

Four Seasons (Evedale) Limited







The Oaks and Little Oaks

Inspection report

172 London Road
Balderton
Newark
Nottinghamshire
NG24 3JF
Tel: 01636 605365
Website: www.fshc.co.uk

Date of inspection visit: 23 February 2015
Date of publication: 13/08/2015

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	

Overall summary

We inspected the service on 23 February 2015. The Oaks and Little Oaks is a care home with nursing and provides accommodation and personal care for up to 73 older people living with or without dementia. On the day of our inspection there were 53 people who were using the service.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager left the service in December 2014. The provider had recruited an acting manager to manage the service

who told us they will be applying to become the registered manager shortly. 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 and associated Regulations about how the service is run.

Summary of findings

When we last inspected The Oaks and Little Oaks in October 2013 we found there were improvements needed in relation to obtaining people's consent for their care and treatment. We found the provider made the improvements needed during this inspection.

Staff knew how to keep people safe and to raise any concerns if they suspected someone was at risk of harm or abuse. Staff understood the risks people could face through everyday living and how they needed to ensure their safety. There were sufficient staff on duty to meet people's needs and any absences from work were covered.

Medicines were managed safely and people received their medicines how they had been prescribed. Medicines were administered by trained nurses who had been assessed to be competent in medicines administration.

Staff received training and supervision to ensure they had the knowledge and skills to provide people with safe and appropriate care. People's right to make decisions for themselves when they were able to was protected.

People were encouraged to eat and drink sufficient to maintain their health and well-being. People were supported with their healthcare needs and accessed community based services for additional healthcare support. We observed people were treated with dignity and respect and people felt staff were always kind and respectful to them and provided them with the support they needed.

People's care plans did not provide staff with all the information they needed to support people appropriately. People felt they could raise concerns and we saw when they had these were acted upon.

People who used the service, relatives and staff were able to express their views on how the service was run. There were systems in place to monitor the quality of the service and identify what was working well, and if any improvements were needed.

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 the risk of abuse because staff knew how to recognise and respond to any allegations or incidents that occurred.

Care and support was provided when people needed it as there were enough staff available to meet their needs.

People's medicines were managed safely and they were given these by staff who had been trained to do so. People could administer their own medicines if they were able to do so safely.

Good



Is the service effective?

The service was effective.

Staff supported people to make decisions and give their consent to their care and support. Improvements were made to ensure people were protected from decisions being made against their wishes by following the requirements of the Mental Capacity Act 2005.

People were assisted by staff who received training and direction to enable them to provide safe care and support.

People were supported to have sufficient food and drink to maintain their health and hydration. People were provided with the support they needed to promote their well-being and healthcare.

Good



Is the service caring?

The service was caring.

People received care and support in a kind and caring way. Their independence was encouraged and their dignity was promoted.

People were able to express their views on how their care should be provided.

Good



Is the service responsive?

The service was not always responsive.

Staff knew people's needs and how these should be met, but these were not always clearly and fully described in people's care plans.

There were systems in place for people or their relatives to raise any complaints or concerns.

Requires Improvement



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service and staff were able to put forward their views on how the service was run. There was a positive culture within the service and staff described it as a nice place to work.

There were auditing systems in place to identify where improvements could be made. People made positive comments about the service provided.

The Oaks and Little Oaks

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.

We inspected the service on 23 February 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with fourteen people who lived at the service, five relatives and a visiting friend. We spoke with the nurse on duty, five members of care staff, the acting manager and the area manager. We observed the care and support that was provided in communal areas, including at lunchtime. We looked at the care records of five people who used the service, as well as other records relating to the running of the service including audits and staff training records.

Is the service safe?

Our findings

All the people we spoke with told us they did not have any concerns or worries about their personal safety. One person told us there had been an occasion where they felt they had not been spoken to appropriately, they said, “The issue was dealt with, I don’t want to say any more.” Another person told us, “I feel safe, burglars can’t get in.”

Staff had been given the information and training they needed to promote people’s safety. They knew how to fulfil their responsibilities and take action if they had any concerns that someone was at risk of harm or abuse. Staff told us they felt people were safe at the service and they didn’t have any concerns about anyone’s safety. Staff said they knew to inform the manager if anything was not right. One staff member said people were kept safe at the service through high standards of care.

