Prime Life Limited

Little Acres

Inspection report

5 Spencer Drive
Nuthall
Nottingham
NG16 1DQ
Tel: 0115 938 2236
www.prime-life.co.uk

Date of inspection visit: 12 January 2016
Date of publication: 26/02/2016

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

Overall summary

We carried out an unannounced inspection of the service on 12 January 2016.

Little Acres provides accommodation and personal care for up to 25 people living with a learning disability, physical and sensory needs, including autistic spectrum disorder. At the time of our inspection there were 15 people living at the service.

Little Acres is required to have a registered manager 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. At the time of the inspection there was not a manager registered with the Care Quality Commission. The previous registered manager deregistered in September 2015. A manager was in place and told us that they would be shortly submitting their registered manager application. We will monitor this.

People received a safe service. Staff were aware of the safeguarding procedures to protect people from abuse

Summary of findings

and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriatly. However, some shortfalls were identified with care and risk plans. These were not always as detailed as they should have been or reviewed in line with the providers review system.

People received their medicines as prescribed and these were managed correctly. Some action was required with regard to medicines prescribed for use as and when required. Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. However, there was no analysis or review of this information to help identify any themes, patterns or concerns.

There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes.

People received sufficient to eat and drink and were positive about the choice, quality and quantity of food and drinks available. People's lunchtime experience could have been better. People were supported to access healthcare services to maintain their health. People's healthcare needs had been assessed and were regularly monitored, feedback from healthcare professionals were positive about how people's health needs were met.

Staff were kind, caring and respectful towards the people they supported. They understood people's individual needs, preferences and routines.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. Assessments and best interest decisions had been made for some people but had not been reviewed when required. Some people had not had MCA assessments completed where these were required. The provider took action to immediately address this.

People who used the service including their relatives were supported to share their experience and wishes about the service through regular meetings and annual feedback questionnaires. Communication between relatives and external professionals was good.

People told us they knew who was in charge and they would raise any complaints or concerns with them. Information about how to make a complaint was available but not presented in an easy read format for people with communication needs. Confidentiality was maintained and there were no restrictions on visitors.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. Some shortfalls were identified with record keeping; this was acknowledged by the manager and regional director who took immediate action to address this.

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?

Good

The service was consistently safe

Risks had been assessed to the individual and service. Plans were in place to manage risks but information lacked detail in places and had not always been reviewed when they should have. This was addressed immediately by the provider.

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature. Staff had received appropriate safeguarding adult training.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. There were sufficient staff available to meet people's needs safely.

Is the service effective?

Good

The service was effective

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Where appropriate assessments had been completed but these needed to be reviewed and consistently completed for people. This was addressed immediately by the provider.

People were supported to access external healthcare professionals when needed. The provider ensured people maintained a healthy and nutritious diet.

Staff received the training and support they needed to meet people's needs.

Is the service caring?

Good

The service was caring

People were supported by staff who were caring and supportive. However, people's lunchtime experience could have been better. Staff were knowledgeable about people's individual needs.

Independent advocacy support was available but not easily accessible for people.

People were given opportunities to express their opinion and felt respected and supported to do so.

There were no restrictions on friends and relatives visiting their family.

Is the service responsive?

Good

The service is responsive

People's needs had been assessed; care plans lacked detail in places. Staff supported people to pursue their hobbies and interests.

People were supported to contribute to their assessment and involved in discussions and decisions about the service they received as fully as possible.

People knew how to make a complaint and had information available to them but this was not presented in an easy format for people with communication needs.

Summary of findings

Is the service well-led?

Good

The service was well-led

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Little Acres

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 6 January 2016 and was unannounced.

Before the inspection, we asked 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. We reviewed information the provider had

sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. During the course of this inspection we contacted health and social care professionals for their feedback about the service. This included Healthwatch, the GP practice for the service, a learning disability physiotherapist, a learning disability occupational therapist, a community learning disability nurse and two social workers.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with five people who used the service and one visiting relative for their experience of the service. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We also used observation to help us understand people's experience of the care and support they received. We spoke with the manager, the provider's regional director and three support workers. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we spoke with three relatives of people who used the service for their feedback about the service.

Good

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe at the service, one person said, “Staff say ‘pack it in’ and send them [other people who use the service] to their room until they are calmed.” Relatives we spoke with told us that they did not have any concerns about safety. One relative said, “The staff manage any behaviours and keep people safe.” Feedback received from professionals was positive about people’s safety, no issue or concerns were raised about safeguarding issues.

