Mr & Mrs K Banks

Park Grove

Inspection report

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Tel: 01704893750

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Mr and Mrs K Banks are registered to provide accommodation for up to 32 people who require nursing or personal care at Park Grove. All accommodation at the home is provided on a single room basis, although there is one double room available for a couple or anyone who wishes to share. Facilities at the service include several communal lounge areas, a dining room and safe, accessible garden areas. There are various aids and adaptations available to support people to maintain their independence. There were 26 people using the service at the time of the inspection.

The last inspection of the service took place on 25 July 2013. At this inspection the provider was found to be compliant with all the areas we assessed.

This inspection took place on 6 January 2016 and was unannounced.

We were assisted throughout the inspection by the providers and manager. At the time of the inspection the manager of the service was going through the process of registration with the Commission. 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 found that people were cared for in a safe manner. Any risks to their health or wellbeing were identified and addressed through risk assessment and care planning processes. People's health care needs were carefully monitored and addressed in partnership with community health care professionals. Peeps (Personal Emergency Evacuation Plans) were completed for each person but not located in a central location. We made a recommendation about this.

The manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) legislation. The manager was aware of the procedures to be followed in the event that a person may not be able to consent to some aspects of their care to help ensure their legal rights were protected. However, staff understanding of this area was variable. We discussed this with the manager who was able to provide evidence that training for all staff was arranged in the near future. We made a recommendation about this.

People expressed satisfaction with daily life at the home and were complimentary about the meals provided. People's views about the activities programme were mixed. Some told us they would like to see more variety. We made a recommendation about this.

We received very positive feedback about the service provided at Park Grove, from people who used the service, their relatives and community professionals. People described a safe, effective service and told us they were confident staff had the skills to meet their needs. People told us the staff team were kind and

compassionate and cared for people in a manner that promoted their privacy and dignity. The management team, including the providers, were described as responsive and approachable.

There was an effective system in place to manage people's medicines safely. Medicines were appropriately stored and staff worked in accordance with clear guidance to ensure people received their medicines as prescribed.

Managers and care staff demonstrated a good understanding of safeguarding procedures and the action to be taken in the event that any safeguarding concerns were identified. In addition, staff were very confident they would be fully supported by managers, should they be in the position where they were required to report such a concern.

Staff had a good understanding of people's needs and the support they required. Staff were also fully aware of people's individual wishes and preferred daily routines. All but one care plan we viewed contained a good level of information about the person's daily care needs and the things that were important to them. The care plan missing this sort of information belonged to a person who had been admitted on an emergency basis. This was discussed with the manager who advised us that emergency admission procedures were under review to ensure all care plans were of a similar standard.

Staff spoken with were highly complimentary about the level of support they received from the management team. Staff told us they found the manager and provider to be extremely approachable and always available to provide advice or guidance.

Care workers told us they were satisfied with the training programme provided, which they felt equipped them to carry out their roles well. We noted that a review of the training had recently been undertaken by the manager and as a result the core training programme had been improved.

We received positive comments from all those we spoke with, including people who used the service, their relatives, staff and community professionals, about the management of the home. People told us the providers were 'hands on' and consistently ensured that adequate resources were made available for the effective running of the service.

There were systems in place to enable the provider and manager to monitor safety and quality across the service. Evidence was available to demonstrate that areas for improvement were identified and addressed in an effective manner.

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.

Care workers were aware of any risks to people's health, safety and wellbeing and were provided with guidance to help people maintain their safety.

Staff were carefully recruited to help ensure they had the necessary skills, knowledge and character to support people who used the service.

Staff were aware of safeguarding procedures and confident to report any concerns about the safety and wellbeing of people who used the service.

Is the service effective?

Good

The service was effective.

The rights of people who were not able to consent to their care were protected, because the manager had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). A training programme for staff was ongoing in relation to the MCA and DoLS.

People's health care needs were consistently met through effective joint working with health care professionals.