A nurse was able to explain how they kept people safe from harm or abuse through planning and organising the shift. They also knew how to report any concerns that came to their attention and although they had not needed to pass on any concerns to the local authority they described themselves as, “Clear about what I would need to do.”

We saw staff were available to support people who used the service when they needed them and followed the correct procedure when doing so. People who could move independently were given the encouragement and support to do so. A person told us, “I feel safe, if you are wandering they’re soon there, the carers are very good.”

Staff told us how they kept people safe. A staff member told us, “We accompany people who are unsteady on their feet.” The staff member said there was one person who had an alarm to notify staff if they got up because they had fallen over previously. The staff member said this made a big difference because it warned staff in advance if the person needed someone with them.

A staff member told us they discussed people’s safety and the nurses risk assessed activities to ensure people did these as safely as possible. The staff member told us they risk assessed people’s mobility to find the safest way for them to move around the service, including accessing the grounds. Another staff member said anyone who made their own hot drinks was risk assessed to ensure they could do so safely.

Staff described how they protected people from possible harm. This included using safety aids such as bedrails and pressure mats, and carrying out regular checks. They told us where someone was cared for in bed, or had been identified to be at risk of pressure damage to their skin they ensured they were regularly repositioned and records were available to support this. Each person had an alarm call in their room to summon assistance if they needed any. We tested these and found staff responded promptly.

Staff said they ensured people could always reach the call bell when in their bedroom and we saw this to be the case in rooms we visited. Whilst we were speaking with a staff member they broke off in the middle of a conversation to go to a person’s room as the alarm call buzzer sounded.

A staff member told us care plans described how to keep people safe. We saw a person’s comment had been recorded on the risk assessment to use bedrails, “I want to have the sides up. I don’t want to fall out of bed.”

The acting manager told us they investigated any trends or issues through their monitoring systems to identify ways to promote people’s safety. The acting manager said they also checked monitoring charts to ensure people received the care and support they needed to prevent them from avoidable harm. Where necessary they discussed these with staff to ensure the correct care was provided. The acting manager said they expected information to be shared at staff handover about any risks people faced with their care and support.

We saw systems were followed to identify and monitor any risks to people’s wellbeing, such as tissue viability assessments to recognise any risks to people’s skin integrity. Photographs were taken which clearly showed the progress of pressure wounds, and records described the state of the wound each time the dressings had been changed.

People told us there were sufficient staff to meet their needs. One person said, “I don’t have long to wait if I want something.” People also felt the staff were caring and suitable for this type of work. A person said, “I might say I am impressed by the type of carer recruited.”

Staff told us they had sufficient staff on duty to meet people’s needs in a reasonable time. A nurse said the staffing compliment was sufficient each shift, the only problem was having to cover any short notice absences from work.

Is the service safe?

Staff said any short term absences were usually covered by other staff and that if needed one of the managers would help during busy periods. Staff also told us if an absence was not covered by the staff team agency staff could be used to ensure there were sufficient staff on duty. A staff member said sometimes they were busier than at others, but they had enough staff to respond to people's needs. They also said that if needed, one of the managers would leave the office to help.

The acting manager said staffing levels were determined through a dependency tool to ensure they had sufficient staff on duty to respond to the needs of the people who used the service. The acting manager said they felt this was an effective tool and accurately identified how many staff were needed.

There was a new starter checklist completed for every new member of staff to ensure the correct recruitment practices were followed when employing new staff and that suitable staff were employed.

One person administered their own medicine and there was an assessment in place to show the person was safe to do so. A person who used the service told us, "The nurse gives me my tablets every day."

Nurses were responsible for administering people their medicines. A staff member said they always saw nurses giving out medicines carefully. We observed part of the lunchtime medicine round and saw that people were given their medicines as prescribed. We observed people being given their medicines in a sensitive and caring manner with encouragement provided where needed. There was a file with information about what medicine each person was prescribed and how they preferred to take this. A record was made after each person had been administered their medicine so staff knew who had and had not received their medicine as intended and if someone needed to be offered these again later.