Staff demonstrated they understood their role and responsibility in protecting people from abuse. They were able to identify the signs of abuse and the action to be taken if they had a concern. They said they had received training on how to protect people and that there was a safeguarding policy and procedure available. We saw records that confirmed what we were told.

Our observations found when people showed signs of anxiety staff were calm, patient and responsive. This approach had a positive impact on people and risks were reduced.

Records looked at confirmed appropriate action had been taken to protect people when incidents had occurred. We had further contact after the inspection with the regional director about people’s understanding of how to report any concerns of a safeguarding nature. The regional director sent us a copy of the provider’s pictorial easy read safeguarding poster they had produced for people, and told us they would ensure this was displayed for people at Little Acres.

Risks were assessed and management plans were put in place where risks were identified to inform staff of how to reduce and manage these. Relatives told us that they had been involved in discussions and decisions about how risks were managed. They also said that their family member had also been consulted as fully as possible. One relative told us, “I feel any risks are managed well by staff, I’m involved in discussions and decisions.” Feedback from professionals told us that staff knew how to support people with any risks and these were managed appropriately.

Staff told us how they had information available to them which provided guidance of the action required to manage and reduce known risks. One support worker said, “We discuss risks in daily hand over meetings and look at support and risk plans about people’s needs.” They gave good examples of how they ensured day to day risks were reduced, including risks to people. This included regular fire drills and referrals to health care professionals when risks had been identified about people’s health needs.

From the sample of care records we looked at, we found people’s needs had been assessed and associated risk plans developed. However, concerns were identified with the lack of detail of the information and the frequency at which these plans were reviewed. This is important information that provides staff with guidance and support of how risks should be managed.

We found the impact on people’s safety was reduced as staff knew what people’s needs were, however the concern was that new staff would not know people’s needs without written instruction and guidance. We discussed this with the manager and regional director. They gave us an undertaking that people’s support and risk plans would all be reviewed within a specified timescale to ensure they were up to date and reflected people’s current needs.

People who used the service told us that they were involved in regular fire drills. One person said, "We go outside in the car park, everyone has to go out." Personal emergency evacuation plans were in place in people’s care records. This information was used to inform staff of people’s support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events.

The internal and external environment was in a good state of repair and we found there was a record of regular checks and audits of equipment and services. We identified some concerns with the security of the external environment. We discussed this with the manager and regional director who said that the current facilities had not proved to be a risk to any person who used the service but agreed to complete a risk assessment.

People who used the service and relatives we spoke with had no concerns about the staffing levels provided. One relative said, “I’m not there all the time but when I visit there appears to be sufficient staff.” Another relative told us

Good

Is the service safe?

that their family member would tell them if they were unhappy or had any concerns about their safety. Feedback from healthcare professionals did not raise any issues or concerns about the staffing levels provided when they visited the service.

Staff told us they felt adequate staff were rostered on duty to meet people's individual needs. Some people had needs that required them to have additional staff support. Staff did not raise any concerns that this additional support was not provided. We were aware that staff had additional responsibilities such as completing cooking, laundry and cleaning tasks. We had some concerns about how this would be managed when the service had full occupancy. The regional director told us that the provider was already aware of this and would review the staffing provided as occupancy levels increased.

The regional manager told us how people's needs were assessed which determined the staffing levels provided. They said they felt sufficient staff were employed and deployed appropriately and this could easily be provided differently if staff had any concerns. We noted from the staff rosta and the manager confirmed, they were counted in the current staff allocation. This meant that they covered shifts and provided direct care. Whilst this was good practice, we were concerned that this may impact on the manager's ability to effectively manage and continually develop the service. We discussed this with the regional director who agreed to consider our feedback.

People received their medicines safely and as prescribed by their GP. People told us that they received their medicines at regular times. One person told us what their medicines were for and the times they took them. Two people told us if they were in pain what would happen. One person said, "They [staff] give me a headache tablet and say go to have a lay down."

We observed a support worker administer medicines to people. They did this competently and safely. We spoke with another support worker about people's medicines and how they were managed and what training they had received. We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed a sample of people's medicines administration records (MARs). We found that the way people preferred to take their medicines had not been recorded. One person had prescribed medicines which were to be given only as required; however, there was not a protocol in place that provided staff with guidance of when this should be administered. Additionally, staff had not received observational competency assessments which are a requirement of the safe administration of medicines. We discussed this with the manager and regional director who said they would take immediate action to address these issue.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience, who had received training and support relevant to the needs of people who used the service. One relative told us, “Yes, I would describe the staff as experienced and competent, they know people very well.” Another relative said, “The staff are all very good at what they do.” Feedback from professionals was positive about the staff. One professional told us, “The staff always seem well informed and knowledgeable regarding each person’s needs, both medically and socially.”