People received their care from well trained, well supported staff.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives spoke highly of care workers and described them in ways such as 'kind' and 'caring'.

People felt able to make decisions about their care and daily lives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care was planned in accordance with their personal wishes and preferences. However, there was a lack of information regarding the needs of one person who had been admitted to the home on an emergency basis.

People felt involved in their care and in the running of the home.

People felt enabled to raise concerns and any concerns they did raise were dealt with in an appropriate manner.

Some people felt the activities programme could be developed further to meet the needs of people who used the service.

Is the service well-led?

Good

The service was well led.

People were aware of the management structure at the home and knew who to speak to if they had any concerns. People had confidence in the management team.

There were systems in place to enable the provider and manager to monitor safety and quality across the service.

At the time of the inspection, the manager of the service was in the process of applying for registration with the commission.

Park Grove

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 6 January 2016 and was unannounced.

The inspection team was made up of two adult social care 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. This expert had experience in caring for someone who used services for older people.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

There were 26 people who used the service at the time of the inspection. We spoke with 13 people who lived at the home and three relatives.

We carried out a pathway tracking exercise. This involved us examining the care records of people closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for five people who used the service.

We had discussions with the providers, manager and four care workers during the inspection. We spoke with four community professionals who gave us positive feedback about the service.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and secure at Park Grove. People's comments included, "I do feel safe here, even when I have a shower." And, "I'm very happy [name removed] is here. I was really struggling when she was at home. She had numerous falls and she wasn't safe. She is safe here."

Within each person's care plan viewed, we saw a variety of risk assessments had been developed, so that any risks to a person's health, safety or wellbeing were identified and strategies implemented in order to reduce the possibility of harm. These covered areas, such as falls, pressure ulcers, moving and handling, self-medication and nutrition and provided staff with guidance about helping people to maintain their safety.

PEEPs (Personal Emergency Evacuation Plans) were retained in individual care files. These provided guidance for the staff team about how people would need to be supported to leave the building, should they need to do so, in an emergency situation. We advised the manager to keep copies of these in a separate folder at a central location within the home, such as the foyer, so that they could be accessed immediately by staff or emergency services workers, in the event of an emergency.

There were systems in place to ensure that all facilities and equipment within the home were regularly checked and serviced. A variety of certificates were available to demonstrate that checks and servicing took place on equipment, such as lifting hoists, in accordance with manufacturers' recommendations.

During the inspection we carried out a tour of the home. We found the home to be well maintained, which helped to ensure people were provided with safe, comfortable accommodation. All areas of the home were noted to be clean and clutter free.

There were clear written procedures in place to provide staff with guidance in the safe management of medicines. In addition, all staff who had responsibility for handling medicines were provided with training, which was regularly updated.

We viewed medicines and found them to be stored in a safe and secure manner. Medicines that required refrigeration and controlled drugs were also appropriately stored.

We looked at Medication Administration Records (MARs) for all the people who lived at the home. We found all the MARs to be completed to a satisfactory standard. Information, including a photograph and a clear list of any allergies was included on each person's MAR.

There was a good amount of detail on each person's MAR about the assistance they required to take their medicines. For those people who were prescribed any medicines on an 'as required' basis, there was clear information for staff about when they should be administered.

Some people were prescribed medicines at a variable dose, meaning the dose could change from day to day. In these circumstances, we saw there was clear information for staff about how to administer the

medicines in the correct way. In addition, there were measures in place to constantly monitor the amount of medication in stock, so that any errors would be picked up quickly. For short term courses of medication, such as antibiotics, a short term care plan was implemented to ensure staff had all the information they required to manage the course safely.

Topical applications such as creams or ointments were clearly recorded. There were topical application charts, which included a body map with clear information about how and where the creams should be applied.

There was a procedure in place to enable people who used the service to manage their own medicines within a risk management framework. However, no person we spoke with was able to confirm they had a lockable facility in their room to securely store medicines or other valuables such as jewellery. This was discussed with the manager during the inspection.

