

Napier Lodge Limited

Napier Lodge

Inspection report

45-47 Napier Avenue
Blackpool
Lancashire
FY4 1PA
Tel: 01253 403465

Date of inspection visit: 5th August 2014
Date of publication: 29/01/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced.

Napier Lodge is a residential care home situated in the South Shore area of Blackpool. The home provides care for up to 17 people. There are 17 single rooms, 13 of which have en-suite facilities. There is a passenger lift providing access to the upper floors.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Throughout the inspection we spoke with eight people who used the service, five relatives and two community professionals. We received very good feedback from people and all those we spoke with expressed satisfaction with the service provided at Napier Lodge.

People told us that they experienced safe and effective care from care workers who treated them with kindness and respect. People expressed satisfaction with daily life at the home and were pleased with the arrangements in areas such as mealtimes, activities and visiting.

We were told that the manager and staff at the home were approachable and welcoming of people's views about their own care or the service as a whole.

We found that staff at the home had a good understanding of the needs of people who used the service. Staff were aware of risks to people's safety and wellbeing and what action was required to maintain their safety.

Staff took time to get to know individual people who used the service and the things that were important to them. As a result, people received care which was centred on their individual needs and wishes.

The manager and staff were able to identify and address the health care needs of people who used the service and worked in a positive manner with community health care professionals to help ensure people received the right care and support.

The manager ensured there were adequate numbers of suitably skilled staff on duty to meet people's needs safely at all times. Staff received a good level of training and support to ensure they maintained and developed their skills.

The manager had systems in place to monitor all aspects of quality within the service and identify risks to the health and safety of people who used the service. Where issues were identified the manager took appropriate action to ensure they were addressed.

People who used the service, their relatives and staff described an open and transparent culture within which, they were encouraged to express their views and share any concerns. People were also confident that any issues they did raise, would be dealt with in an appropriate manner by the manager.

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. Any risks to the health, safety or wellbeing of people who used the service were assessed and any action required to maintain their safety was addressed in their care plans.

People felt confident in their care workers and felt safe living at the home. People felt able to express views and raise concerns, and were confident any concerns they did raise, would be addressed.

People's rights to make decisions about their care were respected. Where people lacked capacity to make decisions, there were processes in place to ensure their best interests were protected.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and experienced positive outcomes due to the care and support they received.

Staff worked closely and effectively with community health care professionals to ensure people's health care needs were addressed.

Staff were provided with effective training and support to help ensure they had the skills and knowledge to carry out their roles effectively.

Good



Is the service caring?

The service was caring. People who used the service told us they were treated with kindness, respect and compassion and that their privacy and dignity were respected.

People's care plans were based on their individual needs and wishes. People who used the service and where appropriate, their representatives, were encouraged to be involved in the development of their care plans.

Good



Is the service responsive?

The service was responsive. People who used the service and other stakeholders were encouraged to express their views and opinions.

The manager listened to people's views and used their feedback to help develop and improve the service.

People's care plans were based on their personal needs, choices and preferences. When people's needs changed, the changes were quickly identified and addressed by staff.

Good



Is the service well-led?

The service was well led. There was an open and transparent culture within which people were encouraged to express their opinions or raise concerns.

People who used the service, their families and friends felt engaged and involved in the planning and development of the service.

There were effective systems in place to monitor quality and identify potential improvements. This meant people benefited from a constantly improving service.

Good



Napier Lodge

Detailed findings

Background to this inspection

The inspection team consisted of a lead 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.

Prior to our visit, we reviewed all the information we held about the service. This included events we had been notified about and any comments or complaints we had received. We also reviewed information sent from the provider about various aspects of the service, such as staffing levels and training figures.

During the inspection we spoke with eight people who used the service and five relatives. We also spoke with five staff members, including the manager and carer workers. Two community professionals shared their views of the service with us. They included a GP and the local authority commissioner.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

Throughout our visit we carried out observations, including how staff responded to people and supported them and daily activities such as the lunch time service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

None of the people we consulted during the inspection had any concerns about the safety of the service. People who used the service told us they felt safe and relaxed with the staff and that they were confident in the care they received. A relative commented that the home was a 'very safe and happy place' for their loved one.