Staff spoke positively about the induction, training and support opportunities they received. One staff member said, “The induction, training and support is very good. I find the manager and seniors helpful and supportive.” They said that the induction prepared them for their role and responsibilities and that the training was of good quality and beneficial. Additionally, staff told us that they received regular opportunities to meet with the manager either formally or informally to discuss their practice and training and development needs.

We looked at the staff training and supervision meetings that confirmed what we were told. Staff had received appropriate training to enable them to support people effectively. Training opportunities included, moving and handling, infection control, dementia and learning disabilities. However, the training matrix showed gaps in staff receiving refresher training that was intended to update their knowledge and skills. The regional director told us they were aware of this and that the provider had appointed a regional adviser to advise on training and staff development. This person was to visit Little Acres in January 2016 to review the learning and development needs of the service. The manager also told us that if training needs had been identified as a result of an incident or issues related to care practice; they did various learning sets in face to face meetings with staff to enhance their learning.

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).

Staff showed a basic awareness of the principles of MCA. They told us that they had received training about MCA and DoLS and that if they had any concerns about people’s mental capacity to consent they would inform the manager or senior staff. We observed staff gained people’s consent before care and support was provided. Staff advised people of the support to be provided and waited for the person to respond before delivering care and support.

Where concerns had been identified about restricting a person of their liberty the manager had appropriately submitted applications to a ‘supervisory body’ for authorisation. We saw examples where some people’s mental capacity to consent to certain decisions had been assessed. However, these had not been reviewed and were not consistently and routinely completed for people where they should have been. We discussed this with the manager and regional director who agreed that people’s capacity to consent to specific decisions needed to be reviewed. They told us that they would assess people’s needs in relation to their capacity to consent as a matter of urgency.

Some people due to their anxieties and behaviours associated to their mental health needs could present with behaviours towards others. Staff showed an understanding of people’s needs and how to support people at times of heightened anxiety. However, care plans to provide staff with guidance of the required action to support people were not available. This was a concern as without written instructions there was a risk that staff were not providing a consistent approach. The manager agreed that written information was not available and agreed to address this.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. This included consideration of people’s cultural and religious needs. People told us that they could have drinks like tea or coffee when they wanted; One person said, “I sometimes don't like the food, we choose the menu." Additionally people talked about supper which could be, "biscuits, toast, fruit, sandwiches, hot chocolate, tea, coffee.”

Good

Is the service effective?

Relatives we spoke with told us they had no concerns about people's dietary needs and that some people were supported to eat healthy foods. One relative said, "You can't fault the meals, they're freshly cooked and fresh vegetables are used."

Staff told us that people helped to choose the menu for lunch and tea and that they were given two choices and a pudding. We looked at the menu and found that it provided well balanced and nutritious food. Staff showed good awareness of people's dietary needs and preferences. The service had a good supply of fresh food, including fresh fruit. Food was stored safely and correctly.

Staff told us that people had their weight monitored monthly to enable them to take action if concerns were identified. From the sample of care records we looked at we saw people had not been weighed at the frequency we were told. This meant that if a person's needs had changed there may have been a delay in action being taken.

People were supported to maintain good health and have access to healthcare services. People told that they were supported with their health care needs. One person said, "We get a check-up at the dentist and go if you get toothache." Additionally people said the doctor and optician visited. Relatives agreed that people were well supported with their healthcare needs and that they were informed of changes to people's healthcare needs. Some relatives said that they also attended health appointments with their family member.

Feedback from healthcare professionals was positive about how people were supported with their healthcare needs. One healthcare professional told us, "Their [people who use the service] health care needs are responded to appropriately and in a timely manner." and, "The residents are brought to the surgery via a taxi, with a chaperone, with their individual Healthcare Plan Folder."

From care records looked at we found people's health needs had been assessed and people received support to maintain their health and well-being. People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who support those needs,

and their various appointments. We saw examples' of people's health action plans, however, these had not all been consistently up to date. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. Again, we found an example where a person's needs had changed but this document had not been updated. This demonstrated the provider used best practice but records were not always kept up to date.

Good

Is the service caring?

Our findings

Positive caring relationships had developed between staff and people who used the service. Relatives spoke positively about the staff's approach and described them as caring. One relative told us, "All the staff are lovely, so caring. They always greet me nicely and are welcoming and friendly." Another relative said, "Some staff have been there a long time which I like. They understand and know people's needs so well."

