Care Quality Commission

D O'Brien

The Gables Retirement Home Limited

Inspection report

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Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Summary of findings

Overall summary

We inspected The Gables Retirement Home Limited on 24 April 2017. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 35 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 18 people using the service.

At our last inspection on 21 October 2015 no concerns were identified and the service was found to be compliant in all outcome areas.

A registered manager, who was also the provider, was in post and present on the day of the inspection. 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.

Staff were not always deployed appropriately to safely meet people's care and support needs. People on the first floor had limited access to bathing and shower facilities.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs. People were able to access health, social and medical care, as required.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were

protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not always deployed appropriately to safely meet people's care and support needs. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was not always effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. However staff were not always deployed appropriately to meet people's care and support needs. There was limited access to communal bath and shower rooms. Dark corridors, poor signage and limited social stimulation reflected a lack of dementia awareness. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well led.

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Care Quality Commission

The Gables Retirement Home Limited

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 was 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.

The inspection took place on 24 April 2017and was unannounced. The inspection team consisted of one 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. They had experience of a range of care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people who used the service, four relatives, three care workers, a visiting health care professional, the deputy manager and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Staff were not always deployed appropriately to safely meet people's care and support needs. At 9.20 am we observed there were eight people seated in the main lounge and all were asleep. In the lounge near the entrance a further five people were sitting quietly and other people were seen in their rooms or still in the dining room, following breakfast. There were no staff present in either of the lounge and consequently there was a total lack of any interaction, stimulation or communication. As we walked around we did see three care staff in different areas of the premises; however they were all engaged in cleaning and vacuuming. One person who we spoke with in their first floor room told us, "I prefer to stay in my room because everybody is sleeping downstairs which depresses me."

We spoke with two members of staff about their cleaning duties and they told us, "We've been told to do the cleaning and this is the best time to be doing it - while everyone is quiet." They went on to say, "It means that we are all over the place with hoovering or making beds, so if someone buzzes, we have to come down." Another member of staff told us, "Lots of the staff here don't think we should be doing the cleaning; we should be caring for residents – which is why we're here." We looked at staff rotas which indicated three staff were down to work 7-1 and then against their name either C, B or H; which the deputy manager told us related to cleaning, bedding and hoovering We didn't consider this to be the most effective use of care staff and certainly people's support needs were not being attended to during this time.

People said they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, "It is safe here; the carers handle people well. Sometimes residents can put themselves at risk but staff keep them safe." They went on to say, "I have never seen staff shout or bully anyone." Another person told us, "They [care staff] look after us kindly. If I had concerns I would talk with the manager. He is very amenable."

A relative told us, "If I have any worries I would talk to the manager. You can talk to him directly. He'd be there for me." Another relative told us, "I have the peace of mind knowing [family member] is safe and well cared for here."

People and their relatives said they were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. The registered manager told us that staffing levels were monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown.

The registered manager told us there was one waking night and a sleep-in person (usually the manager himself) who was on call and available to assist if necessary. They also assured us that, should the need arise, additional waking night staff would be deployed and this had happened in the past.

Medicines were managed safely and consistently. Nobody we spoke with expressed any concerns about their medicines. One person told us, "I get my medicines in the morning, then lunch and night time. I get

them for blood pressure and for pain. I understand what they are for and the staff always keep me informed about any changes to the dosage." Another person said, "I get one tablet at night for sleeping and tablets in the daytime to keep me calm. The nurse gives me the tablets and checks I take them." A relative told us, "The medicines are given regularly and on time. They always check the causes of any problems and are on it and deal with it straight way."

We found evidence that staff involved in administering medication had received appropriate training. A list of staff authorised to administer medicines was kept with the medication folder. We spoke with the deputy manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received 'when required' medicines. This demonstrated that medicines were managed safely and effectively.

