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Arundel 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

The inspection took place on 23 March 2015 and was unannounced. At the last inspection on 30 April 2014, we asked the provider to take action to make improvements for the safeguarding of people, the management of medicines and the assessing and the monitoring of the quality of the service. We asked for, and received, an action plan. This outlined how the improvements would be made and included timescales saying when they intended to be fully compliant. During this inspection, there had been improvements in all three areas and the actions had been completed.

Arundel House provides care and accommodation for up to 18 younger people living with a mental health illness. The home does not provide nursing care. On the day of inspection there were 14 people living in the home, but one person was away for the day.

The service had a registered manager. A registered manager is a person who is 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 and associated regulations about how the service is run.

On the day of our inspection there was a homely and friendly atmosphere at Arundel House. People were relaxed and comfortable. People, their relatives and

Summary of findings

health care professionals all spoke highly about the care and support provided. One person said "I enjoy living here. I have lots of friends." A health care professional felt "(the home) is a consistently good home."

People said they felt safe. Staff undertook training to ensure they understood how to recognise and report abuse. All the staff said they would not hesitate to raise any concerns. People's risks were managed and monitored.

Care and support plans were accurate and up to date. They contained information about how people wished to be supported. People's risks were managed, monitored and reviewed to help keep them safe. People had choice and control over their lives and were supported to take part in activities both inside the home and outside in the community. Activities were meaningful and reflected individual interests and hobbies. One person said "I can do what I want."

The service followed the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who were not able to make important decisions themselves. The registered manager was organising enhanced MCA training for two senior members of staff.

People had their medicines managed safely and received them on time. Staff knew people well; there were systems in place to recognise changes in people's health and prompt action was taken when required. Good communication and partnership working had been made with health and social care professionals. One health care professional said "management and staff are receptive and welcome our input" and "will always ring or email".

People enjoyed the food and comments included "food is lovely" and "love the food." People received balanced and nutritious meals. They chose what they wanted to eat.

A safe recruitment procedure ensured only suitable staff were employed. Staff were caring and compassionate towards people. They respected people's privacy and dignity. People were complimentary of the staff. Comments included "staff are kind", "staff are very good, caring" and "they (the staff) listen to you." One relative said the "the level of care is absolutely amazing." A health care professional said "it is a well staffed home and genuinely cares for its residents."

Staff undertook training to help them develop their skills. They received regular supervision in their work and felt valued and listened to. People commented "the staff know what they are doing" and "you can do as much as you can for yourself."

People and staff were able to speak with the registered manager and deputy manager about any concerns they had and were confident they would be dealt with. Staff felt supported and valued. A senior member of staff was always on call for advice and guidance.

There were effective quality assurance systems in place that monitored people's satisfaction and improve the quality of the service. Investigations following incidents and accidents were recorded and audited so that any learning for future practice could be considered.

The premises, services and equipment were well maintained and serviced in accordance with the relevant legislation.

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 by staff who understood their responsibilities.

Recruitment practices ensured only suitable people were employed to care for vulnerable people. People's care and support needs were met by sufficient numbers of available support staff.

Medicines were stored and administered safely to promote people's health.

Good

Is the service effective?
The service was effective.

Staff were trained, supported and supervised to carry out their roles effectively.

Staff recognised changes in people's health needs and sought specialist advice when needed.

People were protected by staff who had received appropriate training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff displayed an understanding of the Act.

People received an adequate and nutritious diet which took into account their choices of meals.

Good

Is the service caring?
The service was caring.

People were supported by staff who promoted independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of the people they supported and had formed caring and positive relationships.

People received support from staff who had the knowledge and skills to meet their needs.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their care needs. The plans were reviewed regularly.

Activities were undertaken which suited people's own individual interests and hobbies.

People's views and opinions were regularly sought and acted upon.

Good

Is the service well-led?
The service was well led.

Staff understood their roles and responsibilities. They felt valued and supported by the management team.

Staff were motivated to provide individual support and felt listened to.

Good

Summary of findings

People benefitted from good communication between the home, relatives and health or social care professionals.

Quality assurance systems drove improvement and raised standards of care.

