

## Eastfield Lodge Care Home LLP

# Eastfield Lodge Care Home

### 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?

Requires Improvement 

### Overall summary

This inspection took place on the 5 and 6 of January 2015 and was unannounced.

Eastfield Lodge Care Home provides residential and nursing care for 17 people, some of whom are living with dementia. At the time of our inspection there were 12 people in residence. The service is a converted Victorian building with accommodation on two floors.

Eastfield Lodge Care Home had a registered manager in post at the service at the time of our inspection. 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.

Staff were able to tell us what action they would take should they believe somebody was being abused and were aware of the provider's policies and procedures, which included whistleblowing.

People who used the service and visiting relatives told us they were satisfied with the care and support they received, and told us they were safe and well cared for. We saw staff supporting people and offering reassurance

# Summary of findings

when they became anxious or distressed. People were supported by staff in a timely and sensitive manner, which meant people's needs were met and that there were sufficient staff on duty.

Identified risks to people were managed by the use of maintained equipment that was used to support people safely and promoted their health and safety. The expertise of health care professionals was sought and followed where risks to a person's care and welfare had been identified.

People received their medication as prescribed and their medication was stored safely. We found that the principles of the Mental Capacity Act (MCA) 2005 had not been correctly followed with regards to the administration of medication covertly (without the person's knowledge).

People were supported by staff who had a good understanding of people's needs and had received training. There were good communication systems within the service and staff told us they were supported by the registered manager, which meant all staff were kept up to date as to the needs of people.

People who used the service and visitors we spoke with were complimentary as to the service provided. Visitors of people using the service told us that the attitude and approach of staff was positive and that this had improved the lifestyle of their relatives.

People were protected under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLs). We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves about receiving personal care and leaving the service without support.

People we spoke with were complimentary about the meals provided at the service. Meals were 'home made' by the chef; specialist diets and culturally appropriate diets were catered for. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed. This meant people were supported to eat and drink enough and maintain a balanced diet.

People we spoke with and their visitors told us they had good access to healthcare. Relatives of people using the service told us they were kept informed about any

changing health care needs. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. Staff we spoke with were aware of the health care needs of people who used the service. This meant people were supported to maintain good health.

People who used the service and visitors told us they were supported by staff who were caring and attentive. People's individual needs, including religious and cultural beliefs were met by the wider community and by staff.

We were told by those using the service and by their visiting relatives that their privacy and dignity was respected and promoted by the staff. And that people were consulted as to what was important to them and made decisions about their day to day lives. We saw throughout our inspection people being asked by staff for their opinions and on day to day decisions, such as what they would like to eat or drink. Staff told us how they promoted people's privacy and dignity and offered choice when delivering personal care and support.

Our observations showed that people were supported by staff who knew about their individual needs. Staff responded to people when they needed assistance and encouraged people's independence. Throughout our inspection we saw people being supported to take part in a range of group and individual activities, which they enjoyed. People using the service received visits from community groups who supported their cultural beliefs and some staff within the service were able to speak to those whose first language was not English.

People told us they had no reason to complain and visitors to people using the service confirmed this. However visitors were not aware of the complaints procedure, the registered manager took action to address this.

People who used the service, and their relatives and staff working at the service were complimentary about the registered manager saying they were confident to speak with them and found them to be approachable.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment, which was well maintained and safe. Audits and checks were effectively used to ensure people's safety and their needs were being met.

# Summary of findings

The records of the provider's involvement in the service was limited and there was no evidence that they sought the views of people who used the service, their relatives or the staff working at 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?

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines correctly and at the right time.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people using the service and who were supported by the management team.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which had been put into practice to ensure people's human rights and legal rights were respected with regards to personal care and their right to leave the service without supervision. However we found that, on one occasion the principles of the Mental Capacity Act (MCA) 2005 had not been adhered to in full, with regards to covert administration of medicine.

