Comfy Care Homes Limited

Norwood 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?	Good
Is the service well-led?	Good

Overall summary

This inspection was undertaken on 22 December 2015, and was unannounced. The service was last inspected on 2 September 2014 and found to be compliant with all of the regulations that we assessed.

Norwood House is registered to offer personal care and accommodation for up to a maximum of 20 people. The home specialises in care for people who are living with dementia.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred.

Summary of findings

Staff who had been recruited safely were deployed in suitable numbers to meet the assessed needs of the people who used the service. People's medicines were stored safely and administered as prescribed.

People were supported by staff who had been trained to carry out their roles effectively; they had the skills and abilities to communicate with the people who used the service. Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed within the service. People were supported to eat a balanced diet of their choosing. When concerns were identified relevant professionals were contacted for their advice and guidance.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had been developed between the people who used the service and staff. People's privacy and dignity was respected by staff who understood the need to treat sensitive information confidentially.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were used to develop the service possible as required.

Staff told us the registered manager was approachable, supportive and listened to their views regarding developing the service. A quality assurance system was in place to ensure shortfalls in care, treatment and support were identified. Time based actions plans were developed to improve the service when required. The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC. The registered manager worked closely with the local commissioning teams and an independent care group to ensure best practice was implemented within the service

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 safe. Staff were recruited safely and deployed in suitable numbers to meet the assessed needs of people who used the service.

Staff understood their responsibilities to safeguard people from the risk of harm and abuse and had completed training in this area. Risks were identified and action had been developed to mitigate known risks.

Medicines were managed ordered, stored and administered safely and people received them as prescribed.

Is the service effective?

Good

The service was effective. Staff received training, supervision and support which provided them with the skills and abilities to carry out their roles effectively.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

People were supported to eat a healthy, balanced and nutritious diet. When concerns were relevant healthcare professionals were contacted.

Is the service caring?

Good

The service was caring. People were supported by kind and attentive staff who treated them with respect.

Private and personal information was kept confidentially.

People's preferences regarding how care, treatment and support were to be delivered was recorded in their care plans.

Is the service responsive?

Good

The service was responsive. People were involved in the initial planning and on-going delivery of their care.

Reviews of people's care and support were conducted periodically.

People were supported to follow their hobbies and personal interests. People were encouraged to maintain relationships with their families, friends and important people in their lives.

There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern.

Is the service well-led?

Good

The service was well-led. There was a quality monitoring system in place which consisted of audits, checks and questionnaires.

The registered manager was approachable and encouraged people and staff to be actively involved in developing the service.

Summary of findings

Notifications were submitted to the CQC as required.

Norwood 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 registered 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 2 December 2015 and was unannounced. The inspection was completed by an adult social care inspector.

We had not asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection we spoke with five people who used the service and three relatives. We also spoke with the registered manager, the trainee manager, four members of care staff, the cook, a diversional therapist and a visiting healthcare professional.

We looked at four people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, stakeholder surveys, recruitment informationfor three members of staff, the staff training records, policies and procedures and records of maintenance carried out on equipment. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection control practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe; the staff give me confidence." Another person told us, "I am safe." A relative we spoke with said, "Safe? Absolutely, Mum always tells us she feels safe; she knows the doors are locked and that makes her feel safe."

People also told us they were supported by suitable numbers of staff; their comments included, "Yes there are plenty of staff around", "I don't know how many staff thee should be but when I need them they are there" and "Yes there are [enough staff to meet people's needs]." A relative we spoke with said, "The staff are always visible, you can always see them interacting with people, supporting them, singing, dancing it's [the service] a hive of activity. That's one of things we liked, there is always someone there for Mum, to help her with anything she needs or just to keep her company."