Arundel 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 checked 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 23 March 2015 and was unannounced. One adult social care inspector and an expert by experience (ExE) undertook the inspection. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information we held about the home. These included notifications sent to us by the service and other information received from other sources, such as health or social care professionals. A notification is information about important events which the service is required to tell us by law. This information helped us to plan our inspection.

During the inspection we spoke with all the 13 people who were at the home, one relative and one visitor to obtain their views about the service provided at Arundel House. The registered manager was not working on the day of our visit. We were assisted by the senior care worker in charge of the home. We spoke with one of the providers, all three members of care staff and the housekeeper on duty. We received written information from a health care professional and a social care professional.

We spent time in the communal part of the home seeing how people spent their day, as well as observing the support and care being provided by the staff team. We observed the midday medicine round and the lunchtime meal.

We looked at the care records of two people who lived at the home. These records included support plans, risk assessments, health records, medicine records and daily monitoring forms. We looked at policies and procedures associated with the running of the service including maintenance reports, fire logs and auditing records. We looked at the staff's training and supervision records and the recruitment records of two members of staff. We looked at records relating to the quality monitoring of the service which included surveys, complaints/concerns and minutes of meetings.

Following the inspection visit, we requested information from a GP. Management put up a poster in the home with an invitation for relatives, visitors and staff to contact us if they wished. No information was received.

Good

Is the service safe?

Our findings

At our last inspection on 30 April 2014 we found two breaches of legal requirements. The first one related to the protection of vulnerable adults. We found people were not fully protected from the risk of abuse. The second one related to the management of medicines. We found people were not protected from the risk of harm of receiving incorrect medicine at incorrect times. The provider sent us an action plan, which explained how they would address the breaches of regulation. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

All the people who lived at Arundel House felt safe. Comments included "I feel safe here", "I am really happy here" and "I was bullied in other homes but feel safe here". A visitor said "(their relative) feels safe here."

It was clear from people's conversations and interaction, they were relaxed and enjoyed living at the home. Comments included "everyone is friendly, nice atmosphere", "I enjoy living here, I have lots of friends" and "I can come and go as I please."

The service protected people from abuse. Staff had received training on safeguarding adults and whistleblowing and understood what abuse was. They knew how to recognise it and the correct action to take if they needed to report any concerns. One staff member said "I would go to the manager or the safeguarding team" and another said "I would speak to the manager or the Care Quality Commission (CQC)." Up to date safeguarding and whistleblowing policies and procedures were in place. No safeguarding incidents had been raised with the local safeguarding team.

Policies and procedures were in place for managing risk. These were minimised so that people felt safe but were able to have as much freedom as possible. Staff actively supported people in their choices to take everyday risks for themselves. For example, one person was being supported by staff to go out on their own in the local community. The risks were reviewed when needed. A health care professional said the service was "not risk averse", they "get the balance right" and know "when to say the risks are too great." A social care professional said staff encouraged people to go out and felt they had encouraged one individual to be more confident in their independence.

People moved freely around the home and came and went as they wished. People made their own choices about how and where they spent their time. One person said "I can go out when I need to" and another said "I do what I like."

Skilled and competent staff were employed in sufficient numbers to ensure care and support was given to people when they needed it. Housekeeping staff worked each day to keep the home fresh and clean for the people who lived there. People said staff have the time to support them properly. One person said "staff take their time, are very helpful" and another said "the staff know what they are doing." A health care professional said the home "was well staffed." Two members of 'sleeping' staff were employed during the night. One person told us they would prefer it if one staff member was awake as they liked to stay up later at night. This was discussed with the senior carer during our visit. They said management would review the staffing levels at night.

People were protected by safe recruitment and selection processes. Recruitment files of recently employed staff included completed application forms, proof of identity, two satisfactory references and evidence of checks carried out through the Disclosure and Barring Service (DBS). The DBS helps employers make decisions where only suitable people are employed to work with vulnerable people.

