

Silver Tree Care Limited

Knoll House

Inspection report

Studham Lane
Studham
Bedfordshire
LU6 2QJ

Tel: 01582873607

Website: www.silvertreecare.co.uk

Date of inspection visit:
26 July 2016

Date of publication:
01 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection was carried out on 26 July 2016.

Knoll House is registered to provide accommodation for people who require support with their personal care. They are registered for up to 22 older people, who may be living with dementia. At the time of our inspection there were 17 people living at the service.

A registered manager was in post. 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.

People did not always have activities and entertainment to keep them stimulated or provide them with an opportunity to socialise. Staffing levels were such that people's care needs were met however; staff did not regularly have time to provide additional activities. When it was possible to provide people with activities, these were well attended and enjoyed by people and the registered manager had a plan to extend the range of activities and hobbies available to people.

Staff members worked to ensure that people were kept safe at the service. They were trained in safeguarding and were aware of the actions they should take to identify, record and report incidents of potential abuse. There were also risk assessments in place to identify hazards and provide staff with control measures to help minimise risks.

There were robust procedures in place to ensure that staff were recruited safely and were of good character and suitable to be working with people living at the service. Systems for medication administration were also in place to ensure that people received their medication correctly.

Training was available for staff to provide them with the skills and knowledge they needed to meet people's needs. New staff members received induction training and support and there were on-going training courses and supervisions for all staff to provide them with support and development opportunities. Staff members were knowledgeable about key legislation, including the Mental Capacity Act 2005. They made sure people were offered choices and sought their consent before providing them with care.

People enjoyed the food provided by the service and were supported to have a balanced and nutritious diet, which was sensitive to specific dietary or cultural needs. If necessary, the service supported people to access healthcare professionals, both within the local community and in the service.

Staff members treated people with kindness and compassion and worked hard to develop strong and meaningful relationships with them. People and their family members were involved in planning their care to ensure that their needs were known by the service and they were provided with the information they

needed about the service. People were treated with dignity and respect and the service took measures to ensure that people's cultural needs were met.

Care was person-centred. People had specific care plans in place which detailed their individual needs and wishes, which staff used to inform their practice. These were reviewed on a regular basis and updated when people's needs changed. The service was also receptive to complaints or comments from people and acted on them to put things right and develop the service.

There was a positive and open culture at the service. People were happy to be living there and staff were motivated to work with people and try to meet their needs. The registered manager was approachable and supportive to people, their relatives and staff members. They carried out a range of different quality assurance processes to monitor the care at the service and identify areas for improvement.

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 worked to protect people from harm or abuse. There were systems in place to record, report and investigate any concerns and appropriate action was taken.

Risk assessments were in place and used by staff to help maintain people's safety.

Staffing levels were sufficient to meet people's individual care needs.

Systems were in place to ensure people's medication was managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff members received training and support to help them develop the skills required to perform their roles.

People's consent to care was sought and the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being followed.

People enjoyed the food from the service and were supported to have a full and nutritious diet.

The service supported people to have access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff members treated people with kindness and compassion and had developed positive relationships with them.

People were involved in planning their care and support and were provided with information about the service they would

receive.

Privacy and dignity were maintained by the service and people's cultural needs and beliefs were respected.

Is the service responsive?

The service was not always responsive.

Activities were not always carried out on a regular basis, meaning people did not always have the opportunity to be stimulated or to socialise. When activities did take place, people enjoyed them and there were plans to develop the service in this area.

People received person-centred care which was tailored to meet their individual needs and wishes.

There was a robust complaints procedure in place at the service and people knew how to complain if they felt the need to.

Requires Improvement



Is the service well-led?

The service was well-led.

There was a positive and open culture at the service.

People, their family members and members of staff felt well supported by the registered manager, who maintained a regular presence at the service.

Quality assurance procedures, including audits, checks and surveys, were used to help monitor and improve the service.

