the service. Care staff we spoke with were often unclear in their understanding of MCA and DoLS. Records showed some staff had attended training and others were scheduled to attend during July and September 2016. We spoke with the management team about this. They made a decision to provide information to staff during future team meetings and to check staff understanding. Following our inspection the registered manager provided confirmation of additional training to be attended by the management team so they could confidently carry out MCA assessments and provide up to date information to staff regarding MCA and DoLS.

We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection the majority of people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. The home had completed all appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. The provider had sent in notifications to the CQC about the decisions of applications submitted for Deprivation of Liberty Safeguards. We looked at records relating to best interest decisions in the care records of people using the service. The decisions were well recorded and included a contribution from and signature of significant others such as the person's relative.

People using the service told us staff obtained consent before carrying out care. One person told us, "Yes, they don't just start doing stuff to you. They always ask first if it's alright." Staff were knowledgeable about how to obtain consent. They told us they would ask permission and explain what they were about to do before carrying out care and we observed staff asking people before they carried out any aspect of care. Peoples care records showed they had signed consent to care where able to do so.

People told us they enjoyed the meals at the service. When asked what they thought of the food one person said, "Very tasty." Another person said, "It's lovely and I like a good amount of food. I always get it." People who needed support with their meals were assisted patiently and with respect and dignity. People were able to decide if they wanted to eat at the dining table or in their armchair. We observed staff talking with people during meal times and offering them more food. The meals were not rushed and people appeared to be enjoying their dining experience. The food was fresh, well prepared and presented. Several jugs of fruit squash and water were available for drinking with the meal. Tea and coffee was offered after the meal.

We spoke with the chef and looked at the four week menu plan which changed every three months with the involvement of people using the service. The chef told us and we saw different menu options available to people with special dietary requirements.

Pureed meals were available for people requiring this. However we noted these foods were not prepared each day and were frozen in batches. This meant people requiring a pureed diet were not offered choice and did not receive freshly cooked meals. We discussed this with the chef who told us this was because the commercial blender was too large to puree individual meals. We spoke with the manager about this. Two hand held blenders were purchased immediately. On the second day of our inspection we were satisfied that people received a choice of freshly prepared meals.

The chef was knowledgeable about people's requirements. For example, people who required a softer diet or a special diet to manage their medical condition. People who required a diabetic diet had different menu choices for their main meals. Desserts were made using sweeteners which meant people on a diabetic diet were able to have them but also had additional choices such as diabetic ice cream with fresh fruit. We observed the chef preparing a small bowl of fruit for one person who requested a second dessert. They explained that they always had ingredients ready because the person was diabetic and it was best they did not eat two portions of pudding with custard as it may affect their blood sugar levels. Menu choices included vegetarian and culturally specific options. There was a list displayed of people using the service who were allergic to certain foods to prevent allergic reactions.

All meals were made using fresh ingredients. This included soups, cakes and desserts. Additional sandwiches were made and refrigerated at the end for each day and hot drinks were available for people who required "A midnight snack." People who had poor appetite or were at risk of malnourishment due to their medical condition were offered extra nourishing foods and milk shakes throughout the day.

People were encouraged to drink and were offered hot drinks, water and fruit squash throughout the day. People's food and fluid intake was monitored. We looked at records which were completed daily and showed that people received the recommended amount of fluid daily. People's weight was monitored monthly or more often if necessary. We saw records of this and referrals made to the dietician if required.

People had access to health care services. People told us they were able to see a doctor if they needed to. One person said, "If I need the doctor they sort it out. I don't like when they send me off to hospital though, but I get better and then I come straight home again." Staff told us and we saw records of the weekly GP visits to people living at the service. The GP could be contacted for visits at other times if people became unwell. We saw records of visits to the service from various health care professionals. There were records of visits from the chiropodist, psychiatrist, optician and dietician. Peoples care records contained information relating various appointment letters following up from referrals. A number of people had been supported with visits to hospital and clinics.

People using the service and their relatives told us they felt the staff were knowledgeable and knew how to

carry out their roles. We saw that staff received regular training. This was divided between training for all staff and essential training which was just for staff that required it for their specific role. Training included moving and handling, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, infection control, diabetes awareness, health and safety and dementia awareness. Essential training included medicines, first aid and catheter care.