People received their medicines at the correct times. One person said "staff give me medication in a little container." Medicines were managed, stored, given and disposed of safely. Medicines were supplied by a local pharmacy in monthly blister packs which reduced the risk of error. Staff had received appropriate training and confirmed they understood the importance of the safe administration and management of medicines. Medicines Administration Records (MAR) were in place and were correctly completed. The home had the correct storage facilities for Controlled Drugs (CD's) and the correct amounts of medicine were checked and satisfactory. CD's are medicines which are controlled under the Misuse of Drugs legislation and require stricter control. Homely remedies were managed and given to people if necessary. Homely remedies are medicines which can be bought from the pharmacy without a prescription, such as pain relief tablets and cough linctus. A secure area in the fridge was used for any medicines which required to be kept at a lower temperature.

Good

Is the service safe?

Staff were knowledgeable with regards to people's individual needs in relation to medicines and the correct procedure for reporting a medicine error. Following a recent medicine error, management had taken the necessary steps to prevent this happening again.

Incident and accidents were reported accurately by staff. Senior staff reviewed each one and analysed the incident. This ensured any patterns or trends were identified and managed accordingly. For example, after having several falls one person had been referred to the local Enablement Team for assessment.

The premises were well maintained and assessments were in place to reduce environmental risks. For example, staff had identified a wooden ramp to the home might be slippery for some people. They had made sure it was cleaned and safe for people to walk on. In accordance with the relevant legislation, regular safety checks, servicing and maintenance of equipment were carried out.

Systems ensured people were safe in the event of a fire. The existing fire risk assessment was being updated. People who lived in Arundel House knew where they needed to go in the event of a fire. One person said they would "gather by bottom stairs" and another said they would go to the "meeting point by side door, go down ramp if needed." People said there were regular fire drills and confirmed staff did a "practice every now and then." This meant in the event of a fire, people were well informed as to what they should do to evacuate the home.

A secure entry door led into the main house. This was not designed to restrict people from leaving the home, but to ensure visitors were unable to enter without staff's knowledge. This meant people were kept safe, but were free to come and go from the home as they pleased.

Good

Is the service effective?

Our findings

People felt well supported by staff who met their needs effectively. Comments included "the staff know what they are doing" and "staff are kind".

People were supported by staff who had their learning and development needs met. New staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until it was considered they were competent to work unsupervised. All new staff were introduced to people in the residents' meetings before they began work. They were then introduced to each person when they actually began working at the home. All staff employed held qualifications such as National Vocational Qualifications (NVQ's). Records showed what training staff had received and where further training was required. Training covered a range of topics relevant to the people living at Arundel House, including epilepsy, challenging behaviour, first aid, medicines and health and safety. A social care professional said staff had asked them for specialist training in schizophrenia to enhance their knowledge.

Staff felt supported by management. They received regular supervision with either the registered manager or deputy manager. Staff were able to have extra supervision if they requested it. Management had received their supervision from a health care professional. Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance.

Staff used their knowledge and skills to help people overcome anxieties and settle into the home. For example, one person felt their life had improved since moving to the home and had "settled in well". Staff explained to people what they were going to do and asked for consent before they carried out any support or care. One person said "I can say no when I need to".

People, where appropriate, had been assessed in line with the Deprivation of Liberty (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides legal protection for those vulnerable people, who are, or may become, deprived of their liberty. Staff had a good knowledge of their responsibilities under the legislation. People's capacity had been assessed and DoLS applications had been made following the correct procedures. A best interest meeting, which had involved all the appropriate people, had been held for one person who needed to go into hospital for treatment. People told us they had the freedom to come and go from the home as they wished. One person said "I can go out when I want". Minutes of residents' meeting showed people were informed of new key codes used on the main entrance door and how to use them. This meant people were not restricted to staying in the home.

All staff had received training on the MCA. Further enhanced training for two senior staff members had been planned to become champions in this area of care. This meant people and care staff would benefit from senior staff having increased knowledge of how the MCA applied to their practice.

Staff were aware of which people lacked capacity and how they could be supported to make every day decisions. For example one person, who was unable to communicate verbally, was assisted to make daily decisions with the use of picture cards. Staff knew important details such as what people's favourite meals, activities and colours were.