All staff who administered medicines had competency assessments completed to show they could do so safely. There were suitable arrangements in place to ensure there were sufficient supplies of medicines and these were safely stored.

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

At this inspection we found some care staff still did not fully understand the purpose of the Mental Capacity Act 2005 (MCA) and how it protected people's rights to make their own decisions. We found mental capacity assessments were not properly completed, however we did not identify where this had caused a negative impact on anyone who had a mental capacity assessment. A nurse demonstrated they understood the principles of the MCA to us, including what action was needed if anyone's liberty was deprived in any way. The new acting manager demonstrated they had the knowledge and skills to ensure the MCA was put into their practice. The acting manager assured us they would address the shortfall straight away to ensure this legislation was fully implemented. Following the inspection the acting manager sent us details of the action they had taken for this.

There had not been any Deprivation of Liberty Safeguards (DoLS) applied for, however the acting manager included this in their action plan and sent us notifications the following day informing us that DoLS applications had been submitted to the local authority.

People who used the service said they were free to do what they pleased, and we saw examples of people choosing where they preferred to sit within the different lounges or remain in their bedrooms. One person had decided they did not want to follow recommended medical advice as they did not feel this was a benefit to them. This showed that people were able to make decisions for themselves even if this was not what others may feel was in their best interest.

Staff told us people made the decisions they were able to and they respected the decisions people made. Staff said

they always asked people if they were in agreement before they provided them with any care or support. A nurse told it was normal practice to ask for people's consent where they could, and we saw staff did so during our observations.

A nurse said they knew how to support people to make decisions and provided them with the information in the most appropriate format to help them do so. The nurse said this was good for people's self-esteem and helped maintain their independence.

People who used the service felt staff were suitably trained to understand and meet their needs. One person told us, "They are sufficiently trained and have good caring instincts. They know the residents very well and they know their quirks very well." Another person said, "I would say generally well trained, that doesn't mean that they don't need more training, and they seem to have on-going training."

New staff went through a nationally recognised induction programme to prepare them for their role and responsibilities. Staff were also provided with opportunities to work towards a recognised qualification in health and social care. Staff were also provided with the opportunity to shadow longer serving staff so they could pass their experience to new staff to help them develop.

There was a programme of staff supervision where each staff member could discuss their roles, responsibilities and any areas of development or if they had any difficulty. They also had an annual appraisal to provide them with feedback on how they were working. A staff member said, "I feel free to discuss anything I need to." Another staff member said they were set goals to achieve in supervision which helped them develop their skills and knowledge. The acting manager said they had started to implement a system to provide staff with a supervision session to recognise positive work and contributions.

Staff told us they had the training they needed to ensure they could meet people's needs. A nurse told us they were provided with regular training and spoke of discussing this in their supervision and appraisal. We saw a staff member completing some E-learning training and they discussed this with a senior member of staff. Staff training was monitored by the provider to ensure all staff had received the training they needed at the required frequency.

The acting manager said they were looking to develop the ways staff received training and had arranged some moving

Is the service effective?

and handling training to take place at the service as well as the normal E-learning. This was because they felt staff would benefit from practical training in this. They also planned to provide training about the MCA and dementia care.

People who used the service told us they were happy with the food provided. One person said, "The meals are very good I'd recommend them to anyone." Another person told us, "In general the meals are very good, we have a good choice every day, couldn't be better."

One person described how satisfied they were with the choice of food and the option to eat in between meals as well from the snack table in one of the dining rooms. People said they were provided with healthy food, one person told us, "We have plenty of fruit, I had a banana this morning, the food is nice." Another person said, "The food's nice, you get a choice of meals, we had steak yesterday. I like salad sometimes, if there's no salad then I have sandwiches which are nice." We saw people who were cared for in their room were served a hot meal and assisted by staff when needed.

A staff member told us there were a number people who required different types of diet. These were recorded in people's care plans and additional information about these were provided to the kitchen staff. Staff told us they provided weight boosting diets where needed.

Staff told us people were weighed each month, or more frequently if needed, to ensure their weight was stable. If anyone was losing weight they would take action to

increase people's nutritional intake. There was a selection of snacks and drinks in one of the dining rooms people could help themselves to. There were regular hot or cold drinks provided and staff told us people could request a drink at any time. Records showed where needed advice and support was provided by a dietician and the speech and language therapy team.

