Ampersand Care Limited

Pinewood Manor

Inspection report

Pinewood Manor
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 6 March 2018. The inspection was unannounced. Pinewood Manor is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Pinewood Manor is registered to provide accommodation, nursing and personal care for 31 older people, people who live with dementia and people who have sensory adaptive needs. There were 29 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. There was 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 9 September 2016 the service was rated, 'Requires Improvement'. We found that there was one breach of the regulations. This was because the registered persons had not deployed enough care staff to ensure that people promptly received all of the care they needed. We asked the registered persons to take action to make improvements to staffing levels and at the present inspection we found that this action had been completed.

Also, at the last inspection we identified that another improvement was needed to ensure that people reliably benefited from receiving safe care. This was because there was a shortfall in the level of fire safety protection provided in the service. Furthermore, we noted that the way in which people's consent to receive care needed to be strengthened in order to ensure that it was effective in meeting their expectations. We also found that there were shortfalls in the arrangements that had been made to ensure that the service was well led. In particular, quality checks had not always been completed in the right way and this had resulted in the persistence of the concerns we had noted.

At the present inspection the service was, 'Good'. We found that most of the individual concerns we had previously raised had been addressed. We noted that enhanced provision had been made to protect people from the risk of fire and quality checks were being completed. Although further improvements were needed to the way in which the obtaining of consent was recorded, in practice suitable provision had been made to ensure that decisions were taken in people's best interests.

Our other findings were as follows. There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was

respected. This included occasions when people became distressed and needed support in order to keep themselves and others around them safe. Also, medicines were managed safely. Background checks had been completed before new nurses and care staff had been appointed. The accommodation was clean and there were robust arrangements to prevent and control infection. In addition, lessons had been learnt when things had gone wrong.

Nurses and care staff had been supported to deliver care in line with current best practice guidance. As part of this, people had been helped to eat and drink enough to maintain a balanced diet. Also, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Although some parts of the accommodation were not well decorated, in general it was adapted and designed in a way that met people's needs and expectations.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Furthermore, confidential information was kept private.

Although people received personalised care that was responsive to their needs information was not always presented to them in an accessible manner. However, people had been offered opportunities to pursue their hobbies and interests. Also, the registered manager recognised the importance of promoting equality and diversity. This included but was not limited to supporting people if they chose gay, lesbian, bisexual and transgender lifestyles. People's concerns and complaints were listened and responded to in order to improve the quality of care. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Nurses and care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. Furthermore, people, their relatives and members of staff had been consulted about making improvements to the service and their suggestions had been put into action. The registered persons had made a number of arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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.

Nurses and care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People were supported to avoid preventable accidents while their independence was promoted. In addition, when people became distressed nurses and care staff supported them so that everyone remained safe.

Medicines were managed safely.

Sufficient numbers of suitable nurses and care staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new nurses and care staff were appointed.

There were suitable arrangements to prevent and control infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

People enjoyed their meals and they were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services and they had received on-going healthcare support.

Although some parts of the accommodation were not well decorated, in general it was adapted and designed in a way that met people's needs and expectations.

Although not fully recorded, in practice suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

Although people received personalised care that was responsive to their needs information was not always presented to them in an accessible manner.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well led.

There was a registered manager who promoted an open culture in the service.

Suitable steps had been taken to enable the service to meet regulatory requirements. This included nurses and care staff being helped to understand their responsibilities to develop good team work and to speak out if they had any concerns.

People who lived in the service, their relatives and members of

staff had been consulted about the development of the service.

Suitable arrangements had been made to enable the service to learn, innovate and ensure its sustainability. This included the completion of quality checks.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Pinewood Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 6 March 2018 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 11 people who lived in the service and with three relatives. We also spoke with four members of a care staff, a nurse and the chef. In addition, we met with the clinical lead who supervised the delivery of nursing care and with the registered manager. We also observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After the inspection visit we spoke by telephone with a further two relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I get on very well with the staff and they're all fine with me." A person who lived with dementia and who had special communication needs smiled when we used sign assisted language to ask them about their experience of living in the service. Relatives were confident that their family members were safe. One of them told us, "I think that the service is just such a friendly place. I knew straight away when I crossed the doorstep and spoke to the manager that this was the right place for my family member."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that nurses and care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Also, they told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

The registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This included the registered manager keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. Also, there was a passenger lift that gave step-free access throughout the accommodation to reduce the risk of falls. In addition, windows were fitted with safety latches so that they could be opened safely without the risk of someone falling out of them. Furthermore, the accommodation was fitted with a modern fire safety system that is designed to prevent and quickly contain fire safety emergencies so that people are kept safe. Records showed that the registered persons had identified that a small number of improvements needed to be made to the system. Most of these had already been completed and the registered manager assured us that the remaining items would be finished as soon as possible and by the end of April 2018 at the latest.