It was clear from the laughter and banter at lunch time that mealtimes were an enjoyable experience. People were relaxed and shared friendly conversation with each other and staff. They ate their meals at their own pace and were unhurried. People told us, and we could see for ourselves, that they could choose what they would like to eat or drink from freshly prepared food. Everyone said they enjoyed the food and they felt it was "healthy" and "all home cooked." Other comments included "food is lovely" and "love the food". Meals were offered on a four weekly rota. These showed people were offered a variety of different meals providing a balanced diet. People were encouraged to participate in meal preparation or baking if they wished. One person had made fairy cakes, which were served for afternoon tea. People made their own drinks and light snacks in the kitchen if they wished. People were able to eat their meals independently. A particular favourite for

Good

Is the service effective?

people was the Sunday roast each week. One person told us the gardener grew vegetables in the large gardens and, when in season, the fresh produce was used for the home's meals.

People were supported to maintain good health and when required had access to external healthcare services. People's care plans included information about their past and current healthcare needs. Information was available about other health care involvement such as specialist doctors, the mental health team and psychologists. Care records detailed where health care professionals specialist advice had been obtained. For example, requests for a medicine review from the GP. A health care professional commented management and staff "are receptive and welcome our input" and "any problems with any of our clients, they will ring or email."

Staff arranged for people to see a doctor if they were unwell. Comments included "hey (the staff) called the doctor when I had (an illness)" and "if I'm ill, staff suggest seeing a doctor". One person said they normally arrange for their own doctor's appointments, but "if I don't feel brilliant staff will do it for me".

Good

Is the service caring?

Our findings

People spoke highly of the quality of care and support they received. They told us staff were caring, friendly and kind and they were happy living at Arundel House. Comments included “staff are kind”, “staff are very good, caring” and “they (the staff) listen to you.” One visitor said “the level of care is absolutely amazing.” A health care professional said management and staff “genuinely cares for its residents” and “have a good understanding of their residents.” A social care professional told us “staff are supportive”.

There was a relaxed and homely atmosphere. One relative said they always felt welcomed at the home. One relative said they visited at all times and were always made to feel welcome. One relative said “we are always made drinks; made welcome.”

People’s needs in relation to their disability were understood and met by staff in a caring way. For example, consideration had been given to one person who wanted to have a bath installed in their en-suite (instead of the fitted shower). This person and their relative had discussed the option with the management. The request had been agreed as management felt it would enhance the person’s wellbeing and independence.

It was obvious from the interaction and communication, staff had a good knowledge of people they cared for. They had formed caring and positive relationships. Staff interacted with people in a respectful and compassionate way. For example, staff sat with people and asked them if they were happy and comfortable. We heard one staff member ask a person what they wanted to do for the day and if they needed any help. Another staff member gave one person a manicure. Whilst they were doing this, they took the opportunity to chat with the person and ask how they were feeling. One person told us they appreciated having their personal care carried out mostly by one member of staff, which they preferred.

People and relatives told us dignity and privacy were respected. People had keys to their own rooms. Staff knocked on people’s doors before entering their bedrooms. People were addressed in a courteous manner. One person said “someone will knock on my door”. A visitor said “(my relative) likes privacy; someone will knock on door and ask if she needs anything; they treat (my relative) with privacy and respect.” A social care professional commented “they (the staff) are very respectful (and sensitive).”

Staff respected people’s choice to spend time wherever they wanted in the home and checked on them in an appropriate and respectful way. People chose how to spend their day doing what they wanted at a time they wanted. For example, one person had a bath mid morning whilst another did not wish to get dressed until lunchtime.

People said staff talk to them about their support and care and encourage them to be independent. One person said “you can do as much as you can for yourself” and another said staff “adapt” the support they give if they were unwell.

Good

Is the service responsive?

Our findings

People were involved in planning their own care and making decisions about how their needs were met. For example, one person had made particular preferences in relation to their bedroom. They had requested some structural and refurbishment changes to enable them to remain as independent as possible. These requests had been listened to and were being met by the service. A relative said the provider and management "went out of their way; there's been lots of changes; great co-operation."