People were protected from abuse and avoidable harm. Staff were able to describe the different types of abuse that may occur, what signs to look out for which could indicate abuse had occurred and knew what action to take to prevent abuse from occurring. One member of staff told us, "The first thing I would do if I thought something was happening would be to make sure the person was safe, I would then report it to my manager." Another member of staff said, "I would stop whatever was happening and make sure the person was safe." During a discussion with the registered manager told us, "When we interview [prospective] staff we ask questions about what they would do if they witnessed anything [that may constitute abuse] and look for their first response to be to ensure the person is safe."

The service's trainee manager was also the safeguarding champion; as part of their role they reviewed the accidents and incidents that took place within the service. Each incident was investigated and action was taken to prevent future re-occurrence when possible. Further analysis of the time and location of each incident enabled the service to be aware of when and where people were at the highest risk and make adjustments to staff deployment or working practices to ensure people remained safe and known risks were minimised. The trainee manager told us, "We have risk assessments in place for everyone; we try and prevent things from happening and make sure we reduce the possibility or the impact by developing and reviewing the risk assessments."

Plans were in place to deal with foreseeable emergencies such as fires or the loss of facilities. Personal emergency evacuation plans had been developed to inform staff or emergency services of the type and level of support each person required in an emergency situation. This helped to ensure people remained safe during emergency situations.

Staff were deployed in adequate numbers to meet the assessed needs of the people who used the service. At the time of our inspection the 19 people who used the service were supported by four care staff including one senior. The registered manager and trainee manager were supernumerary; however staff told us that the management team were very hands on and regularly provided care and support to the people who used the service. The registered manager explained, "I don't stay in my office; I want to be with them [the people who used the service], be involved in supporting people." The service also employed a domestic team, a cook and a diversional therapist. During the night people were supported by two waking staff and an on-call manager. A community staff nurse commented, "There always seems to be lots of staff about whenever I visit."

We looked at four staff files and saw that staff were recruited safely. Each file contained interview notes and interview question scores, two references and a satisfactory disclosure and barring service (DBS) check. A DBS check is completed to determine whether an individual holds a criminal conviction which may prevent them from working with vulnerable people.

A medication policy was in place at the time of our inspection which covered the ordering, receipt, storage, administration and disposal of medicines as well as PRN (as required) medicines and common errors. Specific arrangements were in place to ensure medicines were stored safely and in line with the manufacturers guidelines. The service utilised a medication cabinet, a lockable controlled drug cupboard and a medication fridge. The service's supplying pharmacy had recently conducted an audit of medication practices within the service and the recommendations they had made were incorporated in a timely way.

Good

Is the service safe?

We observed two medication rounds being completed and saw that people received the medication as prescribed. Staff took the time to explain what people's medicines were for including the benefits and offered people pain relief. Medicines were administered by trained staff who had the competency checked regularly to ensure errors were minimised. The medication administration records (MARs) we checked contained a photograph of the person to reduce the possibility of administration errors and were completed accurately without omission. One person who used the service told us, "I used to be a nurse so I keep an eye of what they do with everyone's medicines; I have to say they do a good job."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they thought the staff had the skills and abilities to meet their individual needs. One person told us, "The staff are very good." Another commented, "We have high quality staff here" and "We are looked after very well." A visiting relative said, "The staff are great; every single one of them. I think there is a very good skill mix, all the staff have different personalities and they are matched up to support people with similar personalities. I am very impressed with the service." A community staff nurse told us, "The staff are very efficient. They are always on the ball."

People made positive comments about the quality and choice of food they were offered. Comments included, "I have just had my lunch, the food is always good", "I can choose anything I like, we have meetings and we can make suggestions [regarding different types of food people would prefer]" and "The food is excellent."

We spent time observing people's lunch time experience; tables were set to look homely and inviting and people chose where they wanted to eat their meals and who they wanted to sit with. People were supported by staff to choose what they wanted to eat with the use of picture cards to enable decision making when this was required. People were offered clothes protectors and provided with meals in ways that promoted their independence; for example home-made soup was being served to some people in mugs instead of bowls. During lunch we saw one member of staff sit with one person who used the service to encourage them to eat their meal. They asked the person if they were enjoying their meal and told them how much they liked what had been served. This engagement was effective and the person replied saying they thought the food was well prepared and then ate all of their meal.

