HC-One Limited

Tower Bridge Care Centre

Inspection report

1 Tower Bridge
Tower Bridge Road
London
SE1 4TR

Tel: 02073946840
Website: www.hc-one.co.uk/homes/tower-bridge/

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 and 8 March 2017 and was unannounced.

We last inspected the service on 28 June 2016. During this inspection we found the service had taken action to address concerns relating to activities.

Tower Bridge Care Centre is a care home registered to provide accommodation, nursing and personal care for up to 128 people over four floors. Some of the people who live at the home have dementia. At the time of our inspection there were 100 people using the service.

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

We have made a recommendation about the management of some medicines.

The service did not always demonstrate safe medicines management. Medicines were not always stored in line with good practice. We raised our concerns with the registered manager who evidenced action was being taken to address our concerns in a timely manner. People received their medicines as prescribed.

People were protected against the risk of harm and abuse. The service ensured staff received on-going safeguarding training to enable staff to recognise and report suspected abuse. Risk assessments were comprehensive and gave staff clear guidance on identifying and managing risks. Risk assessments were reviewed regularly.

People received care and support from suitable numbers of staff that had undergone rigorous employment checks. Staff received a comprehensive induction from senior staff to ensure their suitability to work unsupported. People were supported by staff that were trained to meet their needs. Staff received on-going mandatory training, supervisions and appraisals to reflect on their working practices and improve the delivery of care. Staff were confident in requesting additional training should they feel it would improve their ability to meet people's needs.

Staff demonstrated sufficient knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were not deprived of their liberty unlawfully. Where people's capacity was deemed as lacking the service took appropriate steps and documented decisions made in people's best interests.

People were supported to access food and drink that met their dietary requirements and nutritional needs. The service involved dieticians and the G.P in assessing people's dietary requirements and information was

shared with the chef. People were offered choices and provided with support with eating their meals.

People received care and support from staff that received on-going training to meet their needs. Training records confirmed staff undertook both e-Learning and classroom based mandatory training. Staff told us the training they received enabled them to gain a greater understanding of their roles and responsibilities. Staff confirmed they could request additional training to enhance their skills. People's confidentiality was maintained and respected. Staff were aware of the possible implications of breaching people's confidentiality and ensured information shared was only done so with people with authorisation. Staff communicated effectively with people in a manner they understood and preferred.

The service developed care plans which looked at people's history, preferences, medical and health care needs. Care plans were reviewed regularly and where possible, people and their relatives were encouraged to develop them. Care plans gave clear guidance to staff on how people wanted to be supported and have their needs met.

People were encouraged and supported to make decisions about the care and support they received. Staff used different techniques to aid people in their decision making process. People had their choices and decisions respected by staff. The service had a diverse activity plan in place that where possible took into account people's preferences. People were encouraged to participate in a wide range of activities with their peers. People and their relatives were encouraged to give feedback on activities provided to improve the service provision.

People were aware of how to raise concerns and complaints. The service had a complaints policy available to people. Complaints raised were documented and action taken to seek a positive resolution in a timely manner. All complaints logged were reviewed by the registered manager, to monitor trends and ensure repeat incidents were mitigated.

The registered manager carried out audits of the service to drive improvements. Audits looked at health and safety, staff training, care plans and risk assessments. Where issues were identified, action was taken to address these in a timely manner. Quality assurance questionnaires were sent to people and their relatives to gather feedback on the service.

People told us the registered manager was approachable and listened to people's ideas. The service had a culture that was inclusive and transparent. People, their relatives and staff told us the registered manager was a visible presence within the service and they could meet with him at a time of their choosing. People benefitted from a service that encouraged partnership working. The service sought guidance and support from health care professionals to enhance the care people received. Records confirmed guidance received was implemented.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were not always stored in line with good practice.

People were protected against the risk of harm and abuse. Staff received on-going safeguarding training and demonstrated sound knowledge in identifying and reporting suspected abuse. The service had robust risk assessments in place that gave staff clear guidance on how to manage these risks.

The service had robust employment procedures in place to ensure people received support from sufficient numbers of suitably vetted staff.

Is the service effective?

Good

The service was effective. People received care and support from skilled and knowledgeable staff that received on-going training to effectively meet people's needs.