Good



Knoll House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 July 2016 and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection, we reviewed all the information we had about the service, including a Provider Information Return (PIR), which had been completed by the provider. This included information about what the service does well and areas where they planned to make improvements. We also reviewed information from statutory notifications, submitted by the provider. They are required by law to submit these to provide the Care Quality Commission (CQC) with information about key events at the service, such as safeguarding incidents. Additionally, we spoke with the local authority, who commission care packages with the service.

During the inspection we spoke with eight people who lived at the service and two visiting family members. Other people at the service were not able to communicate with us verbally, so we observed their care and the interactions that they had with staff members. This included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, a senior carer, two carers and the cook, to gain their views about the service and the provider. We also reviewed care records for six people, to see if they were reflective of their care as well as medication records for eight people. We looked at records for five members of staff, including information relating to their recruitment, training and supervisions, as well as further records relating to the management of the service, including quality assurance systems.

Is the service safe?

Our findings

People felt safe living at the service. They told us that they always felt secure and that members of staff took steps to ensure they were protected from harm or abuse. One person told us, "They make sure we are all safe here." Another person said, "I feel relaxed and safe living here." Relatives were also confident that their family members were safe and well cared for at the service. One relative said, "Safe? Yes the service is safe; we have no concerns at all."

Staff members told us that they had been trained in safeguarding and were able to describe the local procedures for reporting incidents, including suspected abuse. They were also knowledgeable about the systems for reporting to external organisations, such as the local authority or Care Quality Commission (CQC). One staff member said, "We try to keep people safe, but if necessary we will report anything we think is wrong." Another staff member said, "We report things to the manager, but we can also go externally as well." We saw that incidents and concerns were recorded and used to report suspected abuse. The registered manager showed us that there was a system in place to report and track safeguarding incidents, to ensure they were fully investigated and action taken where necessary.

Risks to people, staff and visitors had been assessed and control measures had been put in place where necessary. Staff members told us that they were aware of risk assessments in people's care plans, and that they used these to inform their practice and make sure that people were kept safe. One staff member said, "Risk assessments and other information is in people's care plans." Another staff member told us, "Risk assessments are done to keep people safe, they are a help and you need them." Throughout our inspection we saw that staff were taking care to ensure that people were safe and took steps to minimise hazards which may cause harm.

The registered manager showed us that risk assessments were completed for each person and were incorporated into their care plans. We saw that there were risk assessment for areas such as falls, pressure wound and nutrition for each person. In addition, there was a separate template in place for staff to record individual risk assessments, specific to individuals. These had been completed where necessary and we saw that they, as well as all the other risk assessments in the service, had been reviewed on a regular basis to ensure they were accurate.

There were also general risk assessments for the environment. This included a fire risk assessment, which detailed a number of difference checks that the registered manager carried out to reduce the likelihood of a fire occurring. The fire risk assessment also included Personal Emergency Evacuation Plans (PEEPs), which provided guidance on how to support people out of the building in the event of a fire. PEEPs were specific to each individual and included information regarding their mobility needs and areas of the home where they would be most likely to spend their time. The service also had a business continuity plan in place, which set out actions that would be taken in the event of an emergency, such as fire or loss of utilities.

Staffing levels were sufficient to meet people's care needs. People told us that staff always made sure their needs were met and explained that they never had to wait long to receive support from staff. One person

told us, "I think they have enough staff." Another said, "Yes there seems to be enough, I am never kept waiting." We spoke with staff members about the staffing levels at the service. They explained that they felt there were enough staff members on shift to ensure that people's needs were met, however they were not always able to go 'over-and-above', as staffing levels did not allow for this.

We discussed this with the registered manager, who explained that the service was currently in the process of recruiting additional staff members. They told us that they did have to use agency staff to cover shifts; however they made sure they used the same agency and asked them to send staff that were familiar with the service and people living there, to help with continuity of care. The registered manager also told us that the service did not have a dependency tool to assess the number of staff required on shift; however staffing levels were adaptable and would be changed to meet people's changing needs.

During our inspection we observed that the staffing numbers were sufficient to meet people's needs. Care was provided when needed and call bells were answered in a timely fashion. We checked staffing rotas and saw that these staffing levels were consistent and agency staff were used sparingly to cover any gaps in the rota.