There was clear guidance in place for staff about their responsibility to protect people who used the service from abuse and improper treatment. Records showed that training in safeguarding was classed as mandatory, which meant all staff were expected to complete it.

All staff spoken with demonstrated a good understanding of safeguarding and were able to confidently describe the action they would take if they were concerned about the safety or wellbeing of a person who used the service.

All staff were fully aware of how to report any concerns of this nature and the roles of other agencies such as the local authority. In addition, every staff member was extremely confident they would be fully supported by the manager and provider, were they to make such a report, and felt their concerns would be taken seriously and dealt with in an appropriate manner. One staff member said, "Nothing like that would ever be tolerated in this home. I can say that without any doubt whatsoever."

A four weekly staff duty rota was displayed in the office, which corresponded with the number of staff on duty on the day of our inspection. No concerns were raised by anyone about the staffing levels at the home.

Everyone we spoke with said that when calling for assistance with their call bell, they found carers were quick to respond. People told us care workers answered their requests for assistance within a couple of minutes. One person commented, "Even when I buzz in my bedroom, which is a long walk, they always come within five minutes". Another person who stayed in their room for most of the time told us, "When I buzz they are quite quick."

We noted during the inspection that there appeared to be sufficient staff members on duty to meet people's needs and there always appeared to be staff in and out of all the communal areas. Other comments we received included, "The staffing levels seem ok to me." And, "There is always someone to help if you need it."

We viewed the personnel records of four staff members. In each file viewed we noted that a formal application process had been completed, which included a formal interview, for which the notes were retained.

Prospective employees had undergone a variety of background checks. These included the requirement to provide a full employment history and at least two references from previous employers. There was also a requirement that staff undergo a DBS (Disclosure and Barring Service) check, which would show if they had

any criminal convictions, or if they had ever been barred from working with vulnerable people. This information was present on all the files viewed apart from one, where we could not find evidence that a DBS check had been completed. This was investigated further and later resolved with the information being found. As a result of this, the manager advised us she had strengthened audit processes to ensure that it would be quickly identified if any pieces of information on staff personnel files were missing.

It is recommended that PEEPs (Personal Emergency Evacuation Plans) be retained in one central location, so they can be easily accessed in the event of an emergency.

Good

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the health care support they received. People commented on how quickly medical advice was called for when required. One person told us, "They [the staff] are good at calling for medical help when it is needed." Another said, "Last week my leg was swollen and the Doctor was there the next day." And, "Two weeks ago I was poorly and they called an ambulance straightaway."

People's care plans included a medical history and described any current health care needs. There was good evidence in people's care plans, that the manager and staff worked effectively with community health care professionals, such as district nurses and GPs, to ensure people received the support they required. The manager of the home told us that good working relationships had been developed with a wide range of external professionals, who visited Park Grove regularly, providing good support for those who lived at the home and the staff team. This was evident from our observations of visits by two district nurses and a community mental health nurse at the time of our inspection.

A community professional we spoke with commented, "They [the staff] are very good at getting in touch with us as soon as there are concerns. They refer the smallest of concerns so we can come and assess people straight away." This community professional was highly complimentary about the care provided at the home and told us of one person she was involved with who had required a lot of health care support. She described how the person had recovered well and was 'blooming' and said this was 'a credit to the home.'

It was pleasing to see a range of information leaflets in people's care files in relation to any specific medical diagnosis they had. This helped the staff team to understand people's conditions and treatments better.

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 make 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.

Records showed that those who lived at the home had given their consent to various areas of care and treatment being provided. This helped to ensure people's rights were being respected and that the home was working within the legal requirements of the Mental Capacity Act.

At the time of the inspection there was no person who used the service that was subject to a DoLS. The

manager was aware of the processes to follow should it be identified in the future that a person may require this level of support. However, we noted that care workers' understanding of the area was variable and not all staff demonstrated a good understanding. We discussed this with the provider and manager who advised that both in house training and training from an external provider was due to be delivered to all staff.