Staff received training in a variety of ways such as e-learning, attending external courses and in small groups facilitated by the registered manager. One member of staff told us, "The training here is so much better now. Now we are actually learning about legislation and everything that goes with this role." Another staff member said, "Training is brilliant here, lots of different ways we can learn and I really enjoy the group learning." We found staff were up to date with required training and there was a system in place to monitor when staff were due to refresh their training. Staff working at the service had the opportunity to undertake further training appropriate to their role and there were opportunities for staff to develop and change roles within the service.

The service had a staff member who was the dementia champion lead and supported other staff to learn more about supporting people living with dementia. Staff we spoke with told us they had also become dementia champions.

The management team attended care conferences and subscribed to publications for adult social care providers. They met with registered managers of care homes for older people within the borough and attended provider meetings to ensure they kept up to date with best practice.

Staff had supervision meetings with their line manager every month. Staff told us they found it useful to meet with their manager and to talk about care plans for people using the service as well as their own personal development needs and how they were progressing in their role. One member of staff said, "It's really good having my supervisions regularly, it helps me to be the good care worker I want to be. It's all about being able to improve." Staff told us and records confirmed annual appraisals had been completed for staff working at the service.

One staff member who had recently joined the service told us they were happy working at George Brooker House. They explained the induction process which included shadowing care staff and reading policies and procedures. The service had an induction plan. However, records did not show the timescale for completion or how the provider monitored staff progress and knowledge during their induction and probationary period. We spoke with the registered manager about this. They acknowledged this was an area that needed to be addressed. After the inspection the manager sent us a new blank template on the induction which showed how they would record the progress and timescales.

We have made a recommendation that the provider record and formalise staff reviews during the induction period.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were caring. One person said, "I always find them helpful." When asked if they thought the staff were caring another person said, "They look after me lovely. I can't grumble." One relative said, "I think the care is excellent. My [relative] is always clean and tidy and she is well nourished. The staff here are just great and [relative] loves them because they are so gentle and treat her really well." Another relative told us that the home had been good and they were happy with care the service provided. Staff we spoke with told us they felt it was a caring service. One staff member said, "Yes, it's very caring. This is their home and I would want to feel cared for and valued in my home so I make sure I do that for them." Another staff member told us, "I love my job, it's about making people feel safe and able to have the best care possible. It's not just a job."

We observed staff interacting with people in a kind, respectful and personalised way. One staff member sat beside someone while talking and laughing with them. Another staff member was observed comforting someone who had become upset, speaking quietly and asking them what they could do to make them feel better.

Each person using the service had a keyworker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. Staff were able to describe how they developed relationships with people which included speaking with the person and their family to gather information about their life history, likes and dislikes. People were enabled to take part in their cultural or spiritual practices.

Staff told us how they promoted peoples dignity, choice, privacy and independence. They said they ensured doors were closed when assisting people with personal care. We observed staff discretely speaking with people who required personal care during the day and supporting them back to their rooms where personal care could be carried out. When asked how they promoted dignity one staff member told us, "We speak quietly and never embarrass people. If they need the toilet or have spilt food on their clothes we talk to them and discretely take them to their rooms without making a fuss." We observed staff knocking on bedroom doors and waiting for a response before entering.

Staff provided information and explanations when supporting people with daily living tasks. We observed a staff member explaining to one person the reason they needed to sit in a different armchair because the one they chose was too low and would be uncomfortable for them when trying to sit down.

We observed staff supporting people to remain independent. People living at George Brooker House were encouraged to assist with household tasks if they wished to enable them to remain as independent as possible. For example, we saw people helping staff to lay the table at mealtimes. We observed staff encouraging people to move around the service and supporting them from a safe distance to maintain their independence. We heard a staff member encouraging someone saying, "That's right, stand tall and take it slowly. Well done. Just tell us when you need to sit down."

We looked at people's care files and saw plans were in place for end of life care. These plans were reviewed annually and included people's wishes for preferred place of care and specific funeral plans. Staff we spoke with knew peoples wishes. Staff told us about bereavement and end of life training they had attended and about the process for arranging support for people and their family with end of life facilitators in the borough.

Good

Is the service responsive?

Our findings

At our last inspection of this service in January 2015 we found there was insufficient guidance available for staff supporting people with medical conditions. During this inspection we found these issues had been addressed.

All care records reviewed had details of an initial assessment carried out when people came to live at George Brooker House and up to date person centred care plans for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans and risk assessment to ensure appropriate care was given to meet their needs.