People told us they were always given help when they needed it and that staff supported them carefully with activities such as bathing, showering or taking medicines. Everyone's response confirmed that staff were gentle and very careful to avoid accidents, such as falls.

There were processes in place to assess the risks to individual people in important areas such as falling, developing pressure sores and nutrition. When viewing people's care plans we saw that where risks had been identified, there were guidelines in place, to help staff maintain their safety and wellbeing.

Staff we spoke with had a good understanding of risk assessment processes. They were all able to discuss individual people and tell us about the action they took to ensure they received care that kept them safe and well.

We viewed the care plan of one person assessed as being at very high risk of developing pressure sores. Records confirmed that staff at the home supported the person carefully and ensured that their skin remained healthy. We spoke with a relative of this person who commented on this care. They explained that their loved one's skin was very vulnerable but that staff monitored it very closely and sought medical advice if there were any concerns.

There was guidance in place for staff, about how to protect people who used the service from harm, otherwise known as Safeguarding Procedures. This information included advice for staff on different types of abuse and guidance on how to identify signs that a vulnerable person may be the victim of abuse or neglect. Contact details for the relevant authorities were also included in the guidance, to assist staff in referring any concerns to the correct agencies without delay.

Staff we spoke with were aware of the safeguarding procedures and able to tell us how they would respond to any concerns about the safety or wellbeing of someone

who used the service. Records confirmed that all staff at the home had received training in the area, which helped ensure they fully understood their responsibility to protect vulnerable people from abuse.

We were also able to confirm that the service had whistleblowing procedures in place, which were designed to encourage staff to report any issues in a timely manner. All the staff we spoke with told us they would be confident to blow the whistle on poor practice or potential abuse and were confident they would be supported by the manager, in such an event.

People's rights to make decisions about their care was respected. In all the care plans we viewed, there was signed consent by the person who used the service or where appropriate, their representative, to receive all aspects of their care.

In discussion, the manager and staff demonstrated a good understanding of the legal requirements of the Mental Capacity Act 2005, to ensure the rights of people who lacked capacity to make decisions about their care, were protected. One of the medical professionals we consulted commented that the manager had a good knowledge of this area and of associated requirements designed to protect the rights of people deprived of their liberty in their own best interests, known as Deprivation of Liberty Safeguards (DoLS).

We viewed the care plan of one person for whom some decisions had been made in their best interests. We saw that the manager had clearly recorded the details of these 'Best Interest Decisions'. We were able to confirm that the person's close relatives and external professionals had been involved in the process, to help ensure that the person's rights were protected. The family of this person spoke with us and expressed great satisfaction with all aspects of their care.

Whilst we were able to confirm the rights of people who lacked capacity to consent to certain aspects of their care were protected, we did note that the service's policy and related written procedures lacked clarity, in some areas. The provider may wish to review the procedures to ensure they provide staff with clear guidance in areas such as DoLS, restrictive practice and best interest decisions.

Everyone we spoke with, including people who used the service, their relatives and staff, felt that the staffing levels at the home were appropriate. One person commented

Is the service safe?

that the home 'could always do with more staff' but said there were enough people to help them when they needed it. They also commented that call bells were always answered quickly. A family member commented that staff were busy but there seemed to be enough people on duty at any one time, to meet people's needs safely.

In discussion, the manager advised us that staffing levels were kept under constant review and adapted in line with the needs of people who used the service. We were able to confirm this information by viewing staff rotas, which confirmed waking watch cover had recently been increased at the home, in response to the changing needs of one person who used the service.

People who used the service and their families, expressed confidence in the staff and their ability to carry out their roles safely. Records showed there was a training programme in place, which included courses for all staff in important health and safety areas, such as moving and handling and fire safety.

All the staff we spoke with felt they were provided with a good level of training, which helped them carry out their roles safely and effectively. One carer told us, "I have found the training to be very good here. We have everything we need. It's good because when you have good training it makes you confident."

During our inspection we carried out a tour of the home and found all areas to be clean, comfortable and clutter free. People we spoke with expressed satisfaction with their accommodation and all felt the standards of hygiene and cleanliness were of a good standard. One person commented, "The home is always lovely and clean" and another described the home as 'always spotless.'