As part of the care planning process, a nutritional risk assessment was carried out for each person who used the service. This helped to ensure that measures could be put in place were necessary to support people to maintain adequate nutrition and hydration.

People we spoke with expressed satisfaction with the quality of food provided. Their comments included, "The food is like home food, good quality and tasty. They give portions I like." And, "Marvellous dinners, I really enjoy them." Only one person was not completely satisfied and told us this was because on occasion, they had in the past, had to ask for their food to be heated up.

Not all the people we spoke with confirmed that a choice of main meal was routinely available. Whilst people were confident they could request an alternative if they did not want to have the meal served, people did not recall being offered a choice of main meal on a daily basis. However, records were available to demonstrate that each day, several options were offered and served for the evening meal. Following discussion, the manager advised us she would be implementing a similar system for the main meal immediately. This would include people being spoken with individually each morning, to establish their choice of main meal for that day.

One of the inspectors joined people for lunch. We noted the dining area was nicely set and people's meals were nicely presented. People appeared to enjoy their meals and were offered a choice of dessert. Decanters of Port and Sherry were available in the dining room. Several people told us they sometimes enjoyed a drink after their meal.

Staff we spoke with expressed satisfaction with the level of training and support they received. Their comments included, "They [provider and manager] are so supportive. You can go to them about anything. I think they genuinely value us." "I am more than happy with the training here. There is always something we are doing. It's good because it keeps us up to date with things."

New employees were provided with information to help them to do the job expected of them. This included job descriptions, specific to their role, terms and conditions of employment, an employee handbook, which covered areas, such as health and safety, the fire procedure, disciplinary procedures and codes of conduct.

We saw there was an established induction programme in place, which was designed to ensure all new employees were provided with a full range of training to equip them to carry out their roles. In discussion, the manager confirmed that the induction programme had recently been reviewed in accordance with new national standards.

There was an ongoing training programme in place for staff, which included areas such as safeguarding, mental capacity and conflict management. The programme also included regular refresher training in the mandatory health and safety areas such as moving and handling.

As with the induction programme, the ongoing training programme had recently been updated with the assistance of an external training provider. However, the training matrix in place had not been updated to reflect this. The training matrix viewed did not include all the courses people had completed and did not show dates of training recorded. This meant it was difficult for the manager to monitor training across the

service and ensure all staff were provided with refresher training within the correct time scales. In discussion, the manager acknowledged this and was able to demonstrate that work had commenced to improve the way in which training was recorded.

It is recommended that training in the area of the MCA and DoLS be continued to ensure that all staff have a clear understanding of the area and are working with the MCA code of Practice.

Good

Is the service caring?

Our findings

Everyone we spoke with was very complimentary about the approach of care workers and the way their care was delivered. People's comments included, "The staff are lovely, every one of these girls is brilliant." "It's like a mother would look after you." "I love them all. I get on with them all. They are very obliging." "Lovely care, what you would want for your family."

We received equally positive feedback from community professionals. One professional who visited the service regularly said, "It is a lovely place. They [the residents] are looked after like family." Another said, "It is brilliant here. They are all looked after very well. We never have any concerns"; "They [the staff] are fantastic. They are so well organised. Top notch."

We observed care workers providing support and interacting with people throughout the day. These observations were very positive. We saw that staff approached people in a kind and caring manner and took time to support people at their own pace. We saw friendly and happy exchanges throughout the day.

We observed two staff members assist a person to transfer with the use of a hoist. They did this in a patient and gentle manner and were very careful to ensure the person's comfort and dignity throughout.

People we spoke with were confident that they were cared for in a way that promoted their privacy and dignity. Staff spoke about people who used the service in a respectful manner and were able to give us numerous examples of how they ensured people's privacy and dignity was always respected.

People were confident they could make their own decisions about their care and daily lives. People told us they could choose how to spend their time or when to go to bed for example. One relative commented, "I honestly think they [the staff] would go out of their way to do things the way [name removed] wanted."