A nurse told us part of the initial assessment of any new person coming to the service included identifying their dietary needs. This information was then passed onto the kitchen staff so they knew how to meet everyone's' dietary needs.

Staff told us people had regular routine healthcare checks and if they had any concerns about anyone's health they informed the nurse on duty who would assess the most appropriate action to take. When necessary a doctor or other healthcare professional was contacted. A nurse told us care staff were very good at picking up on any concerns and informing the nurse on duty.

A nurse described how they planned to meet people's healthcare needs. This included liaising with people's doctors and other health care professionals, such as dieticians, as part of monitoring any health conditions. They also said they involved specialist nurses to identify the best ways of meeting people's needs around issues such as tissue viability and falls prevention. The nurse said the initial assessment identified any medical equipment that was needed so they could ensure this was in place ready for the person when they moved in.

Is the service caring?

Our findings

People who used the service told us they were extremely happy with the staff and the way they looked after them. People we talked with described having a good rapport with the staff, and staff spoke positively about the people they cared for. One person told us, "Everyone seems to be nice." Another person said, "They work very hard and we have a laugh." A staff member told us, "We have a good laugh with people, they have all got their individual personalities, we know the different ways to interact with them."

People received appropriate emotional support when needed. One person gave an example of how they had felt supported by staff after a family bereavement. The person told us staff had given them a cuddle which had meant a lot to them at that time. A staff member told us, "We give a cuddle when someone likes a cuddle."

We saw people had received any care they needed in good time in the morning, including being given a drink and breakfast. People who were still in bed had been given a drink and received personal care. A staff member told us, "The residents are happy. We treat them like they are our family. We are committed to our jobs." Another staff member told us, "If I can make their day happy it makes me happy. I like to leave them with a smile on their face."

Staff said they talked with people about the things they liked and had information about their earlier life to refer to. We saw staff talked with people whilst assisting them, often exchanging light-hearted banter. A person who used the service said, "We have a laugh, it's important."

People knew about their care plans and some people told us about how they were involved in determining what care they received, and how this was provided. One person showed us their life history they had prepared with staff. A relative described how their relation was able to go out socially, they said, "There are outings, [relation] has had a few outings which [relation] is feeling more confident in doing." We saw a record made in a recently admitted person's care file that they had been asked to be involved in preparing their care plans and they had stated they were happy to start discussing these.

Staff told us how people were able to influence their care. One staff member told us the nurses were always discussing people's care with them and they were able to

decide what they did and did not want. Staff gave examples of people varying their mealtimes and influencing how and when they had their personal care. One person preferred to have their main meal in the evening rather than at lunchtime and this preference was complied with. Another person did not always want the planned meal so asked for an alternative they preferred, and we saw the person did so at lunchtime during our visit.

A nurse told us one person had expressed a wish to remain as independent as possible and told staff day by day if they needed any help depending on how they were feeling. We saw staff regularly asking people if everything was alright for them or if they wanted anything.

People were treated with respect and had their dignity promoted. We saw people being called by their preferred names whilst engaging in conversations with staff. We also saw people laughing and engaging in banter with staff when they were being assisted, which gave people a positive experience. One person gave an example of how staff always understood their particular preferences, they told us; "Oh they know what we have when we have a cup of tea in the morning, and the night carers are good to me." Another person said, "It's an adult establishment, with the carers, there's a warmth that permeates through." One person had been given the support they needed to be able to attend a funeral on the day of our visit.

All the people we spoke with said that they had good relationships with the staff and described how easy it was to approach and talk with them. People described staff as having a positive attitude towards their work which helped them in their caring roles. One person told us the staff were, "Easy to talk to, they come and talk to you." Another person commented to us the staff were, "A happy lot, and they get on very well." A visitor told us everything was very good and the person they were visiting was happy with the care and support they received. They joked the person, "Moans as well as they always have!" This showed the person was able to conduct themselves as they had done prior to coming to the home.