People at risk of poor nutrition and hydration had assessments and plans of care in place for the promotion of their health and well-being. People's dietary requirements with regards to their cultural and religious needs were respected.

People were referred to the relevant health care professionals in a timely manner which promoted their health and well being.

Good



### Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received. Visitors of people using the service confirmed that the positive relationships and the caring attitude of staff had promoted the health and well being of their relative.

People and their relatives were involved in the development and reviewing of their plan of care.

Good



# Summary of findings

People's wishes were listened to and respected by the staff who promoted people's privacy and dignity.

## Is the service responsive?

The service was responsive.

People's plans of care took account of how people wished to be supported. People were encouraged to maintain contact with family and friends. A range of activities of interest were organised for people and opportunities provided to observe their religious and cultural beliefs.

People's needs were assessed prior to moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People we spoke with told us they had no reason to complain but were confident that their concerns would be listened to and acted upon. However people we spoke with were not aware of the complaints procedure.

**Good**



## Is the service well-led?

The service was not consistently well-led.

A registered manager was in post. The registered manager and staff had a clear view as to the service they wished to provide which focused on a homely and caring environment for people. Staff were complimentary about the support they received from the registered manager and were encouraged to share their views about the services' development.

The provider or a representative regularly visited the service to meet with the registered manager. The records of the issues discussed did not include the actions agreed for the development of the service or identify how the development of the service was to be measured.

The registered manager undertook audits to reflect how the service was delivering care to people and to check the quality and safety of the service.

**Requires Improvement**



# Eastfield Lodge Care Home

## 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.

The inspection took place on the 5 and 6 January 2015 and was unannounced.

The inspection was carried out by 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, their area of expertise was caring for older people with dementia.

We contacted commissioners for health and social care, responsible for funding some of the people that live at the

home and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notification of significant events that affect the health and safety of people who used the service

We spoke with four people who used the service and five relatives of people who used the service. We spoke with the registered person, registered manager, a nurse, two members of staff and the activity co-ordinator. We looked at the records of three people, which included their plans of care, risk assessments and medication records, the recruitment files of three members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of staff meetings.

We asked the provider to send us additional information, which included the quality assurance documentation and information about the training staff received. These were provided.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us “They’re good here, they help you, yes I feel safe. They look after you in all the ways.” And “Safe as can be, some horrible experiences elsewhere.”

A relative who was visiting told us “I feel quite safe when I leave [my relative], in fact [my relative] has never been so well looked after in their whole life.”

We looked at how the service protected people and kept them safe. The provider’s safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. Discussions with staff showed they had a good understanding as to what action they would take if they believed somebody was being harmed or abused. Staff told us “We keep an eye open at all times and take everything seriously, such as a person’s change in behaviour or injury and report our concerns.” Another member of staff said, “We look for a change in people’s behaviour which can be a sign that something isn’t right, or for bruising and report it. If no one in the service took action I would contact the CQC or the local authority.” This showed that staff were aware of the provider’s whistleblowing procedure, which included the contact details of external agencies such as the Care Quality Commission (CQC) and the local authority.

Information held by the CQC at the time of our inspection showed that two safeguarding concerns had been referred to the local authority which had been investigated and found to be unsubstantiated.

We saw staff ensuring people moved around the service safely by encouraging them to use equipment, which included aids to enable people to walk independently around the service. This showed that the provider had taken steps to provide care in an environment that was safe as staff had a good understanding of the risks associated with the needs of people.

People’s care records included appropriate risk assessments. These were reviewed and covered areas of activities related to people’s health, safety, care and welfare. The advice and guidance in risk assessments were being followed. For example, a person at risk of poor appetite and had difficulty swallowing food and drink had been referred to a Speech and Language Therapist (SALT)

who provided guidance for staff to help reduce the risk. Whilst for other people assessed at being at risk, they had been provided with equipment to keep them safe, such as a hoist, which was maintained for safety. Staff had received training about how to use equipment and we saw that staff used the correct equipment safely. Staff used the provider’s procedures for reporting accidents, incidents and injuries and sought appropriate medical advice to ensure people’s safety.