People were supported to eat a balanced and nutritious diet that met their needs. The cook told us, "We get fresh fruit and vegetables delivered every day" and "Some people have special requirements; we have a couple who need soft diets and someone who is diabetic so I do things especially for them." The trainee manager told us, "People are offered choices for every meal and can have toast, cereals, bacon sandwiches or fresh fruit every morning." The registered manager told us, "We have one lady who has dementia now and forgets that she used to keep chickens as a child; she never ate chicken or eggs in her life. Sometimes she will see other people's meals [which could be made with eggs or include chicken] and ask for it but we respect her known wishes and offer her alternatives instead. The lady's family are very pleased with that."

People had their health and social care needs met by a number of health care professionals. We saw GPs, community psychiatric nurses, fall professionals, dentists, clinical aroma therapists, diversional therapists, dentists, consultants, neurologists and specialist nurses had provided people with care, treatment and advice. A community nurse visiting the service during our inspection told us, "They [the staff] are really good at contacting us and implementing our advice and that has a huge impact on people's health."

Throughout the inspection we heard or witnessed staff gaining people's consent before care and support was carried out. One member of staff described the different ways people who used the service provided their consent; they said, "Some people tell you straight away if they want something, other people we support a little more, we have the cards and picture books which helps them tell us what they want, for other people we just have to gauge their responses, either their facial expressions and body language. We have best interest meetings when large decisions are needed and always speak to people's families about their known feelings about different situations." The registered manager explained that a number of care plans and risk assessments were developed to meet the individual needs of each person who used the service; these plans were given to people or their families when required to review, suggest amendments and agree. This helped to ensure people only received the care and support they had consented too.

Capacity assessments were completed appropriately before people had any decisions made on their behalf to ensure they did not have the capacity to make an informed decision about aspects of their care. When it was clear people lacked capacity best interest meetings were held for specific decisions such as people moving into the service and administering medicines covertly. A best interest meeting is attended by relevant healthcare professionals and other people who have an interest in the person's care, like their relatives or advocates and ensured any decision made on a person's behalf was in their best interests and respected their known wishes.

Good

Is the service effective?

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to DoLS and had made several successful applications to ensure people were only deprived of the liberties lawfully following current legislation.

Staff had completed relevant training which equipped them with the necessary skills and abilities to meet the assessed needs of the people who used the service. This included training in MCA, DoLS, health and safety, moving and transferring, fire, food safety, dementia, pressure care, dignity, skin integrity and infection prevention and control. The trainee manager explained, “We do a mixture of face to face and on-line training” and “Competency checks are completed after each training session.”

The registered manager told us staff were enrolled to complete a nationally recognised qualification in care when they commenced working within the service. They also said, “All the staff have signed up to the social care commitment.” The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.

Staff told us they were supported in a variety of ways including one to one meetings and annual yearly appraisals. The registered manager informed us supervision meetings were conducted bi-monthly or more frequently if required. One member of staff told us, “The meetings with [Names of the registered manager and trainee manager] are great, they have helped me with some on-line training and we talk about how things are going; if I need to do anything differently, that sort of thing.” Providing staff with an opportunity to discuss their performance, training requirements and professional development helps to ensure they receive the support they require to carry out their roles effectively.

A number of adaptions had been made to the service and equipment was readily available to ensure people’s independence was supported. We saw bed grab rails [which people used to get in and out of bed independently] hand rails, none spill beakers, shower chairs, wet rooms, walk in showers, bath hoists, a passenger lift, walking frames and a ramped entrance. Pictoral signage was used to help people recognise rooms and pictures of people were displayed outside some people’s rooms to help people recognise which room was theirs. A community staff nurse told us, “They [the staff] always make sure they have the equipment they need before people move in.”

