Wyggeston's Hospital

Agnes House

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Agnes House provides personal care and accommodation for up to 26 people. On the day of the inspection the registered manager informed us that 26 people were living at the home. The service accommodates older people with a range of needs including people living with dementia.

This inspection took place on 11 and 12 April 2016.

A registered manager was in place. 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 and associated Regulations about how the service is run. The registered manager responsible for nursing was managing the service at the time of the inspection.

People using the service and the relatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

People using the service relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were recorded to evidence that medicines were always supplied to people.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed with regard to people's health conditions.

Staff generally understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly and caring way, though there was one incident observed

of not treating a person with respect.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and usually covered their health and social care needs.

There were not always sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people.

People and relatives told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, their relatives, staff and professionals were satisfied with how the home was run by the registered manager.

Management carried out audits and checks to ensure the home was running properly to meet people's needs.

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 told us said that they felt safe living in the service.

People had risk assessments in place to protect their safety.

Staff recruitment checks were in place to protect people from unsuitable staff.

Staff knew how to report any suspected abuse to their management, but not all staff knew how to contact safeguarding agencies if abuse occurred.

Medication had usually been supplied to people as prescribed, though there were a small number of gaps in medicine recording.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs.

People's consent to care and treatment was usually sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

There was positive collaboration and referral to health services.

Is the service caring?

Good

The service was caring.

People, their relatives, and an external professional told us that staff were friendly and caring. We observed this to be the case in the interactions we saw.

Staff protected people's rights to dignity and privacy.

People and their relatives had been involved in planning care and decision-making.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans usually contained information for staff on how to respond to people's needs.

Care had not always been provided to respond to people's needs when needed.

Activities based on people's preferences and choices were available to them.

Staff had contacted medical services when people needed support.

People and their relatives told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Systems had been audited in order to provide a quality service though this needed to be extended to other systems.

People and their relatives told us that management listened and acted on their comments and concerns.

Agnes House

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 11 and 12 April 2016. The inspection was unannounced. 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. Our expert for this inspection had experience of the care of older people including older people with dementia.

Before the inspection, the provider completed 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. As part of our planning we reviewed the information in the PIR. The registered manager set out how the service was safe, effective, caring, responses and well led.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted a commissioner for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. There were no concerns about the home.

During the inspection we spoke with 12 people who used the service, four relatives, the registered manager, and five staff members.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and complaints records.

Good

Is the service safe?

Our findings

People we spoke with, and their relatives, told us they were safe living in the home. One person said, ""I feel very safe here." Another person said, "Everyone is very careful. I can be quite fragile sometimes."

A relative told us, "They care for my sister very well. I cannot fault them." Another relative said, "My mum is safe here. She did have a fall in her bedroom once and it was quickly looked into. She now has a fall mat in place so that staff are alerted if she gets out of bed and she needs some help."

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks, including falls, manual handling, and the risk of developing pressure ulcers. The staff we spoke with were aware of their responsibility to report any changes and act upon them.

For example, one person was assessed as being at risk of developing a pressure sore. The risk assessment included relevant information such as the provision of a specialist mattress and the pressure on the mattress was fixed to the person's weight to ensure the person's skin was safely protected. There was also information about how to ensure that the person was safely moved from one place to another using the person's hoist sling. There was also information as to the need to regularly reposition the person in bed. We looked at records and these indicated this had been carried out. We saw that the community nurse had been involved to monitor this issue. She reported that staff carried out care to protect the person's skin. This meant the person's health needs had been safely protected.

There was information in the person's care plan that they should not be left on her own whilst using the toilet because of the risk of falling. There was also information about how to assist the person to eat in an upright position to ensure they were protected against the risk of choking. This showed that information was available to staff to keep people safe.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was regular servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms and fire drills had taken place. This showed there were systems in place to protect people safety.

Staff were aware of how to keep people safe. For example, to ensure that there were no obstacles in the way of people's mobility and to make sure that people were not rushed when personal care was supplied. There were systems in place to keep people safe such as alarms on windows and exits.