Records showed that some people who used the service were, on occasions, reluctant to accept personal care due to their health needs and became anxious or distressed. People’s plans of care provided staff with information as to how to support them by the use of distraction techniques, which for one person suggested listening to music, offering them refreshments and speaking with them. A visitor told us “I’ve noticed improvements in my [relative’s] behaviour, they appear more settled in themselves and staff use distraction techniques.” Staff we spoke with had good knowledge and understanding of how to support people and the information was consistent with that provided within people’s plans of care and risk assessments. This ensured people were kept safe and received consistent support.

People’s safety was supported by the provider’s recruitment practices. We looked at staff recruitment records and found that the relevant checks had been completed before staff worked unsupervised at the service.

We spoke with the registered manager and asked them how they ensured there were sufficient staff on duty to meet people’s needs. They told us that they considered people’s needs as part of the assessment process before people moved into the service to determine the number of staff required to provide the appropriate care and support. The registered manager told us there was flexibility within the staffing which enabled them to increase staffing numbers should people’s needs change. We observed staff supporting people during our inspection and that people were being supported in a timely manner, which meant there were sufficient staff on duty to meet people’s needs. The rota showed that a nurse was on duty at all times and that they were supported by three care staff during the day and two at night.

We looked at the medication and medication records of three people who used the service and found that their medication had been stored and administered safely. We

## Is the service safe?

looked at the records and storage of controlled drugs for one person and found there to be an accurate record. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) This meant people's health was supported by the safe administration of medication.

We spoke with the registered manager and nurse about the use of prn medication (prn medication is administered as

and when needed) We found there to be potential that people may not be administered prn medication consistently as there were no written protocols in place specific to people using the service for nursing staff to follow. We brought this to the attention of the registered manager and nurse who said they would provide clearer instructions within people's plans of care.



# Is the service effective?

## Our findings

A visitor of someone who used the service told us. "It's like having [relative] back", when asked why in their view their relative had improved they told us "Improvements are due to regular and trained staff that take their time, offer encouragement." Staff we spoke with had a good awareness of people's individual needs and told us that they felt suitably trained to provide the care and support people required. They told us that upon commencement of their employment they had undertaken induction training, which had been followed by additional training which had focused on dementia awareness and moving people safely. Staff told us that they had achieved or were working towards a Qualification Creditation Framework (QCF) in health and social care.

Staff told us that there was good communication between the registered manager, nurses and care staff which meant they were aware of the needs of people and were therefore able to provide timely support and respond to people's changing needs. We asked staff how information was shared, and they told us daily 'handovers' which involved all staff, and were used to update staff on people's health and well-being. Staff also told us they attended regular staff meetings where issues were discussed. We noted throughout our inspection that staff communicated effectively with each other to ensure people's needs were met, which included seeking advice from the nurse on duty and the registered manager.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the registered manager and staff about the (MCA) 2005 and the (DoLS) and what that meant in practice for the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions and their comments included "The MCA is about making specific decisions and where people cannot do so then we act in their best interests." Care records showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make decisions with regards to their ability to leave the service when they asked to leave and their ability to consent to

receiving personal care. The MCA (2005) is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves.

Records showed one person was being administered their medication covertly (without their knowledge and disguised in food) as they often declined to take their medication. A mental capacity assessment had been carried out which showed that the person did not have the capacity to make an informed choice. The registered manager had spoken with the person's social worker, however there was no written record of their discussion. The registered manager had contacted the person's general practitioner and spoke with them about the person declining to take their medication. The general practitioner had written to the registered manager confirming that the person could be administered their medication covertly. The registered manager contacted us following our inspection and informed us that they had spoken with the relevant health and social care professionals.