People received support from staff that reflected on their working practices, through supervisions and appraisals.

Staff demonstrated sufficient knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were not deprived of their liberty unlawfully.

People were supported to access sufficient amounts of food and drink that met their dietary needs and requirements.

People were able to access a wide range of health care services to monitor and maintain their health.

Is the service caring?

Good

The service was caring. People told us they received care and support from staff that were compassionate, respectful and treated them with dignity.

People had their confidentiality maintained. Staff were aware of the services policy on confidentiality and the importance of sharing information with only those that had authorisation.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and contained comprehensive information, which enabled staff to deliver care that met their needs and preferences.

People were encouraged to make choices about the care and support they received. People's choices were respected by staff.

The service provided a wide range of activities and people were encouraged to participate in activities of their choice.

People told us they knew how to raise concerns or complaints and felt their concerns would be addressed in a positive manner.

Is the service well-led?

Good

The service was well-led. People received care and support from a service that had an open, transparent and inclusive culture. The registered manager actively supported staff to empower people.

The service completed regular audits to improve the service provision. Audits were reviewed by the registered manager and issues identified were addressed in a timely manner.

The registered manager sought partnership working from other health care professionals to improve the quality of care provided.

Tower Bridge Care Centre

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 1 and 8 March 2017 and was unannounced. On the first day of the inspection, the inspection team was made up of two inspectors, one specialist advisor who was a registered nurse, a pharmacy 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 in dementia care. On the second day of the inspection the inspection was carried out by two inspectors.

Prior to the inspection we looked at information we held about the service. This included information received from health care professionals, members of the public and statutory notifications. A notification is information about important events, which the service is required to send us by law.
During the inspection we spoke to 13 people, 12 relatives, five care workers, six senior care workers, three nursing assistants, six registered nurses, the chef, a health care professional, clinical services manager, deputy manager and the registered manager. We looked at 41 medicine administration records MARS, completed 21 medicine audits, reviewed 16 care plans, 12 staff files, the complaints file, maintenance records and other documents related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines in line with good practice as medicines were not always stored securely. During the inspection we looked at how the service stored people's medicine and found this did not comply with the misuse of drugs (safe custody) regulations. For example, we found medicines were not stored in the correct cupboards. We raised our concerns with the registered manager during the inspection and the registered manager sent us confirmation of actions being taken to address our concerns in a timely manner.

People received their medicines as prescribed. We completed an audit of the medicine stocks on each floor within the service and found these were accurate. We looked at one person's medicine administration record (MAR) and care plan who was receiving their nutrition and medicines by an enteral tube. An enteral tube enables people to received fluids and nutrients via a tube into the stomach and is used for adults and children who are unable to take food or fluids orally. There was a protocol for supporting the person to eat, in the person's room and the medicines and procedures used were all recorded on the MAR sheet. However, we saw no record on the MAR or the fluid balance chart that the feed was being administered. At the time of the inspection we raised our concerns with the registered manager who implemented systems to address our concerns.

People did not always receive support from staff that had access to guidance on managing seizures. We identified that the use of medicines for seizures PRN (as and when required) protocols was not consistent on one floor. Several people were prescribed medicines to prevent a seizure. We saw no risk assessment or care plan for these people so that staff knew what to expect and what action to take if one occurred. In addition, there was no PRN protocol for medicine to treat a seizure. We shared our concerns with the registered manager and who on the second day of the inspection had implemented seizure charts and was devising additional risk assessments to address our concerns.

We recommend that the service consider current guidance on medicine management and take action to update their practice accordingly.

People told us they received their medicines when they expected them. One person told us, "They [nursing staff] pop in my room and let me know it's time to take my medicine. They support me to have them, no complaints here." A health care professional told us, "I have no particular concerns. There is no high level use of inappropriate medicines." Nursing staff were aware of the correct procedure in reporting any errors in medicines administration and told us they would report to the registered manager their concerns immediately.