Good

Is the service caring?

Our findings

People told us the staff who supported them were caring and kind. Comments included, "They [the staff] are lovely", "They [the staff] are exceedingly caring, they are so kind to me and don't mind that I'm forgetful", "I feel so lucky being looked after by these wonderful people" and "All the staff are really nice, I really couldn't say a bad thing about any of them."

A relative we spoke with told us, "The care is fabulous, mum needs lots of reassurance and they all do it in their own way, the main thing is they help to settle her down and then she will move on and talk about something else." Another relative said, "We picked this service because it's family run, it's not a corporate 100 bed care home, it's personal and homely. Everyone knows everyone."

Before people moved into the service a life story document was compiled. The life story contained information about where people grew up, where they went to school, their family life, hobbies, interests and employment history. Staff told us they used the information to connect with people and engage them in conversations. The trainee manager told us, "When we put them [the life stories] together you wouldn't believe the things we found out, some people have lived amazing lives."

During a medication round we saw one person presenting with behaviour that challenged the service; they refused to take their medication and became vocally aggressive and threw the [plastic] glass of water provided to help them swallow their medicines. The member of staff remained calm and professional during the episode of care; they spoke to the person in a reassuring way and ensured the situation did not escalate. The member of staff then gave the person space and time to calm down before approaching them and checking to ensure they had taken their medicine.

We saw one person who appeared to be confused about where they were and the time of day the person wanted to leave the service and was becoming distressed. A member of staff used their knowledge of the person's life and family to engage them in conversation. The distraction technique used by the member of staff was effective and the person quickly settled. This provided assurance staff were able to use their knowledge of the people they supported to ensure they received the support they required in a caring and reassuring way.

Dignity training was provided to all staff which helped to re-enforce their understanding of the ethos of the service which included enabling people to express themselves, feel valued, treated as an individual and consulted in decisions about their care. Staff were observed knocking on people's doors before they entered their rooms, offering support with personal care discreetly, ensuring people were dressed appropriately and speaking to people respectfully and patiently. A member of staff told us, "It's all about choices and listening. I ask people if they want my help and listen to what they say. Some residents prefer to be helped by a male member of staff, some by a female. Sometimes people want to do things for themselves, at other times they want a bit more help. I always ask and never make decisions for people."

There were no restrictions on when people's relatives and friends could visit the service. The registered manager confirmed, "We don't really have visiting times. I suppose we would want 9am to be the earliest, that would mean lots of our residents are up and have had some breakfast; but people can come at any time they want, lots of families have stayed late into the night when people have been ill." A relative we spoke with told us they were not aware of vising times and were always welcomed to the service whenever they arrived.

The management and staff understood the importance of ensuring people's private and personal information was kept confidential. The registered manager's office was used to store all relevant paperwork and electronic systems [computers and hand held tablets] which were used to store people's needs assessments, care plans, risk assessments and any other documentation. The registered manager confirmed electronic data was 'backed up' so that people's information could not be lost due to system errors and access to the system required a log in and password. A member of staff said, "We all know not to share any information about people outside the home." The tablet system was capable of storing information when it was 'off line' which meant if the service experienced issues with their internet connection records would still be accessible. The trainee manager commented, "We can use the tablets for so much more than storing information. We can access

Good

Is the service caring?

'YouTube', so we can play old music that people remember, have sing a-longs. They [the people who used the service] love it and on some days it's really powerful, it brings back memories and people will tell us stories about when they were younger."

Good

Is the service responsive?

Our findings

People who used the service or those acting on their behalf confirmed they were involved in the planning of their care. They also told us they were involved in making decisions in their daily lives. Comments included, "I have meetings with the managers and talk about how I am", "I make the same decisions as I always have, I choose what I want to do, if I want to go out and where to spend my time", "I have been involved at every stage, I am always kept up to date with everything that happens and attend every review meeting."