The registered manager told us that there were three people who used the service that had an authorised (DoLS) in place, which had been granted by a 'Supervisory Body'. We looked at one person's record who was subject to a DoLS and found that the provider was complying with the conditions where these had been applied by the 'Supervisory Body'. A DoLS assessment and authorisation is required where a person lacks capacity to make a decision and needs to have their freedom restricted to keep them safe or to have their needs met.

People's care records in some instances contained information about their choice, with the involvement of relatives and health care professionals to make an advanced decision about their care with regards to emergency treatment and resuscitation. A visitor we spoke with told us they and others within the family had been involved in the discussion about emergency treatment and resuscitation for their relative. This showed that people's choices and decisions were supported and would be acted upon when needed.

We spoke with staff about how they supported people who could be challenging to others. They told us how they used distraction techniques. We asked about the specific needs

## Is the service effective?

of one person whose records we had read. Staff were able to tell us how they supported this person and the information they provided was consistent with their plan of care.

We spoke with people and asked them for their comments about the food and drink provided and whether they were asked what they would like to eat. People's comments included. "Yes, they usually tell you when its meal times, ask you what you would like to eat." "I don't eat much, everything is good." And "Staff help with meals, the meals are perfectly alright, get a good choice." We saw people being encouraged and assisted to eat where necessary to ensure people ate sufficiently to maintain and promote their health and welfare.

Drinks and snacks, which included biscuits and cake were served regularly throughout the day. We saw one person who used the service go to the door of the kitchen saying. "I feel a bit peckish have you got anything I can have." The chef spoke with the person and brought them something to eat. In the morning we saw a member of staff asking people what they wished to eat, choosing from the lunchtime menu.

The lunch time meals on the day of our inspection were eaten within a calm and relaxed environment, music played quietly in the background and people ate a pace to suit themselves. A majority of people ate their meals in the dining room supported by staff where necessary, whilst others ate in their bedrooms due to their choice or because their health needs meant they were being cared for in bed. We spoke with a visitor who was visiting their relative. They told us that they chose to come in and spend time with their relative at lunchtime who required full support with their meal. They told us, "Everyone had a lovely Christmas dinner and the cooks paid attention to ensure everyone had a good meal."

The cook showed us information they had about people who required specialist diets. This included people who required a 'soft' diet due to their risk of choking or difficulty in swallowing and people with diets tailored to meet their health care needs such as diabetes. The cook told us that all meals were 'home made' and ingredients in the kitchen and meals viewed supported this. The cook told us that people with a poor nutritional intake had meals provided which were fortified with ingredients rich in natural nutritional benefits to promote people's health, especially where people had a poor or small appetite.

People who required a diet which supported their beliefs, culture or religion were supported to do so.

Where concerns about people's food or fluid intake had been identified, they were referred to their GP, SALT (speech and language therapy) team and dieticians. People's weight was monitored in accordance with their assessed need and staff were aware if people needed extra support with their nutrition.

Visitors told us that their relatives had good access to health care services and were involved in the decisions about their relatives care where they chose to be. A visitor told us. "I've met the doctor and discussed my [relative's] health needs." And my [relative] saw the district nurse this morning, and has good access to health care."

Records showed people had timely access to a range of health care professionals. People's records we viewed showed a range of health care professionals were involved in their care, which included doctors, specialist nurse, chiropodist and dietician.

# Is the service caring?

## Our findings

People who used the service shared with us their views about the staff, including their attitude and approach to them. People's comments included. "Yes the carers are friendly and helpful." And "Everyone's very kind and they do their best." One person told us how they thought the staff provided care to them as an individual and that the staff were ready to help them and others when ever necessary.

We saw people were supported to make decisions about their day to day lives. One person using the service told us that they were supported and kept safe but were also able to make decisions, they said "I like to be in this home. Yes, that's what I think, I can do what I like. If I need help they help me. Well it's up to me really." We saw staff supporting people, offering them reassurance and responding when they became anxious or distressed.