The allergy status of all people was recorded to prevent the risk of inappropriate prescribing. We observed care plans for personalised preference when administering medicines which included special instructions and the person's medicines profile. Records identified visits by dieticians to people who had swallowing difficulties and we saw multidisciplinary agreements for two people who were having their medicines administered with their food that this was in their best interest. The home had medicines policies and

procedures available in each clinical room together with the latest edition of the British National Formulary (BNF) for ease of reference.

People were protected against the risk of abuse. One person told us, "Of course I feel safe, otherwise I don't think I would be in here." Another person said, "I feel safe here yes, the carers make me feel safe to be honest with you." A relative told us, "My [relative] is very well looked after and we feel very safe." Staff had sufficient knowledge on managing suspected abuse and could easily identify the different types of abuse and how to report their concerns. One staff told us, "People's behaviours can change if they are being abused. They may become withdrawn or may have bruises." Another staff said, "We [staff] would raise our concerns with the nurse on shift or the senior staff. We would tell them the changes we have observed. If no action was taken we can whistleblow." Records confirmed staff received on-going safeguarding training and told us, they were confident that the responses of managers when they reported any allegations or concerns would be supportive.

People were protected against avoidable harm. The service had comprehensive risk assessments in place that identified known and perceived risks and gave staff clear guidance on how to manage those risks safely. One person told us, "I'm sure there are risk assessments here, I haven't seen them but there really is no need to." Staff were aware of the importance of following the guidelines set out in the risk assessments. One staff told us, "The risk assessments are in place to maintain people's safety. There is guidance in them which details what we should and should not do, to minimise the hazard." Risk assessments covered for example, mobility, eating and drinking and medicines and were reviewed monthly to reflect people's changing needs. Where appropriate people and their relatives were involved in the development of their risk assessments.

People received care and support from suitable staff as the service had robust recruitment systems in place. One person told us, "They [staff] really are helpful, I like them." Another person told us, "I don't know what the recruitment is like, but there's a lot of staff and they are good." Records showed there was a safe recruitment process in place. Staff files showed that the relevant checks had taken place before a staff member commenced their employment. We saw completed application forms which included references to their previous health and social care experience, their qualifications, employment history and explanations for any breaks in employment. There was a Disclosure and Barring Service certificate (DBS) on each record we looked at. A DBS is a criminal record check employers undertake to help them make safer recruitment decisions. All records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC). We saw that nurse's PIN numbers were checked at the end of every month, to ensure they were still eligible to practice.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We received mixed reviews regarding staffing levels from both people and staff. Three out of 12 people we spoke with told us they felt the service would benefit from more staff. For example, one person told us, "Well my opinion is that they need more staff." Other comments received were more positive about the staffing levels, for example, one person said, "I don't have to wait for anything, I think they do have enough staff." One staff member we spoke with told us, "There are enough of us [staff] to do the job. We work together as a team." Another staff member said, "This is one of the best homes to work in as if we are short staffed, they [management] will use agency staff to cover the shortages." A third staff member said, "We are okay, but it depends on the needs of people. They [management] increase staffing levels based on people's needs. If we [staff] communicate what we need, they [management] understand that and will then provide more staff. For example, if they know a new person is moving in, they book an extra staff to support. It is a good thing." The service employed the use of familiar agency staff during staff sickness and annual leave. Staff confirmed only agency staff that were familiar to the way the service ran were used, which gave people a sense of consistency and familiarity.

Good

Is the service effective?

Our findings

People received support from staff that received comprehensive training to effectively meet their needs. Despite there being a recent change in the frequency of training, staff told us this did not affect their learning or ability to carry out their role. One person told us, "They [staff] know their stuff, that must mean they have lots of training." Staff told us they felt they received training that enabled them to carry out their roles effectively. One staff member told us, "I've done a lot of training, I've really enjoyed it." Another staff member told us, "The training helps me to develop an understanding of certain themes and the fact that we discuss it within our teams makes it more relevant." Records showed training covered Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding and moving and handling. Training provided was both classroom based and e-learning. We saw there was a robust system in place to monitor when staff training was due. We discussed training compliance levels with the registered manager who was aware of the need to improve overall training compliance. He told us there had been a high turnover of staff over recent months which was a major contributory factor in inconsistent training levels. To mitigate against this, we were told that the registered manager circulated a learning topic for all staff teams to explore and develop their learning in. These included hydration, urinary tract infections, infection control and record keeping. We saw minutes from one of these discussions, which took the form of group learning and was well attended.