A relative told us that their arrangements for Christmas dinner had unexpectedly changed. They said that the manager invited them to attend Little Acres on Christmas day and they thought this was kind and caring of them.

Feedback received from professionals all commented that they found Little Acres to have a warm, friendly atmosphere when they visited. They told us they had seen staff always treating people who used the service with respect.

Our observations found the interactions between staff and people who used the service were friendly and on the whole respectful and polite. Staff clearly knew people's needs well and people knew the staff and felt relaxed in their company. Some positive friendships between people who used the service had developed and these were supported by the staff. There were also some personality differences between some people which the staff were aware of and managed well.

On the day of our inspection some people attended a community day service and others remained at home. Staff were seen to be supportive to people getting ready to leave for their activity, making sure they had what they needed. As people returned to Little Acres in the afternoon staff were warm and welcoming and asked people how their day had been. Staff were seen to use good communication and listening skills. This included giving people eye contact when talking with them, being mindful of the language used and picking up and responding to non- verbal language. This showed how staff were caring and made people feel that they mattered.

By talking with staff we found that they were aware of people's preferences, routines and what was important to them. Staff showed kindness and compassion when taking about people they cared for. Staff gave examples and our observations confirmed that people were supported to be involved as far as possible to express their views and be involved in discussions and decisions in day to day activities.

The manager told us that they did not arrange review meetings whereby they met with the person and or their relative to discuss the service provided. They said they and or the person's keyworker, participated in the review meetings arranged by the local authority that funded people's placements. A keyworker is a member of staff that has additional responsibility for a person who uses the service. The manager said that people that used the service and their relative or representative were also asked to attend. Relatives we spoke with confirmed what we were told, and said that they felt included in discussions and decisions about the care and support their family received.

Staff gave an example of how people were involved in their care and support. They told us how some people needed clear information of their routines. They said that some people had pictorial care plans and activity plans that gave them the information that they needed in an appropriate format.

A pet cockatiel lived at the service which staff said that people loved and that it came out of its cage and sat with people. There were postcard sized photographs of some people who had held the cockatiel. The relatively large windows allowed natural light in, which contributed to a cheerful environment and was helpful for people with visual difficulties.

We noted that there were two menus on display in different parts of the lounge and dining area. Both gave different information about the day's menu, neither of which represented what was provided for the evening meal that we observed. The information was also in small print and not presented in a way to support people with communication and visual needs. This could have been confusing for people and showed a lack planning. We discussed this with the manager who said they would remove this information and provide improved information for people.

We observed the lunchtime experience for people. Whilst we found on the whole staff were kind and caring we identified some poor communication and a lack of insight by staff of their approach when supporting people. Staff ate with people and the food was provided from the kitchen

Good

Is the service caring?

but this differed to what people ate. For example, staff had brown bread, a toasty and a packet of crisps. These choices were not offered to people who used the service. We noted that when staff gave people their sandwiches there was no explanation of what the person had been given. Staff left the plate in front of the person and walked away.

We observed a person was given soup for their lunch, there was no explanation or choice offered of what the flavour was. This person was seen to eat independently but had difficulty spooning the soup, losing most of it before it got to their mouth. This resulted in them eating quicker. Staff present did not pick up on this and told the person to slow down as they might choke.

We found staff engagement with people during lunch was inconsistent and could have been better. Some staff only spoke to people in a task focused way. For example one staff's only communication was to say, "What do you want to drink." A staff member sat at the same table of a person who sat by themselves, but had their back to the person whist they engaged in conversation with people sat at different tables. We found people did not have serviettes available. When we mentioned this to the manager they went and fetched them which we saw people use. We discussed our observations of people's lunchtime experience with the manager and regional director who agreed to discuss our feedback with the staff team.

Staff we spoke with told us how they valued people's privacy, dignity and respect. "One staff said, "I'm always polite, I often use gentle touch and communication is really important. Spending time with people to show that they matter is important."

The importance of confidentiality was understood and respected by staff and confidential information was stored safely.

We did not see that people had access to information about independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The manager told us this information was available but not on display for people but assured us they would make it available.

Good

Is the service responsive?

Our findings

People received a responsive service that met their individual needs and wishes. People told us how they were supported to attend activities of their choice both within Little Acres and their local community. This involved attending community groups such as day services and voluntary work opportunities and evening social groups. Relatives we spoke with told us that their family member was well supported with social and leisure activities of their choice. One relative said, “There is always something going on.” Another relative told us how their family member spent their time and felt they were kept active and their independence was promoted as much as possible.