Records demonstrated that regular audits and safety checks were conducted across all areas of the home. These checks included both the general environment and facilities and equipment such as call bells and hoists. Certificates were available to demonstrate that equipment within the home was passed as safe for use, at regular intervals.

Is the service effective?

Our findings

The feedback we received from people who used the service and their families was very good. People expressed great satisfaction with the service and many described very positive outcomes they or their loved one had experienced as a result of the care provided.

One person we spoke with described how his relative had not settled in any of the previous homes they had tried, but since moving to Napier Lodge had become very content. He said, “I was reluctant to keep moving mum because this caused her upset, but having now found Napier Lodge, it’s so much better for her level of dementia. The staff are helping to keep mum more engaged and now she is much more settled when I take her out. She enjoys the music and activities and seems so much more happy.”

Several people we spoke with commented that they enjoyed living at the home. One person described how she really liked living at Napier Lodge because she enjoyed the company of the other people, who she felt were easy to get along well with. A second person added, “It’s lovely here. It’s really nice to live here.”

We viewed the assessments, care plans and daily records of three people who used the service. We saw that there were processes in place to assess people’s care needs prior to their admission. This enabled the manager to decide if the needs of the individual could be properly met at the home, before offering them a place. It also meant that staff had some understanding of people’s needs at the point of their admission.

In viewing people’s care needs assessments, we saw that the manager had consulted a variety of people throughout the process, to ensure she obtained a good level of information. It was evident that where appropriate, other professionals had been involved in the assessment process, as well as the close relatives of the person who used the service.

We viewed a selection of people’s care plans during the inspection. We found these to be comprehensive, well detailed documents that provided a good level of information about all aspects of people’s daily care needs. People’s care plans included a useful one page profile, which meant staff could access specific information quickly, if required.

All aspects of people’s daily care needs were addressed in their care plans, including their health and social care needs. People’s care plans included a good level of information about their individual methods of communication and the support they required in this area.

We saw examples of good person centred information, which addressed issues that were important to the individual and their wellbeing. For example, one person’s care plan described how they did not like to be on their own and could become quite upset in these circumstances.

Where people had complex behavioural needs, there were some guidelines included in their care plans about how best to support them. These guidelines helped staff to provide positive and consistent support. However, we noted in some cases, the information could have been expanded upon to include a better level of detail. For example, rather than state general terminology, such as ‘gets frustrated,’ the guidelines should have fully described how the person communicated their frustration.

One relative we spoke with described how his loved one, could at times become distressed and anxious. He told us that staff had a number of ways in which they supported her at these times, which always resulted in her stress being reduced and a positive outcome.

Through viewing care records and through discussions with people who used the service or their relatives, we were able to confirm that where appropriate, the home had good links with community mental health professionals. We saw that when external mental health workers had given advice and suggested support strategies, these had been incorporated in the person’s care plan and implemented by staff.

In discussion with people who used the service and their relatives, there was both praise and appreciation for the way staff assisted people with their health care needs. People told us staff would request medical services at an early stage if there were any signs this was needed.

Relatives were particularly complimentary about the way staff at the home kept them informed of any health related issues affecting their loved ones. One person commented that staff ensured people had regular medical checks, which he felt helped people to maintain good health. Another relative said, “They always let me know about any medical issues, for example when they need a doctor or other services.”

Is the service effective?

People's care plans and daily records also showed staff were quick to recognise the need for medical advice and acted promptly. For example, we viewed the care plan of one resident who had developed a dry cough and saw that their GP had been contacted immediately.

We saw that the home worked effectively with community health professionals. People's care plans showed that advice provided by health workers, such as GPs, district nurses or occupational therapists, was included in their care plans so that all staff were aware of it.

All the care plans we viewed had been regularly reviewed to ensure that any changes in people's needs were addressed. We saw a number of examples of people's care plans being updated to ensure that their care continued to meet their needs. People we spoke with told us they had regular opportunities to discuss their, or their loved one's care. One resident said they did not remember much about their care plan or meetings but said they were regularly asked how things were or that 'things were ok for them'.