People were supported by staff that underwent a comprehensive induction programme. One staff member told us, "I had a four day induction and we covered mandatory training." Another staff member said, "The induction was very helpful, I was introduced to people so I could get to know them. I shadowed more experienced staff for two days and learned about people's needs." The induction process enabled staff to understand the service expectations and how to effectively meet people's needs. Staff were given competencies to complete to ensure they were suitable to work without direct support, however if the competencies were not completed staff would not be able to lone work. Senior staff completed regular reviews of staff's progress during their probationary period, where extra support and guidance was given if required.

People were supported by staff that regularly reflected on their working practices. One staff member told us, "I had a supervision last week and I receive one regularly. I find supervisions good and we [senior staff] discuss how I'm finding the job, how people are doing and how the team is. We can talk about any training issues I may have." Another staff member said, "They [management] always support you in whatever way you want. They give us [staff] supervisions. We can talk to the nurses, floor manager and the manager and they listen and give us advice." The provider introduced a new method of appraisal. In advance of their appraisal, the member of staff completed an on-line appraisal form and were assigned a mentor who was responsible for following through on their part of the form and arranging a meeting to carry out the staff member's appraisal. The registered manager told us, "The new system will formalise the appraisal process and ensure appraisals happen when they should." Records confirmed supervisions had not taken place regularly. The registered manager explained once the new care team had been in place for a few months, staff would receive both face to face and group supervision three times a year. Despite irregular supervisions taking place, staff told us they felt well supported within the service and they could seek advice, support and

guidance at any time.

People were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 (MCA). One staff member told us, "If people lack the capacity to make informed decisions, that doesn't mean they have to stop doing things they want to do. It just means we have to support them to do things safely." The 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. The service had robust systems in place to ensure people's mental capacity assessments were regularly reviewed and complied with legislation. Where people were deemed to lack capacity, the service had carried out best interests meetings. People, their relatives and relevant health care professionals were involved in best interest meetings. Deprivation of liberty safeguards (DoLS) authorisations were in place and the service had a robust system in place to monitor authorisation expiry dates. At the time of the inspection there were 57 active authorisations in place.

People's consent to care and treatment was sought prior to care being delivered. One person told us, "Staff do ask for my consent. They ask what it is they can help me with and if I say no, they respect my decision. They [staff] always seek my consent with regards to helping me with my personal care." Another person said, "Yes, staff do make sure I give consent first. Always." Throughout the inspection we observed staff seeking people's consent and respecting their decisions, for example, one person was asked if they would accept support with putting their clothes away. Staff understood the importance of seeking people's consent and offering them choices.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. We received mixed reviews about the meals people received, for example, two people told us they did not like the food. One person told us, "The food isn't really my cup of tea, it has no taste." However, eight people we spoke with told us they thoroughly enjoyed the food provided. For example, one person said, "I like the food, they know what I like and dislike this just makes everything easier, I am so grateful." A relative told us, "[Relative] does like the food here, so they [staff] know exactly what [he/she] likes." A health care professional told us, "The chef here is brilliant, he will work with the registered manager and G.P." Kitchen staff explained how they received information from nursing staff and provided soft, pureed or fortified meals as instructed. The chef was sent a monthly record of people's weights which alerted them to weight loss or gain. They told us that variations in people's weight prompted a discussion with nursing staff and diets were adjusted accordingly.

Good

Is the service caring?

Our findings

People were encouraged to maintain positive caring relationships within the service. One person told us, "My relative can always visit, whenever they wish." Throughout the inspection we observed relatives and visitors being welcomed into the service and there was a relaxed and warm atmosphere. The registered manager explained that for Valentine's day, people's partners were invited to have a sit down meal to recognise the significant date.

We received mixed reviews about the care and support from people received. Two people we spoke with told us they felt staff could be more caring, however we did not see any evidence to support these statements. People told us they received care and support from people that were kind and compassionate. One person told us, "I can't fault them [staff]. I really like them, they do go out of their way to support me." Another person said, "The staff are very caring, kind and compassionate towards me." A relative told us, "Yes, from what I have seen they [staff] are caring." A health care professional told us, "From what I have seen, I would steer people here as there is good support." Throughout the inspection we observed staff interacting with people compassionately. For example, one person appeared agitated and staff were quick to give reassurance and support to calm their concerns and fears.