People told us how they were supported to maintain their independence. One person said; "Oh yes, I can do things myself, I can take off my clothes and put my nightie on, it helps the carers at night." Another person commented on how supportive and encouraging the staff were, they said; "Yes if they think you can do something, they really want

Is the service caring?

you to do it. There's usually someone with me when I use the frame." A staff member told us they encouraged people to keep their independence as this gave people self-esteem.

Staff described the practices they followed to respect people's privacy and dignity. This included knocking on people's doors before entering and waiting to be asked in

where people were able to do so. A staff member said they avoided standing over people and ensured they spoke to people from the same level. Staff told us privacy and dignity was included in the training they received and we saw how they treated people with respect and upheld their dignity.

Is the service responsive?

Our findings

We observed how people made choices about their care during the day. There was one person who wanted to sit alone in the dinning lounge, and was enabled to do this. Other people chose where they sat to have their main meals. Some people sat in the dining room and other people remained in the lounge or in their own bedroom. One person told us, "In the afternoon I go to my own room to watch TV, they (staff) are all nice to me, I can please myself." Another person said, "They (staff) are never bossy, you can ask for anything and they help you."

We saw some people were not getting the support they needed during lunchtime in one of the dining rooms. We drew this to the attention of the acting manager who organised people to have the support they needed. The acting manager said they had already identified improvements were needed in this dining room to ensure people had a full meal experience and had the support they needed.

Staff knew people's needs and how these should be met. People told us how they received individual care and how warm and considerate the staff were. One person said, "I am impressed with the way the staff know about the ladies, like they have individual knowledge of the ladies."

However we found people's care plan were not always accurate and did not contain sufficient detail to inform staff of people's preferences and needs. We brought to the attention of a nurse one care plan we had found to be inaccurate and the nurse rewrote this plan with the person concerned. The acting manager said this was how they would be completing care plans in the future so they involved people more in the planning of their care in the future. They said they intended to make this into a regular activity with people. This would promote people being involved directly how they were looked after and identify what could be done better.

A staff member said they thought the care plans needed to be in more detail, such as what type of soap someone liked to use. The area manager told us the provider had just approved a new care plan format and this would be introduced into all their homes over the coming months. Another staff member said they thought they needed more guidance and training on using the care plans.

There were some people who for various reasons were unable to join in the group activities and would have benefited from more personalised activities that they could take part in. We found people's interests and hobbies were not always recognised or catered for. For example one person who had a keen interest in needlework was not aware of a popular sewing programme on television. Another person told us about their interests and when we asked if they had any opportunities to follow these they told us they did not.

A number of people told us they joined in and enjoyed the activities that were provided. One person told us, "We play dominoes every day, have quizzes and sometimes play bingo, the activities lady is conscious about involving all the residents in each activity." However we found people who were cared for in their rooms did not always have sufficient to do. One person told us, "I could do with more interaction." Another person told us they spent all day sitting in a chair and they did not have activities. They said, 'I don't do anything.' We noted that the majority of visits to people in their bedrooms by staff was to provide some form of support or care and rarely to spend time with them chatting

Staff told us there were group activities organised and the activities coordinator visited people in their bedrooms. The acting manager told us they had identified some set hours to ensure people in their bedrooms had opportunities to follow their individual hobbies and interests and planned to increase these.

Relatives told us their relations enjoyed and appreciated being taken out on trips. Staff said they organised occasional day trips for people such as going to the zoo or the seaside. Staff described how they tried to help people meet their personal interests. A staff member told us how one person had been so pleased to go to a local supermarket.

All the people we talked with said they would be quite happy to raise a complaint, concern or anything that was not to their liking. One person told us they raised a concern regarding the safety of another resident; and as a result action had been taken to address the concern. We heard one person tell the acting manager that they found the large portions served at mealtimes off putting. The acting manager told them they would ensure they were given portion sizes they wanted in future.

Is the service responsive?

Staff said people who used the service and their relatives were able to raise anything they were not happy about with staff directly or with one of the managers. Staff also said they received a lot of positive comments and thank you cards.

A nurse said they were open to hear about people's comments and these helped them to put things right and

improve the service. They told us they had recently passed on a complaint to the acting manager about a person saying their room was cold. Something was done about this and this had been recorded in the complaints system. We saw there had been some other recent complaints recorded through the complaints procedure which had been investigated and/or responded to appropriately.