Assessments were carried out before people moved into the home and any potential risks identified. If these assessments were not able to be made, for example due to the distance involved, management requested a detailed care plan prior to their admission. This enabled them to make a decision about whether they could fully meet all their care and support needs before the person moved into the home.

Care records contained information about people's health and social care needs. Support plans included people's specific wishes about how they chose and preferred to be supported. For example, how and when one person liked their hair washed. Staff were aware of this information and explained what they did to meet this individual person's requests. A health care professional said "they (management and staff) work with any plans that might lead to greater recovery."

Records included information about people's specific likes, dislikes, history and particular interests. Staff said getting to know people was encouraged and seen as an important part of their job. People said staff did know them and worked hard to ensure they were able to do the things they liked and enjoyed. For example, one person went for a walk around the park each day with a member of staff.

Staff were responsive to changes in people's needs. One person told us they had lost weight recently. Staff had requested specialist advice from a dietician and were following their instructions. They were closely monitoring this person's diet and weight to help ensure any on-going concerns would be addressed. A health care professional said they were informed of any changes in people's needs. Comments included "any problems with our clients they will ring or email." A social care professional said staff had contacted them appropriately when people's needs changed. They commented staff "are clear with me what has happened."

Support plans were reviewed on a regular basis to ensure information remained accurate and up to date. Staff ensured any concerns or important information were handed over at each shift change.

People were supported to participate in a range of social and leisure activities inside the home and in the outside community. The layout of the home allowed people to relax and enjoy a range of different activities. A large sitting room, dining room and smaller areas were available with a range of comfortable seating, music, TV, radio and computer facilities.

Staff were working with people to introduce more group activities and entertainment in the home. Ideas had been asked for, and given to, staff in the last residents' meeting. These included improving links with the local community, BBQ's, a garden fete, parties, bringing in a Pets As Therapy (PAT) dog and singers. People had access to a computer and the internet for information and keeping in touch with relatives. A recent '60's' themed night had been enjoyed by all. Some people said they went out in to the local community on their own. However, others said they preferred to go out with a member of staff. One person said "I'd sooner go out with someone else." Another person said they normally go out alone but "If I am poorly they always come out with me then."

People were encouraged to follow their own interests. For example, one person said they went swimming and shopping once a week, whilst another said they went to the cinema. Other people said they liked to spend time on their own which was respected. We saw people come and go from the home throughout our visit. Friends and relatives visited the home and were warmly welcomed by staff. One of the staff had brought their small dog "Maisie" in to work with them. It was clear people enjoying stroking, handling and talking to her."

People were able to maintain relationships with those that mattered to them. Staff spoke to visitors and made sure they felt welcomed and comfortable while they were in the home. One visitor said "staff are all very welcoming on my

Good

Is the service responsive?

visits" and another said they were "made welcome and have drinks offered." This demonstrated staff recognised their role in relation to others that mattered to the people they supported.

The provider had a policy and procedure in place for dealing with concerns or complaints. This was available to people, family, friends and other agencies. It was displayed in the dining room. People knew who to contact if they wanted to raise a concern or make a complaint. One person said they "would go to a superior member of staff." During our visit, one person told us of problems with their laundry going missing. We informed the senior carer of this who told us they would investigate fully the person's concerns.

Monthly residents' meetings when any issues or concerns could be discussed. For example, one person had requested to have more eggs on the menu and this had been introduced. Another had requested net curtains be put up in the home and these were now in place. Another person said "they listened to me about staying up late at night". This showed staff were responsive to people's requests.

A 'suggestion box' had recently been introduced to allow anyone to make anonymous comments about the service. It was placed in the entrance hall for everyone to see. Positive comments had been made which included "the staff were all very welcoming on my visits". Any negative comments had been followed up and resolved. For example, one person had written that they would like staff to "spend more time with us as individuals". From this, management had generated a survey to gain people's views. As a result staff's working patterns were re-organised to enable them to spend more individual time with people. One person said there was more interaction with staff now during the day.

All people spoken with were asked if there was anything that could be done better at Arundel House; they said there was nothing.

Good

Is the service well-led?