People were supported to make decisions about the care and treatment they received. One person told us, "I make all my own decisions. They [staff] help me if I get stuck, but they [staff] do respect my decisions." During the inspection we observed staff supporting people to make decisions about the care they received. For example with personal care and choice of activities. Staff were observed as being respectful of people's decisions at all times.

People were encouraged to maintain their independence wherever safe to do so. One person told us, "I am as independent as I can be. Sometimes I require support and I get it, but they [staff] try to get me to do things I can do for myself." Another person said, "I do things the way I like to do them, they [staff] will help if I need them to help me." Staff were aware of the importance of maintaining people's independence. One staff member told us, "We [staff] can't go round doing things for people, they take pride in things they do for themselves. It gives them a sense of achievement." Throughout the inspection we observed staff encouraging people to support themselves, however were on hand should they require assistance.

People's privacy and dignity was respected and maintained. One person told us, "Absolutely, yes my privacy is important to me and they [staff] know that. They [staff] always knock on my door and ask if it's ok to enter. They [staff] help me to get my clothing ready but make sure when I do personal care they keep my dignity." Another person said, "There are no concerns around staff being respectful of my privacy, none whatsoever." Staff were aware of their responsibilities in maintaining people's privacy and treating people with dignity. One staff member told us, "You have to make sure the doors and curtains are shut when you're supporting people with self personal care. Dignity is so important, you have to imagine what you would expect if you were in their position."

People had their confidentiality respected. The service had robust systems in place to ensure records were

secured in locked cabinets and offices, with only those with authorisation having access to them. One person told us, "I have never heard them [staff] speaking out of turn. They don't talk about other people in front of me, that means they don't talk about me to other people either." Staff were aware of the importance of maintaining people's confidentiality, for example, one staff member told us, "We must be careful about who we share information with, only people who need to know." Another staff member said, "You can't just tell anyone personal information, I wouldn't want that for myself neither do people here."

Good

Is the service responsive?

Our findings

People received care and support that was person centred and met their needs. The service had devised comprehensive care plans that were regularly reviewed to reflect people's changing needs. One person told us, "I have a care plan and [relative] is aware of what's in it." Another person said, "I have seen something, I don't know the name of the document but it does contain information about me and how they [staff] can help me." We looked at the care plans and found these detailed people's health, medical and physical needs. Care plans also contained people's preferences to the care and support they wanted to receive. Where possible, people and their relatives were encouraged to develop their care plans, reviewing what has worked well and what areas people require additional support. Care plans contained support plans which gave staff clear guidance on how to safely support people in line with their needs and preferences. One staff member told us, "The care plans are there to give us information on the people we support. They also give us information on how to support people. If we notice changes in how people present or how we need to support them we inform senior staff who will assess people and update the care plan." Another staff member said, "Before you start working with people, you get time to spend reading people's care plans. When the care plans have been updated we are informed as it might mean the way we support people has changed."

People were supported to make choices about the care and support they received and have their choices respected. Everyone we spoke with told us staff offered them choices. One person told us, "Yes, I am given choice." Another person said, "Yes, at all time. Staff give me the choice of staying in bed if I want to." A third person told us, "Yes, 100%." A relative said, "I am sure they [staff] offer choices at all times." Staff were aware of the importance of encouraging people to make choices about their care. One staff member told us, "People have a right to say no and you need to respect that. You can try different ways for example, get another staff to try, try at a different time or engage them in conversation or discuss a topic of interest with them first and then try again. Sometimes you also need to consider why the person is saying no. Is it their pattern? Are they ill or they don't like the task or way it's done. For example, some people like a bath instead of shower. They could decline if you offer them a shower instead of a bath. They may not be able to tell you so you need to offer both options." Throughout the inspection we observed staff offering people choices, for example, what they wanted to eat, whether they wanted support from staff or if they wanted to participate in planned activities.