Staff members told us that they had been through a robust recruitment process, before they were allowed to start working at the service. They told us that they could not start until the provider had carried out a number of checks, including a Disclosure and Barring Service (DBS) criminal records check and references from past employers. The registered manager showed us staff recruitment files. We saw that DBS checks were in place, as were application forms, interview notes and references. There was a robust procedure in place to ensure that staff members were of good character to work at the service.

People told us that staff provided them with support to ensure they received their medication correctly. One person said, "They help me with my tablets, they bring the right ones and I take them." Another person nodded when we asked them if they always got their medicines at the right time. Staff members told us that they could only administer medication if they had been trained to do so. We observed staff preparing and administering people's medication. They did so by consulting people's individual Medication Administration Record (MAR) charts, to see what was to be given, and when. They were patient when giving people their medicines and recorded on the MAR chart when they were given.

The registered manager told us that they had introduced systems to help reduce errors in recording or administering medication. This included a running stock balance on each type of medication and a medication audit. We saw that MAR charts had been completed in full, with no gaps in staff signatures. Where 'as required' (PRN) medication was required, the reverse of the MAR chart was completed to give details of why and the dose administered. The stock levels recorded on the MAR chart matched the physical stock in place at the service and staff regularly recorded the storage temperature of the medication cupboard. There were steps in place to ensure that people's medication was administered, stored and recorded appropriately.

Is the service effective?

Our findings

People told us that staff were well trained and knew how to perform their roles. They told us that they were confident in the abilities of staff to meet their needs and ensure they were safe. One person said, "The staff know how to do their jobs." Another person told us, "They are very good, they know their stuff." Relatives also felt that staff had the skills they needed to meet people's needs. One relative said, "Staff seem to know what they are doing and work together well."

Staff members told us that they received training in how to do their roles from when they started working at the service. They explained that they received an induction which included key training courses, as well as shadowed shifts, where they observed experienced staff performing their roles and spent time getting to know the people they would be caring for. The registered manager showed us that staff inductions followed the Care Certificate, which helped to ensure that staff members had the minimum skills they needed to provide people with quality care.

There was also on-going training for staff members, to help them to refresh their existing skills and to develop new skills for their roles. Staff felt that this was useful and that the training was high quality. One staff member said, "Training is really good and you can get put forward for additional courses." Another staff member told us, "We've had loads of training this year. Training has been good, mainly face-to-face."

The registered manager told us that they had a number of different training courses planned in for the coming months, to ensure that staff members had the skills they needed. They showed us that they had an annual training plan, but explained that this was adaptable and additional training courses, as well as vocational qualifications, could also be arranged for members of staff. Records showed that staff members received induction and on-going training on a regular basis, to help ensure they had the skills required to meet people's needs.

Staff members also told us that they received regular supervision and support from senior staff and the registered manager. One staff member said, "We have supervisions monthly, they are useful ways to share information." Other staff members confirmed that supervisions took place regularly. The registered manager showed us that they kept a record of all supervision meetings, and that these were used to help identify training or development needs, as well as to discuss any issues or concerns that staff member may have.

People's consent to their care and support was sought by members of staff. One person told us, "Yes they always ask for consent, they check with you before they do anything." Another person said, "Well they have always asked me for permission!" Staff members told us that they made sure people were happy with what they were going to do, before they did it. They explained that they would respect people's decisions and work with them, to make sure that the care they received was in-line with their own individual choices and preferences. Throughout our inspection we saw that staff members asked people about their care and made sure they were happy before proceeding.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

Staff members had been trained in the MCA and were aware of their responsibilities in terms of assessing people's mental capacity and making best interests' decisions on their behalf. We saw that, where necessary, mental capacity assessments had been carried out by the service and that DoLS applications had been made for some people.

People were happy with the food they received at the service. They told us that the chef prepared appetising meals which they enjoyed. They also told us that if they did not like what was on offer each day, the chef would happily prepare an alternative for them. One person said, "The food is absolutely lovely." Another person said, "The chef is very good and kind hearted. They will prepare something different if you ask." During the inspection we saw that meals were appetising and people appeared to enjoy what was on offer. We saw the chef discussing the different options with people, helping them to make a decision based on his knowledge of their preferences and tastes. People were also provided with drinks and snacks of their choice throughout the day.