All the people we spoke with told us they felt confident in the ability of the staff at the home. People felt staff were well trained and competent to provide safe and effective care. We also received some feedback from a medical professional who regularly visited the home. They described staff as helpful and professional.

In discussion, care workers demonstrated a good understanding of their role and what was expected of them. Care workers also had a good understanding of individual people's needs and were able to speak confidently about the support they required.

We discussed training with staff at the home who all felt they received a good level of training and support to assist them in carrying out their roles effectively. One care worker commented, "The training here is excellent. We are always doing something! You can ask for anything extra that you want to do as well."

Records confirmed that there was a detailed induction programme in place for all new staff members. The induction was provided to new starters to help ensure they had the necessary learning and support to understand their role and what was expected of them.

Ongoing training included a mandatory programme, which included important health and safety areas, such as moving and handling, infection control and fire safety. Additional courses to assist staff in developing their skills were provided in areas such as dementia care.

The registered manager had recently carried out a training audit and as a result, had expanded the training programme to include courses in supporting people with complex behavioural needs. This demonstrated that the manager regularly reviewed staff training and adapted the programme in line with the needs of people who used the service.

We asked people who used the service about the food provided at the home. Everyone we spoke with told us they enjoyed the food and that there was always more than enough choice and variety to meet their requirements.

One person explained that she liked the more spicy meals that were on the menu, whilst another told us she preferred the more traditional options. Both felt that their individual preferences were met and also went on to say that they enjoyed having breakfast in bed.

People we spoke with told us they were happy with the standard of accommodation provided. Several people commented that there had been a number of improvements to the environment in the last year. One relative told us, "The home is now more modern and pleasant," and another person expressed pleasure with the provision of an improved, accessible garden.

The home was well adapted for people who had limited mobility; there was a working lift, the corridors and spaces were generally well lit, and accessible seating was located in communal toilets. The dining area was easy to access and well lit and the different lounges provided both routine and occasional space for private discussions.

People who used the service told us they found it easy to get about the home. People also expressed satisfaction with the standards of hygiene and cleanliness in communal areas and in their own bedrooms.

Is the service caring?

Our findings

Everyone we talked with expressed satisfaction with the care provided at Napier Lodge and spoke very highly of managers and staff. People's comments included, "It's been an excellent service for us all and Dad has the care I'd hope for in this situation. Dementia removes all dignity so it's good that the staff then provide this." "How they look after Mum is very good." "The staff are very good, they are really friendly."

People told us that staff were kind and caring and treated them with dignity and respect. Other words used to describe care workers included, 'patient', 'caring' and 'dedicated'. A relative commented that he could call at any time and was always made welcome. He told us that his family member was always helped in a nice way by staff and went on to tell us that staff were 'like this with everyone'.

Several people we spoke with expressed satisfaction with the size of the home. One person commented, "When I needed to find mum a home we really struggled to find the right place. Napier Lodge is the right size and service to be more like a family home for her. For one thing, it's not too big. It feels like a house and a home."

We asked some people if they liked living at the home and their responses included; "Oh of course I do like it here, and I always have. If I didn't I just would not stay...its nice." "I've been here since late last year and it's very nice. The people are easy to get on with." "It's lovely here, it's really nice to live here." "Yes, I like the company here and the staff are lovely."

We observed staff going about their duties in a pleasant and cheerful manner. Staff approached people who used the service in a kind, respectful manner and responded quickly to their requests for assistance. There was a cheerful atmosphere in the home and it was clear that people who used the service, staff and visitors all got along well.

Visitors we spoke with commented that they were always made to feel welcome and found the managers and staff to be helpful and friendly. One visitor said, "I like to call in as much as possible because it's always very relaxed and friendly" and another told us, "It's always welcoming when I visit and the staff seem very nice people."

We viewed a selection of people's care plans and noted they provided a good level of information about their social history, such as previous occupations, important relationships, significant events in their lives and favourite hobbies. We also saw that people's preferred daily routines were noted to help ensure staff were aware of things that were important to them.

We saw some very good examples of individualised care, which was centred on the individual needs and wishes of the person. For example, we viewed the care plan of one person, which stated they preferred to have a lie in each morning and have a cooked brunch. We saw that the person was supported to do so during our visit and they later confirmed that this was always the case.