Care plans were comprehensive and personalised. Plans had details of people's likes, dislikes and preferences including how often and when they wanted support with personal care, meals, bed time and morning routines. Staff we spoke with told us, "We have changed this for the better. Now everyone is aware of people's medical condition and how it affects them. We know how to monitor them throughout the day." The care manager told us, "It's much more detailed now. Care plans are reviewed every month or sooner if there is a new issue and I keep a close eye on this." Records showed care plans were reviewed each month and updated as necessary. This meant people were protected against the risk of unsafe or inappropriate care and treatment.

People we spoke with said there were enough activities to do at the service. One person said, "The staff are good, they also sometimes take us on trips." Another person told us, "There's always something to do even upstairs where I live, although I go downstairs a lot especially when the singing and dancing is on." The service had a full-time activity co-ordinator who organised one to one and group activities, outings and social events. The activities co-ordinator explained people living at the service were encouraged to participate in meaningful activities they enjoyed. One staff member explained how they gathered information about a person who was living with dementia and had become withdrawn. They spoke with the person's family and explored different things they may enjoy doing. They spent more time one to one time with the person engaged them in different activities which helped them to become less withdrawn. We saw this reflected in the persons care file.

People using the service were encouraged to give their views about the service. During our visit a planned residents meeting took place. We observed people making suggestions about the types of plants they wanted to grow as part of the gardening club and activities they wanted to do during warmer weather. The meeting was informal with lots of laughter. The service produced a newsletter for people using the service and their relatives. We looked at the most recent issue which included updates on events that had taken place at the service, dates of meetings and new staff joining the service.

The service had a complaints policy and procedure. People using the service and their relatives said they knew how to complain if they needed to. One relative said, "I've only had to complain once and it was dealt with really quickly and followed up with a letter." The registered manager and staff were able to explain how they would deal with a complaint. Records showed complaints received had been responded to and

resolved in line with the providers' complaints procedure.

Good

Is the service well-led?

Our findings

At our last inspection of this service in January 2015 we found the service did not inform the Care Quality Commission (CQC) of important events at the service in a timely manner. This meant the CQC were unable to monitor that appropriate action had been taken. There was no line management structure in place for care staff. The service did not carry out quality monitoring checks to identify risks to staff and people using the service. During this inspection we found these issues had been addressed.

People living at the service and their relatives told us they felt the service was well-led. One person said "That's why I've stayed. They are working hard. They are trying to make things better. Someone may try to pull the place down, but you do not pull the place down when people are working so hard." One relative said, "There's been loads of improvements. It's really turned around." People and their relatives told us they found the registered manager and care manager approachable and helpful.

Staff told us they enjoyed working at the service and found the management team supportive. Staff told us moral had been low after our inspection in January 2015 but they had seen a positive change. One staff member said, "We all took responsibility for making sure we did the best for people living here. The manager really helped us to see that and we just all worked really hard." Staff said management of the service had improved and there had been positive changes. One staff member said, "There's been lots of changes. All for the better. Feels like a well-run home now and a very professional place to work."

The service had a clear line management structure for care staff. One staff member said, "We know who our line manager is and they do our supervisions." Another staff member said, "I've seen a huge turnaround. We are accountable and the manager is on top of running this place well."

Staff told us they found the management team knowledgeable and approachable. One staff member said, "They [registered manager and care manager] work very well together. They tell us what going on and what's needed to keep improving." Staff members' described the registered manager as "Firm but fair" and "Very open."

The management team told us they felt supported by the executive team. They told us and we saw regular visits and audits were carried out to improve the service. The executive team member we spoke with told us they felt the management team and staff at the service had worked hard and there was a culture of team work and professionalism to improve the service. The focus had been on improving the quality of the service for people and staff at George Brooker House.

The management team and staff told us and records showed monthly team meetings had taken place. Staff said they found the meetings useful and were kept up to date with changes to work practice and people's needs.

We saw records of relatives meetings and surveys carried out by the service. Areas covered included communication with the service, food and quality of care.

Responses were positive. Where there were areas for improvement such the name of people's key worker and relatives input in menus planning, the provider had an action plan to address concerns and implement suggestions made. Quality monitoring systems were in place and records were accessible and up to date. The registered manager and care manager had responsibility for completing audits. We looked at records of up to date weekly and monthly audits carried out. These included care planning, risk assessment, nutritional needs, infection control, falls monitoring and medicines management. This meant the provider had robust system in place to monitor the quality of the service.

The service worked in partnership with other agencies and health professionals. One health professional told us they found the service had systems in place and records were well maintained. The working relationship with the service was good and they were happy with processes in place to ensure effective communication of people's health needs.