We spoke with the chef who explained that ingredients were all fresh and that meals were prepared by him on a daily basis. They confirmed they were able to prepare alternatives for people if they didn't like what was on the menu. We saw they were able to prepare a range of different cultural dishes and were sensitive to people's wishes in this area. For example, they had a storage area reserved for halal foods and were happy to do the same if somebody came to the service with other cultural dietary requirements. The chef was also aware of the need to fortify meals to help ensure people maintained their weight and were able to purify meals for people if necessary.

Records showed that the service catered for people's individual dietary needs and wishes. Where people had specific needs or requirements, these were respected and the service had made arrangements to ensure they were carried out appropriately. People were happy with the food and drink they received from the service and staff took measures to ensure that people had a balanced and nutritious diet.

People were supported to have their health care needs met by the service. They told us that if they became unwell they only had to ask and staff would arrange for them to see a GP or other healthcare professional. One person told us, "They will fetch the GP for you if you need them, they are good like that." The registered manager told us that they would arrange appointments for people if they needed them and had also arranged with the local GP for them to come out to the service once a week, so people knew they could raise anything non-urgent then. They also showed us that they had made arrangements for a community dental service to visit the service, so that people could have their teeth checked. People's records showed that their health needs were being met by the service. There were record of GP visits as well as notes from district nurses, the dentist and the optician. Where necessary, the service had made appropriate referrals to other professionals, such as the dietician or speech and language therapist.

Is the service caring?

Our findings

People were treated with kindness and compassion by members of staff. People told us that staff were kind and considerate of their individual needs and preferences and they felt well cared for. One person told us, "They are fantastic, they look after everybody here." Another person said, "You have a laugh and a joke with them, they are a good bunch they are." People's relatives also shared this viewpoint. One relative told us, "The service is lovely, it's really nice and the carers are really lovely."

Staff members told us that they enjoyed working at the service and felt that an important part of their role was getting to know people and spending time with them. One staff member said, "Oh I absolutely love it. I love caring for people and trying to make them happy." Another staff member told us, "It's the little things that we can do that might make a difference to people."

Throughout the inspection we observed staff members treating people with kindness whilst performing their roles. We saw that staff were able to engage people in conversation and spent time chatting with them about their day and what they were doing. Their interactions showed that they had a good understanding of each person's specific communication needs and wishes, which helped to make people feel calm and at ease.

Staff members had worked with people and their families to create a warm and comforting environment, which helped people relax and feel at home. The registered manager told us that people were able to bring in their own furniture and decorate their own bedrooms, as well as bringing pictures in to place around the communal areas of the home. We saw that people had put their own stamp on their bedrooms and that a display case was outside bedroom doors where people could place cards, pictures or ornaments. In addition, we saw that people had put pictures of their family members or other loved ones on display in communal lounges and the dining room. This helped to make people feel at home and they were keen to show us these pictures and talk to us and staff about the people in them, during our visit.

People and their family members had been consulted in how best to provide people with care, in order to meet their individual needs. They told us that they had been asked about how they would like to be cared for and that these conversations had been used to put together care plans. One person told us, "They always come and ask me about my care, they ask me all sorts of questions." Another person said, "Yes there is a care plan, they asked me all sorts to make sure it was just right." A relative told us, "A care plan was written and we were involved."

The registered manager told us that care plans were important as they provided staff with the information that they needed to meet people's needs, therefore it was also important that people and their family members were involved in writing the care plans. We checked people's care plans and saw evidence that people had been involved in planning their own care and support. We also saw that there was a range of different notices up around the service, to provide people with important information. This included a meeting schedule for people and their family members, information on how to make a complaint and information about the community dental service, amongst other useful notices. This ensured that people

had the information they needed about their care, treatment and support.