One person who had not lived at the home for very long told us they were happy with the care provided but missed being in their own home and mainly missed walking their dogs. They explained that staff would sometimes support them to go for a walk, which they enjoyed.

Another person recalled that on their birthday some months earlier, the staff had arranged a party for them, which included an accordion player because their late husband had been an accordion player. This person told us they were both pleased and amused with this.

Several people we spoke with commented that they had received a very good level of information and support prior to their or their relatives admission to the home. One relative described the manager as being extremely supportive and commented that she had taken a good deal of time to discuss their loved one's needs and how the home could meet them. "When I called her the first time she really welcomed me calling and wanted to know about Dad's needs and how they might help." Another relative said, "The previous places mum stayed at had caused her distress. From when I first had cause to speak with Andrea (the registered manager) she gave a very good explanation of how Napier Lodge might help, and it has. It has been like how you would want your mum looked after."

People who used the service and their relatives, were able to describe a good degree of involvement in the assessment and care planning process. It was apparent from the discussions we had, that they felt that the service was delivering what they had hoped for. One person told us that he and, as far as possible, his loved one were kept fully

Is the service caring?

involved at all stages of choosing, discussing and moving into the home. He was aware of his relative's care plan and said this was regularly reviewed both informally and formally with the manager or one of the senior staff.

Other comments we received were, "Mum has now been at Napier Lodge for about ten months and when it was set up, I was involved and discussed things with the manager."

"Since Dad has been at Napier Lodge and then before and after he has been in hospital, I've talked at length with Andrea about all aspects of the care being provided. This continued when dad was in hospital for about a week and I kept in touch with the home."

We asked people who used the service and their relatives if they had chance to say how they felt and we heard that people felt confident to say if they did or did not like something. People we spoke with told us they were able to say what they liked or disliked and that they did not feel rushed or pressured to make decisions. Relatives said they could discuss issues at any time and likewise, had time to consider their own views about their relative's care when any issues arose.

People who used the service and their relatives told us about how staff kept them informed about the care being provided, particularly when some urgent issue or hospital

attendance was involved. One person said, "The staff write things up in detail and this means that even when I am not there, I can see how things have been and check that Dad is getting good care. This also helps me reassure mum that he is being looked after well."

People we spoke with expressed enjoyment with daily life at the home and were complimentary about aspects such as mealtimes and activities. People described a number of activities such as craft sessions, music afternoons and quizzes. We were told there were often birthday parties and other such celebrations and some people told us they sometimes enjoyed trips out with the staff.

When viewing people's care plans, we saw that their individual needs and wishes in relation to social activities were addressed. One person's care plan described how they did not want to take part in any group activities but instead wished to have time with staff on a one-to-one basis. Records confirmed that that this was arranged on a regular basis.

We observed activities going on throughout the day of our visit. We spoke with one resident who was flower arranging with the assistance of a care worker. She told us this was a much loved hobby that she enjoyed regularly and went on to say, "I like the company here and the staff are lovely."

Is the service responsive?

Our findings

Three relatives we spoke with complimented staff at the home on their ability to identify and meet people's changing needs. We spoke with one person whose family member had experienced significant changes in their needs, due to a deterioration in their health. The relative was extremely satisfied with the level of care their loved one was receiving. They felt the service had been very responsive to their relative's needs.

Another two relatives were very complimentary about how the service could identify and meet some very complex needs. They said this enabled the service to deliver a caring and safe environment for their parent. They both said they felt the service helped their family member make the most of life and that they were pleased to visit and get involved.

People who used the service and their relatives felt that they had a good amount of information about the care they received. People told us they were often asked for their opinions on their care and staff regularly checked to see if they wanted to discuss any issues. People also felt comfortable to raise any questions or points if they needed to. A relative commented, "I certainly feel very engaged with the home and involved."

There were a number of processes in place, which enabled the manager to gain feedback from people who used the service and other stakeholders, such as community professionals.

Satisfaction questionnaires were issued to people on a regular basis within which people were asked their opinions on all aspects of the service. We saw evidence that the manager responded to the feedback received in a positive way. For example, changes had been made to the activities programme at the home, following feedback from people who used the service, during the most recent survey.