Staff told us they believed there were sufficient staff on duty to ensure people were safe. People and their relatives also told us that staffing levels were sufficient to keep them safe.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff

were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. We saw a recent incident was in the process of being investigated by the registered manager to see whether a safeguarding incident had occurred and she later sent us relevant information regarding this issue.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I know how to report abuse if nothing is done about it by management and I would not hesitate to do this." Staff told us they were confident the senior staff would raise concerns correctly but most were aware of relevant agencies they would report to if they believed concerns had not been addressed. The registered manager said that she would follow up this issue to ensure that all staff knew of relevant agencies to report any abuse to if management had not acted on the information.

The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations.

People told us they had mostly received their medicines at the time they were supposed to get it. One person said, "They've never missed giving me my pills yet."
A relative told us that as far as she was aware, there had been no problems with her mother receiving her medicines from staff.

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by people trained and assessed as being able to do this safely.

We looked at the medication administration records for people using the service. These showed that medicines had largely been given and staff had largely signed to confirm this. The registered manager said she would follow up a small number of gaps on medicine recording sheets where medicines had not been signed as being supplied to people as indicated in monthly medication audits undertaken by the registered manager.

We observed some people being given their medicines. This was carried out properly and people were given fluids in order to be able to take their medicines more comfortably.

There were regular medicine audits undertaken so that any errors could be quickly identified. Temperature checks for the fridge holding medication had been carried out and these were in line with required temperatures to make sure the effectiveness of medication was safely protected.

There were no temperature checks in place for the office where medicines were stored. The registered manager said that she would follow this up with the pharmacist and act on any advice given. This would then ensure that medicines were not exposed to heat which can result in them not working effectively as they should. She swiftly sent us information after the inspection that the pharmacist was referred to in this matter and she would be taking this advice to introduce this system.

Good

Is the service effective?

Our findings

The people we spoke with said they received the care and support they needed. A person told us, "I'd say they all know what they are doing." Another person said, "They all seem pretty skilled to me." A relative told us, "Staff are really good. They know what they are doing."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "I have received lots of training." Another staff member said, "If I think I need any more training I just speak to management and this is arranged."

Staff told us there were opportunities to discuss their needs with a senior person to make sure they provided effective support to people.

The staff training matrix showed that staff had training in essential care issues. If new staff do not have a nationally recognised qualification they are expected to complete the care certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training.

We saw that staff had not undertaken training in relevant health conditions such as Parkinson's disease, stroke care, and visual and hearing needs. The registered manager said she would arrange this training. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's assessed needs.

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. Some staff we spoke with struggled to explain their responsibilities in relation to the MCA. The registered manager said that the training they received had not been fully relevant to the client group they supported and she would be supplying refresher sessions to staff to ensure their knowledge of this issue was comprehensive.

At this inspection we found evidence of comprehensive mental capacity assessments for individuals and best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was a form in place for assessing people's mental capacity. Deprivation of liberty (DoLs), applications had been made with proper authorisations granted to enable staff to take decisions in people's welfare interests.

We observed that, for the majority of situations, staff talked with people they supported them and put them at ease and asked for their consent before supplying personal care. However, there was a situation where a staff member had instructed a person to lift their leg up, without respectfully asking them or explaining why

this request had been made. The registered manager said staff would be reminded as to their responsibilities in this issue, as it was the expectation of the service that staff would gain people's consent when care was due to be provided to them.

Care plans included information that confirmed people's possible deprivation of liberty (DoLs) had been correctly considered.

All the people we spoke with said they either liked the food they were offered or thought it was satisfactory. One person said, "Yes, I like the food we get here."
A relative told us, "Food is wonderful. " We saw information in residents meeting minutes which indicated that people were asked as to their favourite foods so that the menu could be planned around these choices.

People with swallowing difficulties were given pureed food and thickened drinks.
The food served appeared of sufficient portion size and was nutritious. We observed people eating in dining areas. Staff encouraged people to eat. We observed one person with nutritional needs receiving assistance with eating. This was carried out carefully and the person had time to digestive food without being rushed.

We found that there was a choice of main meals. People also told us they could ask for and receive an alternative if they did not want the food on offer. We saw one person go to the kitchen as she had changed her mind about what meal she wanted. She said that she sometimes did this and kitchen staff always responded positively to her.

Everyone said that drinks were available at any time. We saw that drinks were served frequently and staff encouraged people to drink. This ensured that people received sufficient hydration to maintain their health and well being.

Staff recorded people's fluid and food intakes where assessed, so that effective care could be provided if this had been assessed as an issue.