Dignity and respect was important to the service and staff took steps to ensure this was upheld. People told us that staff always treated them with kindness and spoke with them politely. They explained that staff had good manners and were sensitive to their specific wishes, such as being called by their first name or a particular nickname which they liked. One person said, "They are very respectful, they always knock before they come in and they treat us with dignity." Another person told us, "They talk to us like people; they always use my first name. I like that."

People's relatives also felt that staff members treated people with dignity and respect. One relative said, "Oh yes, they are so patient and caring, we are quite satisfied." Throughout our inspection we observed staff treating people with respect. They ensured they spoke to people slowly and clearly and gave them time to answer questions. If people required support with personal care, staff took care to talk to them about it discreetly and made sure their privacy was maintained throughout.

Staff members told us that they had training in equality and diversity and worked hard to make sure people were always treated in a dignified and respectful way. They told us about people's different cultural needs, as well as the actions they took to try to ensure that these were being met. For example, they were able to show us that a vicar came regularly to help meet people's religious and cultural needs. One person told us that this was very valuable to them, as it allowed them to observe Holy Communion as they had throughout their life. The registered manager told us that if people were identified as having other religious or cultural needs, they would work to implement suitable arrangements to meet them.

Is the service responsive?

Our findings

People did not always have enough activities and stimulation to keep them occupied during the day. People told us that, at times, there wasn't a lot to do at the service and they often spent time sitting in lounges watching television. They explained that they felt there weren't enough staff members to meet their care needs and to provide them with meaningful activities. One person said, "There are no activities at all, there's not really enough activity people." Relatives also felt that the range and frequency of activities could be improved upon. A relative said, "I'm not really sure about any activities that take place."

We spoke with staff members about activities at the service. They showed us that there was a general activities schedule for the service, but that they were not usually able to stick to it, as they were busy meeting people's care needs. They explained that they did carry out activities as and when they were able to. The registered manager confirmed that staff members were responsible for planning and carrying out activities, as there was no activities lead or coordinator employed by the service. During our inspection we saw that staff members attempted to provide people with fun and entertainment throughout the day, however this always had to come second to ensuring that people's care needs were met. At busy times staff were unable to spend time with people to ensure they were stimulated and able to do the things they enjoyed.

People did tell us that when activities and events were put on at the service, they found them to be enjoyable and provided them with an opportunity to get involved and socialise with their peers and family members. They told us that they enjoyed events such as concerts and shows which were put on by the service, telling us that these gave them an opportunity to have a song and a dance. One person said, "Every now and then we have a little concert, you know they are not bad at all!" Another person told us, "I really enjoy the shows, when they are on." We saw pictures on display showing people enjoying the entertainment being provided, and saw that there were plans for future entertainment events as well.

We spoke with the registered manager about activities. They agreed that they were not always able to provide people with meaningful activities as staff were busy meeting people's needs. They were, however, proud of the events that had been arranged, as well as the staff efforts to engage with people when they could. They also had plans to develop activities at the service and make adaptations, to help increase the range of meaningful activities available to people. For example, they showed us plans to develop the garden area to make it more level and to have some raised flower beds. This would make the area more accessible and provide an additional area for people to pursue their individual interests.

People received care which was person-centred and staff were aware of people's specific needs and interests. People told us that when they first moved in, they were asked a number of questions by staff members about the care that they needed and the things that were of interest to them. One person told us, "They asked me all sorts to start with." Staff members told us that this was part of their initial assessment process. They explained that new referrals were assessed to make sure they were able to meet people's needs. Part of this assessment was to identify people's needs and interests and to use that information to write individualised care plans which staff used to guide the support they provided.

Staff members were aware of people's specific needs, as well as their hobbies and interests. People told us that they were confident in the staff that cared for them as they knew them well. They told us that staff were able to speak to them about the things they were interested in and took a genuine interest in what they had to say. One person said, "They know everybody's likes and dislikes, that's something in itself." Another person told us, "They are good, they know I love reading." Staff members were able to tell us about people's individual needs and wishes and showed us that these were recorded in their care plans. These care plans were written in a person-centred manner and showed that they had been reviewed regularly and updated whenever people's needs changed.