People told us how the staff arranged birthday parties for people where they enjoyed having a disco and party food. One person talked about going swimming, and others told us how they supported staff with household tasks, one person said, "I do the pots, [name] does her own room and staff do mine." This demonstrated how people were supported to maintain their independence as fully as possible.

Staff gave examples of how people liked to spend their time. For example, one staff member said, "[Name] went to see Forest (football match) play with a staff member. There are monthly trips and everyone can go.” Another staff member told us, “The activities include exercises, birthdays, entertainment, disco, gardening in summer. Some residents go out on their own, this is risk assessed." Staff told us that some people accessed the local community independently and people we spoke with confirmed this. This told us that people were encouraged and supported to maintain their independence.

From the sample of care records we looked at we saw an assessment of people’s needs had been completed. Additionally, people’s interests, hobbies goals and aspirations had been discussed and recorded. However, it was unclear if this information had been reviewed with the person to ensure it reflected their current wishes or if goals had been achieved. The manager and regional director said that they were confident that staff were supporting people appropriately with their individual wishes but agreed people’s person centred care plan needed reviewing and updating.

During our inspection we saw two people were each doing a jigsaw of their choice which they appeared to be engaged in. Some people told us about a problem with their bed mattress. We spoke with the regional director about what people told us. We received information the following day to advise that us all mattress’s had been checked which had resulted in one person having a new mattress ordered. This demonstrated that the provider was responsive when concerns were raised.

Whilst people said there were no meetings arranged for them to meet with the staff to discuss how the service was managed, the manager told us meetings were held every month. We saw records that confirmed what we were told.

People knew who the manager was and said they would talk to them if they had any concerns or complaints. Relatives we spoke with told us that they had not had reason to complain but said they felt confident the manager would respond positively if they did.

We observed there to be a noticeboard with comment cards for Little Acres and a dignity in care charter (partially hidden by some Halloween posters from October 2015). There was information about, ‘comments, complaints, and concerns’. This was a flow chart which was not written in accessible language for example "routine operational matters" and "more significant issues” were used. This meant people may not have complained as information was not appropriately provided.

Good

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People told us that they knew who the manager was and that they regularly saw them. Relatives we spoke with spoke positively about the manager's leadership and management style. One relative said, "The manager is lovely, excellent, always available, friendly and approachable."

Feedback from professionals was also positive. One professional said, "The care staff were courteous and respectful to the residents when I was present." Another told us, "Staff seemed to know the residents as individuals, and the care staff were able to talk confidently about the needs of the resident I was working with." An additional comment included, "We would firstly like to say that our experiences with Little Acre have been overwhelmingly positive. When entering the building we are always met with a homely atmosphere, staff are always on hand, approachable and helpful."

Staff told us that they enjoyed working at Little Acres and had a clear understanding of the vision and values of the service. One staff told us, "It's a caring and very friendly outgoing home," And, "It's very comfortable, relaxed and independence is promoted."

We saw during our visit that the manager supported the staff team and interacted with people that used the service. Staff spoke positively about the manager that they described as, "very approachable and supportive" and, "they listen and respond to any concerns." One staff member said, "[Name] is the best manager we've had, they've changed this place a lot, they're supportive and responsive."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The service had quality assurance systems in place that monitored quality and safety. People who used the service and relatives received opportunities to feedback their experience about the service. This included attending 'resident' meetings and being asked to complete satisfaction surveys. We saw records that showed the provider had sent a satisfaction survey to people and relatives in April 2015. The feedback was overwhelming positive. We saw the last three monthly meetings with people. These showed how people had been informed about changes affecting the service such as staffing, and were given the opportunity to share their ideas of activities they would like to do.

People's individual accidents and incidents were monitored and appropriate action had been taken. However, the manager had not got a system in place that analysed all accidents and incidents that would have provided information on any themes, patterns and trends. We discussed this with the manager; they said they would consider developing a system that would enable them to have this oversight.

Staff received opportunities to attend meetings to discuss the running of the service and the action required to further improve the service. Staff told us that they felt valued and able to raise any issues, concerns or make any suggestions about how the service could be improved upon.

Additional to the manager's daily, weekly and monthly systems and processes in place that checked on safety and quality, the regional director also visited the service to complete audits. These included checks in a variety of areas including, care planning, medication, the environment, safeguarding, learning and development. The manager had been in post a short time and was supported by an experienced manager from another home. The provider had developed a toolkit to support managers with their roles and responsibilities and how to use the providers systems and processes. During this inspection we identified some shortfalls in the recording and reviewing of some information that whilst had not had a negative impact on people required addressing. We were assured by the manager and regional director and received written confirmation of the action they would take to improve these shortfalls.