People told us they knew how to raise concerns or make complaints. One person told us, "I know the owners, they are very nice people, I'm sure I could speak with them if I had any concerns." A second person said, "I sit with the manager and tell her when I am unhappy about things. She always sorts it out for me." A relative we spoke with said, "Yes I know how to make a complaint but in all the time mum has lived there I can't think or a single reason why I want too [make a complaint]."

We saw evidence to confirm that before people were offered a place within the service a pre-admission assessment was completed by the registered manager and the trainee manager. The assessment covered people's holistic health care needs as well as their medical history, hobbies, interest, like and dislikes, life history and any known risks. The trainee manager told us, "We use the assessments to develop care plans and risk assessments and involve people and their family at every stage."

Care plans had been developed in a number of areas including wake up care, washing and dressing, eating and drinking, mobilising, medication, continence, communication, pain and dementia. Each care planning had a corresponding risk assessment to ensure staff were aware of the risks to people and what action was required to mitigate those risks. The registered manager informed us, "We can use the system [computer system] to alert us when we need to review things." We saw reviews took place on a weekly, then monthly basis when people first moved into the service to ensure care plans were accurate and effective before reducing to a quarterly basis. The trainee manager said, "We will review everything on a regular basis but if someone's needs change or they have to spend time in hospital we will look at everything [care plans and risk assessments] to make sure it is still accurate."

The care plans we saw included people strengths, abilities and personal preferences for how care and support should be delivered. An emphasis was placed on encouraging people to maintain their independence and enabling people to make choices and decisions about their care. The registered manager told us that when care plans had been produced they were shared with people who used the service and their families to allow them to make comments or suggestions which ensured people received their care and support in line with their preferences.

People were supported to maintain contact with important people in their lives and avoid social isolation. The trainee manager told us, "I used to help one lady to write letters to her friend in America so they could stay in touch" and went on to say, "We have skype [real time video calls allowing callers to see the person they are speaking with] and anyone can use it but no-one has taken us up on it yet." The registered manager told us, "People speak to their families on the phone and we make sure contact is made on special days like anniversary's and birthdays." We saw evidence in people's daily notes that they enjoyed trips out of the service and had recently attended a performance by a local choir.

People were encouraged to follow their interests; one person was a keen artist and was supplied with the materials they required to draw and paint. We saw some of their work was displayed within the service. Staff told us some people helped to maintain the garden in the summer months and other people liked to help with the laundry or with drying crockery after meals. The registered manager told us that occasionally they brought their dog to the service and how people thoroughly enjoyed this.

The service employed a diversional therapist who told us, "I am here four days a week and I get people involved in all sorts of things. We have made 'twiddle blankets' [twiddle blankets are made out of many different fabrics and may include buttons and other items] which people use to help with their repetitive conditions. One person has clinical aromatherapy each week which has helped to reduce their seizure activity. We do cardio activities, reminiscence and recall work to get people's brains going." They also said, "I have to say I go to lots of services and I think this one in exemplary."

The registered provider had a complaints policy in place which included acknowledgement and response times. When complaints had been received they were used as an

Good

Is the service responsive?

opportunity to improve the level of service. A large print version of the policy was displayed within the service and copies were also available at the main entrance and on the registered provider's website. The policy did not include how the complainant could escalate their complaint if they felt the response they received was unsatisfactory. We mentioned this to the registered manager who told us they would amend the policy to include the registered provider's contact details. Shortly after the inspection was completed we were informed that the policy had been updated.

Good

Is the service well-led?

Our findings

During the inspection people confirmed they were happy with the level of care they received and that they thought the service was well-led. One person said, "I am very happy here." Another person said, "It's lovely [the service] I get so well cared for" and "I know the manager and the owners; they do a grand job in my eyes."