People were aware of how to raise complaints with the service, and were willing to do so if necessary. None of the people we spoke with had felt the need to make a complaint about the care that they received, but they were happy to do so if necessary and felt they would be listened to if they did. One person told us, "I have never had the need to make a complaint." Another told us, "There is nothing to grumble about." Family members were also aware of how to go about making a complaint and we saw that there were notices on display at the service with information on how to do so.

The registered manager showed us that there was a robust complaints policy in place at the service however; they had not received any complaints, therefore could not demonstrate the actions they had taken in response. They did tell us that they regularly had chats with people and their family members, so if there were any little issues, they were quickly rectified. We saw that the service had received a number of thank you letters and cards from people and their family members. These had positive messages in them, sharing the experiences people had at the service and thanking the registered manager and members of staff for all their support.

Is the service well-led?

Our findings

People told us that they were happy to be living at the service and that there was a pleasant and positive atmosphere there. They told us that staff were enthusiastic to perform their roles and that they worked hard to develop positive relationships with them. Staff were open and honest with people and made sure they were aware of what they were doing and why. One person told us, "It's absolutely first class, I can't fault them." Another person said, "I would give them 10 out of 10."

We found that there was a positive and open culture at the service. Staff were motivated in their roles and were aware of their key responsibilities. They were keen to work hard and make sure that people's needs were met in the way that they wanted them to be. One staff member told us, "I love working here; it is so worth it when you can make somebody smile." Staff members were able to show us how they would access the information they needed for their roles, such as the provider's policies and procedures. In addition, they were aware of whistleblowing procedures and were prepared to go to external organisations, such as the local authority or Care Quality Commission (CQC), if they were not happy with the way people were being cared for. We saw that information was available to staff, including a whistleblowing procedure.

The registered manager had a visible and supportive presence at the service. People told us that they were aware of who the registered manager was and felt that they could approach them for any support or advice that they may need. They also told us that the registered manager often made the time to chat with them and ensure that they were happy with the care they were receiving. One person said, "The manager does come up to see me and we have a little chat, she is good like that." Another person told us, "The manager is very good; she keeps everyone in order!"

Family members also felt that they could talk to the registered manager if they had any concerns to raise, or just to get an update about their relatives care. They told us that the registered manager's office door was always open and that they often came to talk to them whilst visiting the service. One family member said, "The manager is lovely. If you want any advice or to talk to her, she is always there."

Staff members felt well supported by the registered manager. They told us that the registered manager often helped them at busy times, to help ensure that people's needs were being met. In addition, they told us that they could rely on the registered manager for guidance and advice if they needed to. One staff member said, "The manager is very good and very supportive. She's always there for us when we need her." Another staff member told us, "She has an open door, so we can always go and get some help." During the inspection we saw the registered manager took time to speak with people and staff members to see how they were and if there was anything they could do to help. People and staff were relaxed in the presence of the registered manager and able to share a joke and a chat with them.

The registered manager had some ambitions for the future of the service. They spoke to us about plans they had to develop and improve the service to help ensure people received the care, support and activities they needed. In addition, they showed us that they were in the initial stages of a number of different developments at the service. For example, they had worked with a local college to provide apprenticeships.

for young people who were interested in a career in health and social care. This provided opportunities for the local community, as well as additional staffing and fresh ideas for the service.

There were quality assurance systems in place at the service, to help the registered manager and provider assess and monitor the provision of care at the service. The registered manager explained that they carried out a number of different checks and audits on a regular basis. These were used to identify areas that needed to be improved and to produce an action plan, which helped them to prioritise what needed to be done. We saw there were audits carried out to check a wide range of specific areas of care delivery including; care plans, medication administration and dignity. In addition, environmental checks were carried out to ensure the premises were safe and equipment was in working order.

The service welcomed feedback from people, to help drive improvements and recognise where staff had performed well. We saw that compliments were shared with staff and displayed throughout the service. In addition, the registered manager showed us that a survey was periodically sent out to people and family members, seeking their views and opinions. Returned surveys were collated and the results used to help identify further areas for improvement.