We were able to confirm that people were able to receive visitors at any reasonable time and see their visitors in private if they wished to. One person who was a regular visitor to the home told us, "I can visit at any time. I have had a meal here, lunch, which was very nice. I've always been offered a drink every time I come."

The manager and staff were aware of the purpose of advocacy services and how to advise people who may wish to access them. Written information was also available for people about local advocacy services available. An advocate is an independent person who can assist people to express their decisions.

Records showed that all care staff had completed the 'six steps to end of life' training, which was commendable. There were a number of designated 'six steps champions' in place whose role was to oversee the planning and delivery of care provided to people at the end of their lives. An advanced care plan had been developed for one person, with their input. This provided clear instructions for staff about their care and support wishes at the end of life, should the individual become unable to make such decisions themselves.

Requires Improvement

Is the service responsive?

Our findings

Everyone we spoke with expressed satisfaction with the service they received. People described a safe, effective service that was responsive to their needs. Their comments included, "[Name removed] is very happy here." "I wouldn't have [name removed] anywhere else. It is just marvellous here. The staff are so nice. I have no complaints." "It beats being at home on your own, I couldn't cope on my own" and "I never dreamed it would be like this, somewhere where they look after you, its brilliant, they do everything I ask of them." "It's a lovely place." "We are so very happy we found this place. We have absolutely no complaints at all."

We saw there were processes in place to assess people's care needs prior to them being offered a place at the home. This enabled the manager to ensure that the home could meet a person's needs prior to offering them a place. It also enabled staff to start to generate a plan of care ready for when a person came to the home.

For the majority of people, a thorough assessment of their needs had been conducted before a placement was arranged, which included their medical history. Information had been gathered from a variety of sources, such as the family and community professionals, as well as the individual themselves.

Documents, such as a map of life were also available on most people's care files. This provided a good picture of their life history, such as family life, school life, employment, hobbies and interests. Other detailed profiles were entitled, 'What people like and admire about me', 'What makes me happy' and 'How I want to be supported'. Together, these documents enabled the staff team to develop a clear picture of people who lived at the home.

Plans of care we saw had been generated from the information obtained at the pre-admission assessment stage. These were found to be well written, person centred documents, providing staff with clear guidance about people's needs and how these needs were to be best met. The care plans had been developed and regularly reviewed with the involvement of the individual receiving care and support and their family members, as was appropriate. Any changes in need had been recorded well and clear evidence was available to demonstrate involvement of a wide range of community professionals, such as community nurses, psychologist, GPs, podiatrists, opticians and dentists. This helped to ensure people's health and social care needs were being appropriately met.

However, an assessment of needs had been conducted for one person on the same day they were admitted to the home, because they had been admitted under emergency procedures, three weeks prior to our inspection. This assessment highlighted some serious concerns about their mental health, which had not been incorporated into a care plan. A temporary plan of care had been developed. However, this provided very brief details only about this person's history and did not incorporate any reference to their mental health status. Therefore, clear guidance about their needs was not provided for the staff team and strategies had not been developed to reduce the possibility of harm, despite instructions from the GP stating, 'To monitor risks related to his presentation.'

The manager told us that new systems were being implemented to improve the quality of care planning, which would also include improvements to processes used for risk assessment and care planning for people admitted in an emergency situation.

Care staff spoken with all demonstrated a good understanding of the people they supported and were able to tell us confidently how they provided support. Records were completed on each shift to show any relevant information or events, which had taken place, so that the staff team were fully aware of any changes and were kept up to date with people's current needs.

We looked that the care of one person, whose condition had deteriorated to the point where they required hospital admission. The staff dealt with this situation in a professional and competent manner. They consulted community professionals quickly and arranged a direct admission to a hospital ward, to avoid this poorly person waiting in the accident and emergency department for a long period of time.

Each person's care plan contained a record of contact with their relatives, where appropriate. These records demonstrated that people were kept up to date about their loved ones, any significant events, or changes in their condition. People also confirmed that they were consulted about their or their loved one's care and encouraged to express their views and make decisions.