We spoke with visitors who were visiting relatives at the service and asked them for their views about the staff. A visitor told us that they responded quickly to call bells when answered and praised the level of care provided by the staff. Visitors comments included, "My [relative's] privacy and dignity is maintained at all times." And "Staff are very nice, kind which is so terribly important." Another visitor told us. "We're just so pleased that we've found somewhere [relative] is happy. We really believe its been a good move for [relative.]

We spoke with staff who had a good understanding as to the individual needs of people, which included people's needs based on their culture, religion or beliefs. Staff were able to tell us how they supported people, which included visits by representatives from different faiths and beliefs visiting people at the service. People were also supported by staff who could communicate with people in their first language and where this wasn't possible communication aids which included pictorial cards were used.

Staff told us that they encouraged people to make decisions for themselves and promoted their independence by offering people choice, which included asking people whether they wanted to get up in the morning, what they wanted to wear and what they wanted to eat. Staff told us that if people choose not to get up or declined a meal, then they respected the persons wishes and returned later to ask them again.

During our visit we saw staff speak to people in a kind and caring manner and showed respect for people's choices. People's privacy and dignity was maintained when supporting people with personal care and when using equipment to move people safely. We noted a positive and relaxed environment with people using the service interacting with staff, talking with them and requesting help when needed.

Staff told us that due to the small size of the service they knew the people using it well, which included information about people's lives prior to moving in to the service. Visitors were welcomed by staff who answered their questions and updated them on issues affecting their relative. A majority of visitors told us that communication between the service and them worked well and that they were kept up to date with significant issues. One visitor gave an example as to when they felt communication had not worked well, we discussed this with the registered manager and nurse on duty, who told us they had spoken with the visitor and had provided them with a copy of the complaints procedure.

People's bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests. We noted staff did not enter a person's bedroom until they had knocked on the door and introduced themselves.

# Is the service responsive?

## Our findings

People's needs were assessed prior to them moving into the service. The assessment process included the views of people who were considering using the service, their relative, the registered manager and social or health care professional where appropriate.

People who used the service talked to us about the responsiveness of the staff to their care and the service they received. Their comments included. "They always ask when they need to change anything in the care plan." And "The staff do show me what I'd like to wear."

Visitors told us that they were satisfied with the service their relative received and told us, "[relative] is such a different person, calmer, happier." The relative told us in their view this was due to the consistent approach by staff to their relatives needs. A visitor told us that they were consulted about their plan of care and that they had been involved in writing and amending it. Another visitor told us. "The carers always ask how they can help, the carers always ask what would you like to eat and offer a drink."

A visitor told us that their relatives religious and medical wishes had been documented in their plan of care.

Throughout our inspection we found there to be a calm atmosphere in the service and staff responded to call bells and other indicators that people needed assistance. People offered and were served drinks and snacks before and after meals. We saw a person who used the service attempt to stand up, a member of staff quickly assisted them and encouraged them to use their walking aid.

We saw people supported by the activity co-ordinator taking part in a range of individual and group activities, which included skittles, cards, throwing the ball, dominoes and scrabble. We also saw people being encouraged to read the newspaper or had articles from the newspaper read to them. One person told us. "I like to read the newspaper." The care staff worked as a team encouraging and supporting people to take part in activities. People who used the service were able to interact with each other in the organised activities as they were given ample of freedom to make their own decisions and choice, this was affirmed by a person saying. "Yes I am encouraged to take part in activities but not forced to." A visitor told us that due to their relatives health they currently received care in bed,

they told us that staff ensured that music which they liked was played quietly in the background of their room. One person told us how they had visited a friend outside of the service supported by their relative.

We spoke with the activity co-ordinator who told us they spent time with people on an individual as well as a group basis. They told us that they spent time with people who remained within their room due to their health needs, reading a book, magazine or newspaper or talking with them. They told us that one of the activities they had organised was cake baking where they had encouraged anyone who wished to, to be involved. They went onto tell us how earlier in the year some of the people using the service had gone out to a museum in Leicester and were now looking to book a trip to the cinema for those who were interested. A visit to the library was being planned as this had been requested by two people. We noted that some people at the service had planted daffodil bulbs and we saw someone being encouraged to water them during our inspection.