The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. We saw the evidence that people were weighed regularly to ensure they had an adequate diet.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

Staff told us that the GP would be called if a person was not feeling well. Records confirmed people were supported to access other health and social care services, such as GPs, opticians and chiropodists. This enabled them to receive the care necessary for them to maintain their health and wellbeing. There was evidence of involvement of various professionals in people's care records.

We spoke with a community nurse about the standard of health care at Agnes House. The community nurse stated that staff were quick to refer people to health care professionals and they carried out any identified tasks to maintain people's health care needs.

A relative told us that when her mother had a fall staff had called an ambulance and she had been admitted to hospital for treatment. On another occasion her mother had not been well and staff called in the GP to see her. She said that staff had kept her informed of all developments.

We saw evidence in people's care plans regarding GP instructions for staff to follow in relation to relevant

issues such as infections, falls, suspected stroke, chest pain or breathlessness and diminished swallowing needs. This allowed effective care to be provided.

We looked at accident records. We found that where people had potentially serious injuries, such as following falls, staff had alerted the emergency services and people had been taken to hospital for treatment.

These issues showed people were provided with an effective service to meet their health needs.

Good

Is the service caring?

Our findings

People using the service that we spoke with were generally very positive about the staff. One person said, ""I'm allowed to do as I please. There are no restrictions put on me, just the normal respect of telling people where I'm going." Another person told us their opinion of the staff, "Such nice natures, every one of them."

Another person commented on the home, "It feels like a home. We feel at home. They are fussy about the staff they choose. We love the staff."

Relatives and the health professional we spoke with also said that they had observed staff being friendly and caring.

One relative told us, "I have never had a problem with the manner of any of the staff."
In some contrast, one person said of staff, "Some of them are going through the motions. Others are fabulous." The registered manager said this was difficult to follow up as no other details were given by the person but this aspect would be monitored to ensure all staff supplied a friendly and caring service.

We saw that breakfast was served in people's bedrooms. There was a choice as one person had a preference to have their breakfast at a dining table and we saw this was accommodated.

We saw that people were asked in advance about their choice of food. A person was supplied with small portions of food because this was her preference. The person ate slowly and it was apparent that staff were aware of this and complied with the person's pace. The person was able to complete her meal in a stress-free and unhurried manner, whilst still able to retain her dignity and independence.

We noted in the minutes of the staff meeting of March 2016 that issues of respect was stated to have come up, "Every time we have a meeting." This showed that there were some issues with people being shown respect at all times. The registered manager said this issue was emphasised to staff to try to ensure people were always treated with respect.

The philosophy of care at Agnes House was set out in the statement of purpose. This emphasised respect for people, encouraging independence, respecting privacy and for people to achieve their full potential in terms of how they wanted to live their lives. This orientated staff to provide a caring service. We observed that care interactions between staff and people living in the service and found that staff were generally kind and caring.

One person said, "They are very discreet when they help me to bathe: very professional in a friendly sort of way." This example showed staff were sensitive to people's dignity and privacy.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom. One staff member told us, "I think staff all try to be respectful of people and how they want things done." Another member of staff said, "We all aim to make people's lives

comfortable and treat them properly and with dignity." Staff described how they would preserve people's dignity and during personal care by covering any exposed areas with towels.

The conversations we heard between people and staff were polite and caring. For example, a staff member was observed to be speaking in a friendly manner to someone who had just woken up and encourage the person to have a drink.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people who used the service had the opportunity to make choices about where they sat or what they ate. A person's care plan recorded their preferred time of waking. A staff member described a person who sometimes liked to stay in bed and staff respected this choice. A care plan we saw described a person being able to inform staff about what clothes she wanted to wear and what food she wanted to eat. A relative told us her mother was not interested in taking part in activities and staff respected their choice in this matter. We saw that people were able to exercise choice in administering their own medicines if they were safe to do so. This told us that the service respected people's choices.

A person told us, "I'm very much involved when they are talking about or reviewing my care plan: they make sure I am part of it. I like that." Another person said, "They ask me what I like" – is this OK with you now, or do you want us to change the way we do things for you?"

A relative told us they had been involved in discussions about the care of their family member. They told us, "We sat down and discussed my mum's care needs when she came in here. I am fully satisfied with her care plan as it covers all her needs." We also found evidence in people's care plans that either they or their representative had been involved in setting up the care plan.