People who used the service and relatives we spoke with told us they were encouraged to share their views with the manager and that any issues they did raise would be acted upon. One person commented, "Andrea (the registered manager) is always available and, I think, genuinely interested in what we have to say. I've never had to mention any concerns but I am certain if I did they would be dealt with immediately."

A procedure was in place which gave people advice on how to raise concerns or make complaints. This information also informed people of what they could expect in the event that they made a complaint. The procedure included details of other external organisations, including the local authority and the Care Quality Commission, that people could contact if they were not satisfied with how their complaint had been managed within the service.

The registered manager confirmed that the complaints procedure could be made available in a variety of formats to meet people needs, for example in large print or an easy read version. This demonstrated the service had taken the needs of people who used the service into account when preparing the information.

Staff we spoke with were able to tell us how they would support a person who wished to make a complaint. Staff were confident the manager would respond appropriately to any concerns raised. One staff member commented, "Andrea would want to know about it, if someone wasn't happy about something, so she could put it right for them."

None of the people we spoke with could recall ever having a need to complain about the service, but all confirmed that they would be confident to do so, and, that most things they did not like could be dealt with anyway by the staff who they knew and described in generally positive or very positive terms. One person commented, "There's no need to complain because if you tell them something they will listen and will try to see your point. I feel very safe here."

Is the service well-led?

Our findings

The provider of the home was also registered with the Commission as the manager. Prior to our inspection, the registered manager provided us with a good level of information about the service within requested timescales. The information demonstrated the manager was aware of the need to continuously monitor standards.

Throughout the inspection we received very positive feedback about the manager from people who used the service and their relatives. People commented on the fact that the manager had a constant presence in the home and was always available and approachable. One relative commented, "It was the enthusiasm and dedication of the manager that finally made us choose Napier Lodge." Other comments included, "I think Andrea is very hands on and this really shows." "Andrea's enthusiasm filters down to the staff. The other staff are also concerned and enthusiastic and this comes through."

Staff we spoke with confirmed the manager to be supportive and approachable. Care workers told us they had regular opportunity to meet with the manager on a formal basis for supervision. Several staff members also commented that as the manager often worked alongside them, there was daily opportunity to discuss any issues they wanted to raise.

People described an open and transparent culture, which encouraged people to raise any concerns or question any practice they felt was unsatisfactory. One care worker told us, "The thing is with this home, is that the residents come first no matter what. That is Andrea's way."

There were systems in place to enable the manager to constantly monitor the quality of the service. These included formal audits, which were carried out on a regular basis. Audits were conducted in a variety of areas including medication, care plans, health and safety and the environment.

We saw that audits were effective, in that they identified areas for development and brought to light any issues that may effect the safety of the service, for example medication

errors. We were also able to confirm that when any issues were identified through audits, an improvement log was implemented to plan, monitor and evaluate the action taken required to address them. This meant the manager was able to address any shortfalls in a prompt manner and make constant improvements.

A recent training audit had highlighted a need to expand the training provided to staff to help ensure they had the skills to meet people's changing needs. As a result, the manager had expanded the mandatory training programme to include learning for staff in supporting people with complex behavioural needs associated with their dementia. The improvement log showed that the manager had constantly monitored the progress made to ensure improvements were achieved.

The service had an external quality assurance system in place, which was verified on an annual basis. To maintain this accreditation, an annual inspection was carried out by external professionals during which the manager was required to demonstrate robust quality monitoring and evidence that action was taken to address any shortfalls in standards that were identified.

There was a good system in place to monitor and analyse any adverse incidents, accidents, complaints or safeguarding concerns. These incidents were carefully recorded in a manner that enabled the manager to oversee them as a whole and as such, identify any recurring themes or trends. The records also included clear information on action taken as a result of any incidents that occurred.

Management review meetings took place on a quarterly basis. We viewed minutes of the meetings and saw that they included ongoing discussion about the safety and quality of the service. The minutes also demonstrated that there was an emphasis within management meetings on constant improvement and development of the service. We saw that any issues of concern were openly discussed in management meetings and that clear discussions took place about any action required as a result. This showed that the service had an open and transparent culture and that managers were aware of the importance of learning from adverse incidents and concerns.