There was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was a person who sometimes wanted to help when tidying up in one of the lounges. We found that care staff were gently assisting the person when doing this so that they stayed safe.

Nurses and care staff were able to promote positive outcomes for people if they became distressed. When this occurred nurses and care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was sitting in one of the lounges and who was upset. This was because they could not recall how to attract the attention of the service's pet cat when it

walked through the lounge in which they were sitting. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. The member of care staff sat with the person and encouraged the cat to walk over to them by waving a length of knitting wool. The person smiled broadly and shortly after this we saw them dangling the wool with which the cat was playing.

Suitable arrangements were in place to safely order, store, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. Nurses who administered medicines had received training. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Documents showed that the registered manager had carefully established how many nurses and care staff needed to be on duty. This included taking into account the number of people living in the service and the nursing and personal care each person needed to receive. Records showed that sufficient nurses and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum headline figure set by the registered manager. We also noted that during our inspection visit there were enough nurses and care staff on duty. This was because people promptly received all of the assistance they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. In relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. All parts of the accommodation had a fresh atmosphere and that equipment such as hoists were in good condition and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, nurses and care staff recognised the importance of preventing cross infection. They wore clean uniforms and correctly used personal protective equipment such as disposable aprons and gloves. A person who lived in the service summarised this aspect of their home saying, "It's as clean as a new pin."

The registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. Also, actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Good

Is the service effective?

Our findings

People were confident that the nurses and care staff knew what they were doing and had their best interests at heart. One of them said, "I find the nurses and the carers to be genuinely helpful. All of them are like that and I have nothing but praise for them." Relatives were also confident about this matter. One of them said, "Yes, I do think that the nurses and care staff know what they're doing. I like knowing that there is always a nurse on duty because it's someone who's got a formal clinical qualification."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully establishing if people had cultural identities or ethnic beliefs that affected the gender of care staff from whom they wished to receive personal care.

Members of staff told us and records confirmed that new nurses and care staff had received introductory training before they provided people with care. This included being offered the opportunity to complete the Care Certificate. This is a nationally recognised system for ensuring that new care staff have the knowledge and skills they need to care for people in the right way. Also, records showed that nurses and care staff had also received on-going refresher training to keep their knowledge and skills up to date. Furthermore, nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The meals are actually quite decent and we get more than enough. We always have a choice of dish." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The tables were attractively laid with individual place settings and people were offered a choice of dishes that were well presented. People dined in a leisurely way and when necessary they received individual assistance from care staff.

People were being supported to eat and drink enough to maintain a balanced diet. They had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. Also, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that they were easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included nurses and care staff having written

information available to pass on to hospital staff that was likely to be useful to them when providing medical treatment. Another example of this was care staff offering to accompany people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Some parts of the accommodation were not presented to a normal domestic standard. There were areas where wall finishes and paintwork was chipped and marked. In one of the bathrooms the vertical blinds were damaged and unsightly. We identified these defects to the registered manager who assured us that there were plans in place to address them in the near future. Also, we noted that most of the accommodation was well presented and provided a comfortable setting for the people who lived in the service. There was sufficient communal space in the dining room and in the lounges. Furthermore, each person had their own bedroom that was laid out as a bed-sitting area in which they could relax whenever they wished.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager, nurses and care staff were supporting people to make decisions for themselves whenever possible. Although the process was not always fully recorded, we found that in practice they had consulted with people who lived in the service, explained information to them and sought their informed consent. We pointed out to the registered manager that more attention needed to be given to recording this aspect of the service's provision and they assured us that the necessary improvements would immediately be made.

We also saw that in practice when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about people having rails fitted to the side of their bed. These are sometimes necessary so that a person can rest safely in bed without accidentally slipping and falling onto the floor.