All these issues showed that staff generally presented as caring and friendly to people and respected their rights.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff looked after their care and health needs. A person told us that the staff understood her and what her needs were. She said, "Nothing is too much trouble for them. They will help you if they can. If not, they'll find out for you." Another person said, "They are not intrusive but I know I can get help if I ask for it. They are always coming up and asking me if I need anything."

One person told us, "When I first came to live here I used to buy my own soup but because my appetite isn't always brilliant, the home actually provides this daily. That's being responsive in my mind".

We observed a staff member asking a person whether she wanted another drink. This showed that staff were responding to people's needs.

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them as were able to provide information about people's likes and dislikes. Care plans were reviewed at least every month.

We saw that turn charts recording action needed to protect people's skin were completed by staff to ensure appropriate care was provided. In another care plan we looked at set out end of life care to ensure that staff respected people's wishes and that treatment was in place to deal with pain relief.

We noted that when a person had had a fall, action had been put in place to try to ensure that any possible injury in the future was prevented by installing a floor sensor mat to alert staff if the person got out of bed. This meant the person's needs had been responded to.

Care plans did not always supply enough detail to meet people's needs. For example one plan talked about changing a person's continence wear regularly but did not set out specifically how regularly this should be. This meant there was a risk that the person's needs were not always been responded to. We discussed this with the registered manager who said this issue would be followed up.

Staff told us that the registered manager had not asked them to read care plans and that they had not read all of them. Staff had not signed to indicate they had read them. The registered manager said this would be followed up with staff to ensure this was carried out so that staff were always aware of how to respond to people's individual needs.

People had mixed views as to whether there were sufficient staff on duty to meet their needs. This reflected comments in the residents survey of 2015, which described that on some occasions the response time to obtain help had been affected when there were staff shortages. One person told us, "I think sometimes they are very busy. Twice last week I had to wait a while: 50 minutes one time and 30 minutes another time."

Staff told us that there were usually enough staff to be able to respond to people's needs. However, on occasions where there was staff sickness or staff holidays, where the staffing ratio had not been maintained, staff struggled to supply care to people without delays occurring. We looked at the provider information return completed by the registered manager which stated that in the morning period there would be six care staff on duty to insure responsive care. Staffing rotas did not always show the staffing levels were maintained.

We looked at the call bell records for a person and found that on one occasion a call bell had not been answered for 29 minutes. Staff members told us that people did have to wait longer if staffing levels were affected by sickness or annual leave. This told us that people's care needs were not always met within good time and they had to wait to receive care responding to their needs. The registered manager said this issue would be reviewed.

Relatives told us they were able to visit regularly and were always welcomed. People we spoke with confirmed this. This showed that people were supported to maintain contact with people who were important to them.

Activity information was available in a newsletter. This included a variety of different activities. The activities worker was new to this position. She was carrying out research into providing activities and we found there was allocated time for her to do this.

The activities sheet included activities for the whole site, which included sheltered living accommodation. Many people told us they found this confusing and didn't always know where activities were held. The registered manager said this would be clarified.

Activities included a group session, armchair exercises and activities provided to people individually. This included people being accompanied outside for walks.
Some people had their own memory folders which included details of their past, which they could look at and be stimulated by.

We saw that a church service was held on a weekly basis. People told us they were also able to attend their own local church services and activities as well to other outside activities.

The registered manager said that this person had 10 hours direct contact time with people. We looked at the activities folder. People received activities such as bingo, poetry, slimming group, games, film club, knitting, walks, concerts, crafts, music and movement, cake baking and outings.

The registered manager told us that further activity facilities were being developed. We saw that a first-floor lounge was being refurbished and contained facilities such as a small cinema and massage chairs. We were also informed that an outside organisation was helping people to learn how to use a computer.

In a person's care plan, we saw that their favourite type of music was recorded as a "Bit of everything." This did not outline specific information to help staff ensure the person received their favourite music. When we went into a person's bedroom to observe a person being assisted with their nutritional needs, we found that age appropriate music was not played on the radio, which was confirmed by the staff member present. The registered manager stated that family members had put the radio on and selected the channel. The registered manager said staff would be reminded to ensure that appropriate music of people's choice was put on by staff.