We spoke with people about the activities provided at the service. We received mixed feedback about this area. One person told us they enjoyed the activities and said there were regular opportunities to engage in them. Some people told us of some craft work they had recently been involved in and we were told people who used the service had recently enjoyed a visit from a local choir. However, another person told us that they would like to see more variety in the activities programme.

Staff spoken with advised that an activities programme was not in place 'as such' and that they tended to 'play it by ear' when providing activities. Care workers told us that activities were provided on a regular basis which included, quizzes, bingo and chairobics. We were also advised that trips out of the home took place occasionally, but that only a small number of people tended to go along.

On the day of the inspection we noticed there were televisions on in all of the communal areas. One person told us they would like to play chess in a quiet room and another told us they would like to listen to the radio, but didn't think that opportunity was available.

Everyone we spoke with told us they felt able to express their views and opinions about the running of the home. We saw there were processes in place to enable people to express their views and opinions in a formal manner. These included a satisfaction survey which was conducted on a regular basis.

We viewed results of the survey which covered areas, such as the environment, meals, safety, activities, care and support, staffing, privacy and dignity. The results had been produced in a pie chart for easy reference. The results showed positive outcomes. The overall figures showed 412 responses to be excellent, 75 to be good and 12 satisfactory. There were no responses marked as 'could improve' or 'unhappy'. The area of activities resulted in 15 as 'excellent', 6 as 'good' and 2 as 'satisfactory'.

In discussion the manager was able to give us a number of examples of changes and developments made within the service that had been brought about due to feedback from people who used the service, their family or other stakeholders.

The service had a complaints procedure in place which was prominently displayed within the home. This

incorporated set timeframes for responses and contact details of relevant authorities, should someone wish to make a complaint outside the service.

People we spoke with were confident any concerns they raised would be dealt with appropriately. One person we spoke with gave us an example of when she had previously brought something to the attention of the manager and senior staff. She said, "It was sorted out straight away."

It is recommended that the provision of activities be reviewed in line with the needs of people who use the service and good practice guidance in relation to older people and people who live with dementia.

Good

Is the service well-led?

Our findings

At the time of the inspection, the manager of the service had submitted an application to apply for registration with the commission. The manager had been in post for some time and was responsible for the day to day running of the service on a full time basis. The providers were also present at the service on a daily basis, and made themselves available to people who used the service, their representatives, staff and other stakeholders.

People who used the service and their families were aware of the management structure and who to approach if they had any concerns. People told us they found the providers and manager to be very approachable and helpful. Their comments included, "I would have no hesitation in talking to either of them [providers or manager] if I had any concerns." "I think it is rare to see a place like this where the owners are so hands on. It has that family run feel about it which I think is so important."

Staff we talked with were extremely complimentary about the management of the service. Some comments we received included, "Nothing is too good for the residents, or the staff for that matter." "They are brilliant owners. They invest in you. They really care." "I have never worked in a place as nice as this." "[name of providers] go the extra mile for every resident."

A wide range of policies and procedures were in place, such as those in relation to health and safety, which provided staff with up to date information about current legislation and good practice guidelines.

There were a number of processes in place to enable the provider and manager to monitor quality across the service. Audits were regularly conducted in areas such as the environment, medicines and care planning. At the time of the inspection the manager was in the process of reviewing audit schedules to ensure that all aspects of the service were periodically assessed and that the frequency of audits was in line with good practice.

The manager was able to show us action taken as a result of required improvements being identified through audits systems. This demonstrated that audits were effective and that action was taken when issues were identified.

Accident records were fully completed, and a register maintained to provide the manager with an overview of the frequency and circumstances of accidents. In addition, a useful tool known as the safety cross was being used to monitor pressure ulcers and falls. This method of auditing various areas of care provided an 'at a glance' view of the overall picture in specific areas, such as pressure ulcers and falls and helped to determine changes which may be needed to make improvements in that area. The data collected was also used to raise awareness within the staff team.