Records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "I am very happy here. The staff are very kind." Another person who lived with dementia and who had special communication needs smiled and went across the room to hold hands with a member of care staff when we asked them about the care they received. Relatives impressed upon us their positive assessment of the service. One of them remarked, "The staff are truly excellent here and I have full confidence in them. I call to the service a lot and I've only ever seen people being treated with real kindness."

People were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in a quiet lounge where they both remarked about the changeable weather. They then looked forward to seeing the first signs of spring in the garden. Another example was a member of care staff gently reassuring a person that one of their relatives who lived some way from the service would probably telephone them in the near future.

Nurses and care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that nurses and care staff gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door left ajar.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. Also, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. However, bedroom doors were not fitted with locks. We raised this oversight with the registered manager who told us that they would consult with each person and that if requested suitable locks would be installed. Nevertheless, we saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

People could speak with relatives and meet with health and social care professionals in private if this was their wish. Also, care staff assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. Also, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One of them told us, "The staff help me with everything I need from first thing in the morning until I go back to bed in evening." Relatives were also positive about the amount of help their family members received. One of them commented, "My family member has always been an elegant person and so I'm very pleased to see that carried on here. Whenever I call I see them wearing clean clothes and looking presentable as I know they would want to be."

People received personalised care that was responsive to their needs. Records showed that nurses and care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.

However, we noted that care plans and other documents had not always been written in a user-friendly way so that information was presented to people in an accessible manner. Older people who have sensory adaptive needs and people who live with dementia often benefit from having information given to them through multi-media tools such as graphics and colours so that it is easier to understand. Therefore, the arrangements used in the service had reduced some people's ability to be fully involved in the process of recording and reviewing the care they received. We raised our concerns with the registered manager who assured us that steps would promptly be taken to give people more accessible information about key parts of the care they received.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There were two activities managers who between them were present in the service for 35 hours each week. Records showed that they were supporting people to enjoy a range of small group activities. These included taking part in games, undertaking gentle exercises, listening to music and seeing animals brought into the service by a local zoo. People also told us that they received the individual assistance they needed to read magazines and to enjoy doing puzzles.

Suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This often involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to put their name on the electoral roll and being supported to cast their vote if they wished to do so. Another example was people being helped to take part in raising funds for national charitable events.

Nurses and care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by attending a religious

service. Also, the registered manager was aware of how to support people who used English as their second language, including being able to make use of translator services. Furthermore, the registered manager recognised the importance of appropriately supporting people if they chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when the registered persons had received a complaint the matter had been thoroughly investigated and resolved to the satisfaction of the complainant.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that when necessary the registered manager and clinical lead had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that nurses and care staff had supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "I didn't quite know what to expect of moving into a care home but all I can say is that this place is right for me. It's not posh but it's caring and well run. The manager is lovely." Relatives were also mostly complimentary about the management of the service. One of them remarked, "I think that the service is well managed. If there is one criticism it's communication within the staff team where one person thinks that someone else has done something which then gets overlooked."

There was a registered manager in post. They told us that they were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care.

The registered persons had taken a number of steps to develop the service's ability to comply with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, the registered persons had suitably displayed both in the service and on their website the quality ratings we gave to Pinewood Manor at our last inspection.

A number of systems were in place to help care staff to be clear about their responsibilities. This included there being a nurse who was in charge of each shift. Also, arrangements had been made for the registered manager or the clinical lead to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

The nurse with whom we spoke and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

People who lived in the service and their relatives had been engaged and involved in making improvements. Speaking about this a person remarked, "We have residents' meetings but you don't have to wait until then. The manager is always about the place and if I think of something to suggest I just have a word with her and she's fine about it." Records showed that people and their relatives had been invited to meet with the registered manager on a number of occasions. This had been done so that people had the opportunity to

suggest how the service could be improved.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that the local authority had concluded that 'good' systems were used in the kitchen to check and ensure that suitable food hygiene procedures were followed.

The registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

We noted that the registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. As part of this the registered persons had carefully anticipated when vacancies were due to arise so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. Also, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working. One of the benefits of this was helping to ensure that there were enough places in residential care services to enable people to quickly be discharged from hospital after their treatment had been completed.