People in some instances required additional monitoring of their health needs. For example people being cared for in bed were at risk of the development of pressure sores and this was highlighted in people's plans of care. Staff were instructed to change people's position regularly and complete charts to confirm this had been done. Similarly, people at risk of poor nutritional intake or dehydration had food and fluid charts in place for staff to complete. Records showed charts were being completed to reflect the care people received. Staff we spoke with were aware of the needs of people and were able to tell us how frequently they re-positioned people in their bed, this showed that staff were responsive to people's needs. Records showed people in some instances were in receipt of end of life care and had plans of care in place to support this, which included the circumstances for the use of prescribed medication. The medication was stored on site so that the staff could respond to people's changing needs.

People we spoke with told us they did not feel it necessary to raise any complaints or concerns because they were quite satisfied with the care they were receiving. People's comments included, "I don't like to complain, they're all good the carers." And "Never felt the need to complain."

Visitors we spoke with told us they were confident to raise concerns and were confident that the registered manager would address any issues they raised. However those

## Is the service responsive?

visitors we spoke with were not aware of the complaints procedure. We discussed this with the registered manager who told us that a copy of the complaints procedure is given out as part of the information pack. The registered manager did acknowledge however that not all relatives would have received this. They told us they would display a

copy of the complaints procedure within the service. The registered manager after our inspection told us they had put into place arrangements for a copy of the complaints procedure to be distributed to all relatives. At the time of our inspection the service had not received any complaints.

# Is the service well-led?

## Our findings

We spoke with the nurse on duty and members of staff with differing job roles and all said they were supported by the registered manager. Staff told us, “The registered manager is very supportive and her door is always open.” Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support. Staff felt confident to make suggestions as to how the service could be improved at staff meetings and through discussions with the registered manager. A member of staff said, “We’re encouraged to share our views and make suggestions to aid us in doing our job better.”

We spoke with the registered manager and asked them what their understanding was as to the service’s vision and values and how they put these into practice. They told us, “We get to know the [residents], before and when they move into the service. We always discuss in meetings with staff the needs of people and discuss changes. My door is always open to talk with families who are involved with people’s care.”

People who used the service and visitors were confident to approach the registered manager if they had any concerns. We saw the registered manager was visible around the service and spoke with people who lived there and their visitors. A visitor told us, “We looked at the place before my [relative] moved in, we dropped in, and found our ourselves being shown around by the manager. Everything she has agreed to she has stuck to. I like her, I think she’s a good manager.”

There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles and the development of the service and the care of people. The staff training matrix we looked at showed staff received training for their job roles and received training on conditions that affect people such as those with dementia.

The registered manager had undertaken audits of the service which focused on a range of areas, which included staff related issues and included training, the environment, record keeping, the quality of care people received and their involvement within the community. Where areas were identified the registered manager had assigned a person responsible for addressing the issue and a timescale for its completion, which was then reviewed.

We spoke with the registered provider who said they or a representative regularly visited the service to ensure the service was running well. The provider sent us records of their visits, which included the areas discussed with the registered manager. However the records were brief and did not include timescales for agreed changes or include information as to whether they had spoken with people who used the service, visitors or staff. This restricts the promotion of an open and inclusive culture and the development of the service.

The registered manager told us that people who used the service and their relatives had spoken positively about the service and the care provided and that their views had been sought earlier in the year when the Summer Fete was held. People were asked to share their views as to how the service was performing since it opened. The information gathered by the registered manager showed that people were positive. They also identified areas of improvement, which included a need for additional activities to be made available for people to participate in. An activity organiser had been employed to address the issue identified and was working at the service to provide a range of individual and group activities.

We saw there were systems in place for the maintenance of the building and equipment. This included maintenance of essential services, which included gas and electrical systems and appliances along with fire systems and equipment such as hoists.