People were encouraged to participate in a wide range of activities that reflected their preferences. We received a mixed review about the activities provided. Eight people and relatives we spoke with felt there could be more activities provided. However, we received positive feedback about the service activity programme, for example, one person told us, "I like to read and do a sing along. I don't think I would get bored here." Another person said, "Listen, can you hear that?. They [staff] are singing. You don't have to go to the activities to be part of it." A relative told us, "I have seen a few activities take place, but nothing wow, if you know what I mean." The service had four activities coordinators in place, to ensure there were sufficient activities available to people. We looked at the activities plan, which showed the service provided in-house activities. For example, board games, themed days, shopping trips and sensory sessions.

People were protected against the risk of social isolation. One person told us, "I don't feel isolated. They [staff] are everywhere, checking in on you to make sure you're not lonely." Staff were aware of the signs people may exhibit when socially isolated. One staff member told us, "People can become withdrawn and unwilling to participate in activities." Another staff member said, "They [people] may not want to leave their room at all. If we [staff] have concerns we need to report this to senior staff." Throughout the inspection we observed staff encouraging people to engage with their peers. The service maintained daily records of people's presentation and where concerns identified, this was addressed by senior staff in a timely manner.

People were aware of how to raise concerns and complaints. One person told us, "I don't have any problems, and I think it would be dealt accordingly if I did." Another person said, "I would talk to the registered manager." A relative said, "I know who to talk to." Staff were aware of the importance of acting swiftly when receiving concerns and complaints. One staff member said, "You need to make sure you reassure the person, record what they have told you and then report it to the registered manager or the senior on shift immediately." We reviewed the complaints file which contained an up to date policy. There had been 13 complaints received by the service in the last six months. The complaints matrix documented the nature of the complaint and an audit trail of the investigation process. Where possible, any complaints raised were dealt with on the day, by inviting the complainant and their relative to a meeting or via telephone. The registered manager told us he was open and transparent about complaints and concerns and saw them as an opportunity to learn and improve the service, "I want families to see that I am transparent and want to reassure them of that."

Good

Is the service well-led?

Our findings

People received a service from a registered manager that encouraged empowerment, inclusion and openness. People, their relatives and staff spoke positively of the registered manager and told us, he was firm but fair and put the interests of people first and foremost. One person told us, "I know who he is and he's always here." A relative told us, "Yes, he [registered manager] works hard to ensure everything is OK." Another relative said, "We don't have any complaints; the registered manager has done good things here." A health care professional told us, "The registered manager is open and transparent. He is good at negotiating with families and bends over backwards to help them."

The registered manager operated an open door policy, whereby people, their relatives and staff could meet with him at a time that was convenient to them. One person told us, "I know [registered manager], he takes time out of his day to come and have a chat. He listens to me and if there is a problem he personally fixes it. He's a nice man". One staff member told us, "He [registered manager] really does hear what we [staff] say to him and he does take action where it needs to be taken." Another staff member said, "Yes, he's [registered manager] very approachable, he is in the service a lot and interacts with staff and people." Throughout the inspection we observed staff approaching the registered manager and appeared confident in seeking support and guidance.

The registered manager completed audits of the service to drive improvement. Audits were carried out daily, weekly, monthly, six monthly and annually. Audits looked at health and safety, medicines management, staff training, risk assessments and care plans. We looked at the audits relating to health and safety and found these were up to date and where concerns were identified action was taken swiftly to resolve the concerns. For example, where there had been a broken window, this was addressed on the same day and works carried out to fix it in a timely manner. The registered manager informed us that senior management would regularly visit the service to carry out additional audits.

The service sent quality assurance questionnaires to people, their relatives and staff to gather feedback on the service and improve the care provision. Quality assurance questionnaires looked at all aspects of the service for example, meals, activities and care provided. The service had developed a pictorial format to ensure people who might find written words difficult to understand, the opportunity to give feedback. At the time of the inspection the service had recently sent the questionnaires to people. We looked at two completed forms and found people responded positively about the care they received.

People received care and support from a service that actively encouraged partnership working. A health care professional told us, "The registered manager is prompt in responding to guidance given by myself, very much so." Records confirmed the registered manager sought input, guidance and support from a wide variety of health care professionals to improve the care and support people received.