People we spoke with said they had never had to make a complaint. A relative told us, "If I felt anything is serious enough, which there hasn't been, I could go straight to the manager or the CEO (Chief Executive Officer)." People told us they felt confident that they could approach management staff and issues would be dealt with. One relative told us that when she raised some minor issues with management these had been attended to quickly. Another relative said, "They told us when my mother first came in, how to make a complaint. It is written down in her book. Never had to make a complaint though."

We looked at the complaints book which contained a number of complaints. Proper investigations had been carried out on the issues concerned and action was identified when needed, although the complainant had not been informed in writing as to the outcome of their complaint. The registered manager stated that this would be followed up. This would provide further evidence that the service is fully responded to formal complaints.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider.

Good

Is the service well-led?

Our findings

People who lived in the home and their relatives knew who the registered manager was and thought the home generally run well. A relative told us she had no anxiety about approaching the registered manager if she needed to and she felt sure she would get a positive response.

One person told us, "I am felt to be pivotal in the care I receive. They are always checking things out with you."

A staff member told us, "Things have improved from the past. There is better equipment and more activities for people."

Staff told us they could approach the management team about any concerns they had. One member of staff said, "I can go to the office if I have any queries and get help." Another staff member said, "We are properly supported. There is help when needed." Another staff member said that overall they felt supported but the registered manager needed to be more visible so she could see what was happening around the home. This member of staff also felt that there had been an occasion where the manner of the registered manager had been negative in front of others. The CEO stated that it had been recognised that the registered manager needed management assistance with her workload. It was planned that some tasks would be delegated so that the registered manager had more time to spend with people. In regard to the issue raised about her manner, the registered manager denied that her manner had been negative in any way.

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect. They told us
they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Agnes House were always put first.

We saw that residents meetings had taken place. One resident told me that the home management did respond positively to changes but this seemed to take a lot of time to act on issues. There were relevant issues discussed in the meetings such as gaining people's views of the service about activities, food, staff training and facilities. Relatives also told us that they could attend these meetings to put forward their views. This meant people and their relatives were consulted about how well led the home was and they were included in the running of the home.

Staff said that essential information about people's needs had always been communicated to them by way of daily handovers so that they could provide appropriate care that met people's needs. These are examples of a well led service.

Staff were supported through individual supervision, appraisals and staff meetings. In one staff supervision record we saw that a staff member had outlined the poor practice of some staff members in rushing people. There was evidence in place that this had been acted on by the registered manager. This showed us that issues regarding the care of people living in the service had been acted on.

Records showed that issues about staff practice were discussed in staff meetings and any necessary remedial action identified with staff. Staff supervision records evidenced that supervisions covered relevant issues such as training and care issues. This meant that staff were supported to discuss their competence and identify their learning needs. There was a shadowing feedback form in place for new staff members so that any issues that had arisen could be discussed with them.

We saw that people had been asked for their opinions of the service in the past year by way of completing satisfaction surveys. We noted a generally high level of satisfaction with the running of the service. A number of issues were highlighted as needing attention such as lighting levels and the response time to call bells when staffing levels were short. There was evidence in the form of an action plan, that these issues had been acted on.

There was information in the provider information return that there was a staff questionnaire in place. However, there had been no staff questionnaire in the past year to ascertain their views of the running of the service. The nominated individual thought that staff meetings were able to perform this function, as there was a system in place for staff to put forward any issues they thought needed discussion in staff meetings and this could be done anonymously if they wished. This was confirmed by the staff we spoke with. We saw minutes of staff meetings. These covered relevant issues such as staff training and management expectations as to how to provide proper care to people.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included care planning, fire checks, maintenance checks, protecting people skin from pressure sores, medicines administration, weight charts, food hygiene, infection control, hand hygiene competence assessments for staff, and room audits. This meant that essential systems had been audited in order to provide a quality system.

We found that staff levels had not always been maintained to cover sickness and holidays. The registered manager stated that even with a reduction of one staff on a small number of shifts, this did not mean that people's needs were not met, though this issue would be kept under review.

The registered manager had introduced a system of staff being 'champions' of a particular issue such as to ensure quality care for people living with dementia and to provide high quality care for end of life care. We also saw a competency check in place for staff being able to carry out proper moving and handling techniques when people needed this care.

By having quality assurance systems in place, this protected the safety and welfare of people living in the service.