Our findings

At our last inspection on 30 April 2014 we found a breach of legal requirements in relation to quality monitoring. The provider did not have effective systems in place to regularly assess and monitor the quality of the service people received. The provider sent us an action plan, which explained how they would address the breach of regulation. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

Staff said there had been improvements in the service, particularly in relation to staffing. New staff had been recruited with experience in particular areas. For example, one senior staff member had brought in expertise in quality assurance and risk assessment. This meant these improvements had a positive impact on people they supported. Staff comments included "it's a lot better now", "its teamwork" and "we have time to spend with people."

People said the home was well managed and they had confidence in the manager. People said "I am really happy here", "I enjoy living here, I have lots of friends" and "everyone is friendly, nice atmosphere."

People told us they felt listened to and were able to voice their views about the service. Residents' meetings were held monthly and well attended. Minutes of these meetings confirmed people were kept informed about issues relating to the service and their views were taken into account. For example, people suggested new foods which were introduced into the home's menu plans. A newsletter for people, friends and visitors had recently been introduced; this contained useful and interesting information for people to read. A relative and a health care professional said there was good communication in the home. Management sent out an annual quality assurance survey. However, people's views were asked for in smaller focussed surveys such as food quality and staffing. Staff felt they had better feedback from people to enable them to make any changes and resolve issues. Any negative issues raised were acted upon and resolved.

The registered manager had worked there for several years. They, and the deputy manager, took an active role within the running of the home and occasionally worked as part of the care team. This ensured they were visible to people in the home and enabled them to monitor care practice.

People said they saw them "quite a lot" and felt they could talk freely with them. A health care professional said they had worked with the management team who had requested their advice about home issues. They said it was "a very positive process." A staff member told us management and senior staff now "keep on top of management."

There were clear lines of responsibility for staff. A senior staff member was always on call for assistance or guidance if required. All staff spoke positively of the management team. They felt their opinions mattered, they felt listened to and were valued. Staff comments included "I can bring things up; (the manager) sorts them out quickly", "I feel valued, ideas are listened to" and "(the manager) is approachable."

Staff meetings were held to provide an opportunity for open communication. Minutes of these meetings showed staff were kept updated on issues such as infection control, safeguarding and laundry. Handover meetings took place at the end of each shift to ensure staff coming on were aware of important information.

Staff were motivated to provide a quality service for people who lived at Arundel House. Comments included "we are here to guide people, it's great, love it", "love working here, never been happier" and "feel able to say what I want and make suggestions."

Systems were in place to ensure the expected standard of service was provided. These were organised and supported staff to run the home efficiently and effectively. This included regular audits and checks to ensure the quality of care and service was satisfactory such as the environment, care records and cleanliness. Audits took place on a monthly basis or more often if required. For example, following a medicine error increased monitoring of systems and records had been put in place; these were daily, weekly and monthly. Staff involved had completed retraining and had their competencies checked before giving out medicines again. This meant the home took appropriate actions to ensure the safety of people and reduce any risk of recurrence.

Health and safety audits were carried out regularly. Any issues were identified and resolved. Equipment and systems were maintained and serviced in line with their individual contracts, such as the fire alarm, boiler and gas fire.

Good

Is the service well-led?

Records were kept securely and where it was necessary in the interests of confidentiality, access was limited. The senior carer on duty was able to find all the information we asked for. This meant that, when the management team were not on duty, staff had the skills and knowledge to run the home well in their absence.

One of the providers visited the home regularly and spoke with staff, people and their relatives. They reviewed issues related to the quality and management of the home.

There was no programme of planned improvements. However, it was obvious maintenance, refurbishment and redecoration took place when needed or requested. One of the providers explained how these decisions were made. During their visits, management and staff brought issues to their attention which were acted upon. We saw this had recently included the updating and refurbishing of three rooms within the home, which would help people live more independently. The roof had been recently replaced and a new boiler purchased. This meant people had the benefit of a home that was continually updated.

The service worked in partnership with other organisations and sought improvement. A health care professional felt "all clients are joint worked in this particular home." They gave us three examples of where they were "jointly engaging", "co-working" and "managing jointly". They told us management and staff seek to continually improve their practice.