Is the service well-led?

Our findings

It was evident that the people had good relationships with all the staff, including the managers. A person told us the staff were, "Caring and kind and took the time to talk to them." We noted that people knew the names of the senior staff, and they told us they found them helpful and supportive. We saw senior staff, including the acting manager, were present in communal areas at regular intervals through the day, where they spoke with people and took part in providing them with support. A staff member told us, "I think we are a very good team, you won't find better. We work well as a team."

Staff told us the new acting manager had made arrangements to meet people's relatives and had arranged meetings with residents and staff. Staff told us they felt able to speak out if they needed to and felt they were listened to. The acting manager said staff were able to raise any issues or concerns through team meetings or individual supervision.

There were formal and informal systems for people to be involved in commenting and expressing their views about the service. This could be done through the residents and relatives meetings or individually with a senior member of staff. A nurse told us there was an approachable and relaxed atmosphere at the service and people and their relatives were actively encouraged to say if they wanted anything. A staff member said people had a voice through the meetings and that they often told staff they felt close and comfortable with anything they wanted to raise, who then passed this on.

We observed there was an open and forward looking culture in the service. The acting manager said they encouraged people who used the service, their relatives and staff to speak out. The acting manager said they walked around the building every day and spoke with people which gave them an opportunity to raise anything they wanted with them directly. The acting manager said they wanted there to be a culture of positivity. They said they were open and wanted to build professional relationships with everyone involved with the service.

The recent changes in management that had taken place at the service had been well managed and people viewed the changes as positive. One person told us the new manager seemed to be comfortable in her role and came

round to speak with people who used the service. A person told us, "I can talk to them (managers), they are pretty good I go to the office door and ask for five minutes to talk." Another person said, "The senior managers very good." A relative said, "The office door is always open and accessible." Staff told us the new acting manager had made a good impact in the short time they had been at the service. One staff member said, "They have done things already, I think they will be good." A nurse said the new acting manager seemed to have a lot to offer and they felt they would be a good leader.

The acting manager said they were getting to know people who used the service and their families and finding out about the local areas and the services and resources that were available for them to utilise. The acting manager, who had been in post for two weeks, was aware of the responsibilities of a registered manager and knew how these should be fulfilled. They told us they intended to apply to become the registered manager as soon as they were able to.

People who used the service and their relatives were very complimentary about the staff, one relative summed up their value and appreciation of all the staff by saying; "The staff are excellent, and I think that is by far the most important asset." Another person re-affirmed this by saying how well supported the staff were in doing their caring role. A person told us, "The residents are all happy, I think everyone's happy here."

Staff told us they felt supported by the management team and that they were good at getting things done. One staff member said, "Managers help us and teach us a lot." A staff member told us, "The new boss is approachable." A visitor told us, "Everything is very good, things run as well as they always have."

A staff member said they were clear about their role and felt able to make any suggestions they wanted to. They also said they thought there were good values within the staff team. We saw a memo displayed which valued the staff team and thanked them for their hard work.

People who used the service and relatives were encouraged to provide feedback on the services provided. A relative told us they had completed a survey form when they had been asked to. The provider sent out survey forms to people who used the service and their relatives to share their experiences of using or having contact with the

Is the service well-led?

service. The last survey was carried out in October 2014. The comments received showed people felt they were treated with care and respect. There were some areas for improvement identified which had been actioned. These including purchasing new chairs and de-cluttering the reception area.

The acting manager said they brought about improvements by asking questions. If something had not been right they found out what happened and followed a SWOT analysis (where strengths, weaknesses, opportunities and threats in any incident or situation are identified.) They then identified what learning was needed and acted upon this.

The provider had an electronic quality monitoring system which identified where the service was operating well and if any improvements were needed. Where improvements were identified these were added to an action plan so the improvements could be made. We saw one improvement identified involved people's moving and handling experience, as a new hoist was needed and one was provided within two weeks.

The acting manager said they would be implementing care plan audits to ensure these fully reflected people's needs and how these should be met. Staff were aware of the importance of keeping accurate records about people's care. A staff member told us, "If it isn't written down it didn't happen."