A visiting relative told us, "Both my parents are in care, they live in separate homes and I do think this one might be the better one of the two." Another relative said, "Mum gets taken to the church on Sunday by the owners; who does that? What other homes can say they offer that type of service?" We were also told, "Mum has a better life now than she did before she moved in and I think that says a lot about the home and how it's ran."

During discussions with staff they told us the management team were fair, approachable and supportive. One member of staff said, "They [the registered manager and trainee manager] have really helped me, I have had issues with certain things and they have always supported me." Another member of staff told us, "They [the registered manager and trainee manager] listen to any ideas we have about the home and don't just stay in the office they like to be really involved." The trainee manager told us, "We have team meetings every six to eight weeks. They are very important; we get feedback from everyone about how we can develop the service." We saw key workers, activities, people's behaviours and staff champions were amongst the topics discussed during team meetings.

We saw that 'service user' meetings were held which provided people with an opportunity to provide feedback on the level of care and support they received. The trainee manager said, "They [the meetings] give us a chance to gauge how people feel and if they are happy." We saw that various topics were discussed at the meetings including, activities, events and the daily menus. In a recent meeting people chose what colour their bedrooms doors were going to be painted. Providing people with a forum to discuss the level of service provided helps to ensure their opinions are heard and they are actively involved in developing the service to meet their needs.

During our feedback we spoke with the registered manager and trainee manager about our observations. We informed them that we had witnessed an episode of care where one member of staff was trying to support two people to eat their lunch at the same time and how this could have been carried out in a more person centred way. We also spoke about the difficulty one person had sitting on a low couch and how alternative seating could be beneficial in aiding the person to sit and stand more easily. The registered manager was receptive to our feedback and after the inspection we were informed that action had been taken to implement our suggestions. This showed there was a learning culture within the service; that the registered manager was willing to learn and open to new ways of working which were beneficial to people who used the service.

The service's registration requires the service to have a registered manager; the current registered manager had been in post for over five years. They were aware of the requirements to report accidents, incidents and other notifiable events that occurred within the service to the CQC. We were told by the registered manager that they were supported by the registered provider who visited the service on a monthly basis and enabled them to carry out their role effectively.

Systems were in place to monitor the quality of service provision. Audits were completed on a monthly basis looking at areas including medication, care planning, health and safety, complaints, staff training, fire safety, accidents and incidents, the kitchen and the laundry. The registered manager completed daily checks of the general maintenance and the infection control practices within the service. When shortfalls were identified the registered manager allocated a member of staff to take action within a set timescale. Checks of equipment and facilities such as the passenger lift, fire extinguishers, fire alarms, emergency lighting, gas and electricity services and PAT (portable equipment testing) were carried in line the best practice guidance. Which helped to ensure people were supported in a safe environment with equipment that was serviced and it for purpose.

Tablets [electronic tablets] were utilised by the service. The registered manager told us, "We were apprehensive at first but the registered provider wanted us to use them. Now everyone knows how to use them, we think they are brilliant. Staff can complete the daily notes when they are sat talking to the residents which is much more personal" and "We don't have piles and piles of paper records anymore either." A member of staff told us, "They [the

Good

Is the service well-led?

tablets] are really easy to use, you can see all the care plans and risk assessments on them, we can update things straight away; I think they are great." We were also told that the system used in the service completed simple calculations, for example when a person's height and weight were entered the system highlighted if they were under or over weight which prompted the service to take advice from a dietician. This meant technology was used to ensure staff spent more time supporting people and concerns with people's health were highlighted so action could be taken.

The registered manager confirmed they used a number of methods to ensure the service operated in line with current best practice guidance. They said, "We review and implement NICE (National Institute for Health and Clinical Excellence) guidance. We receive weekly emails from the North Yorkshire county council that has guidance and links to access training" and "I work with the Independent Care group who provide us with information and have encouraged us to implement champions [staff who take on a the lead role in specific areas of care delivery]." This helped to provide assurance that the people who used the service received a high level of care and the service approach to quality was integral.