People were protected from avoidable harm as staff had received relevant training. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The registered manager told us "The safety and welfare of the residents is my priority and so I'm always very careful when appointing new staff. The home places a high emphasis on careful selection and recruitment." Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required. This demonstrated there were enough staff to meet people's care and support needs in a safe and consistent manner. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were protected as the provider operated a safe and robust recruitment procedure.

During our inspection we saw that infection control was well managed, the premises were clean and generally well maintained throughout and there were no unpleasant odours; it was a comfortable, safe and homely environment. People and their relatives we spoke with were clearly satisfied with the cleanliness of the premises. One person told us, "It's always kept clean. We don't have problems like that; they [staff] just do it." A relative told us, "The home is kept clean and tidy - it smells clean."

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person told us, "They (Staff) know what they're doing here." A relative we spoke with told us, "It's very homely here; most of the staff and residents have known each other a long time. The staff all seem to know what they're doing and just get on with it."

There were 11 people who had rooms on the first floor and we saw their access to bathing or showering there was limited. The large bathroom on that floor was being used as a storage area and contained mattresses and other equipment such as wheelchairs and walking aids. We discussed the impact on people currently accommodated on the first floor, with care staff. They told us people were supported, in wheelchairs where necessary, to go downstairs, in the passenger lift, to use the ground floor shower room.

Dark and poorly lit corridors, inadequate signage and limited social stimulation reflected a lack of dementia awareness, throughout the service. The doors to people's rooms along these corridors were all painted dark brown, impersonal and provided no clues or indication of people's individual identity. The communal toilets and bathrooms lacked any appropriate signage or imagery that would make them more 'dementia friendly'. A relative we spoke with told us, "Perhaps the decor could be improved, but I appreciate the care is very good."

The service ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided and thought staff knew what they were doing. One person told us, ""Everything is dealt with well; the staff work well together and they're good at lifting people. When we see new staff they learn from others and know what they are doing." Another person said, "They [care staff] seem to be very capable. If I get upset then they ask me to rest." A relative told us, "They [care staff] all know how to speak to [family member] when [they are] difficult without having to shout." Another relative said, "There is a day to day routine. But if there is any change then they explain it; such as why medicine is being used. I never get the feeling that I'm not being heard."

Staff said they had received an effective induction programme, which included getting to know the care and support needs of people as well as the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us, "The training here is quite good and the manager is brilliant and so supportive."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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). The registered manager confirmed there were currently three DoLS authorisations in place and we saw the appropriate documentation to support this.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's mental capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the mental capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks. One person told us, "They always ask me before they do anything."

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. They spoke particularly highly of the local GP and health workers from the local surgery. One person told us, "The home keeps me updated. The doctor has been and the district nurse comes to do my leg bandages. The chiropodist and optician have also been in to see me." Another person told us, "We see the local GP weekly. I've seen the chiropodist and have an appointment with the optician." A relative we spoke with told us, "In six weeks we're going to the hospital for more eye tests. The home manager links in with the ambulance service and one of the staff will go with [family member] to the hospital." The registered manager confirmed that a local GP visited The Gables on a regular basis for their "weekly surgery" and district nurses also came in, as required. Care records confirmed that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. We saw that, where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

During our inspection, we saw that people were provided with drinks and snacks throughout the day. We also observed lunchtime in the dining room. We saw people were seated at tables in groups of two or three, mostly in pairs. The staff were wearing gloves and aprons and tables were clean and set with metal cutlery and plastic beakers for drinks. The food was delivered promptly and was warm and appetising. The majority of people ate independently and we observed staff discreetly support people as necessary. Staff also asked people if they were enjoying their meal and what sweet they wished to eat.

After the meal one person said, when asked about the food, "Lovely that." Another person told us, "The food here is excellent." A relative we spoke with regarding the meals provided told us, "Family member] always has a choice of food. And If I'm not well, they give me a meal as well." They went on to say, "They also lay an excellent tea. [Family member] is on tablets for type two diabetes so they are careful with the sugar in her food but [family member] enjoys her meals – and visitors get a cup of tea as well." This demonstrated people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Good

Is the service caring?

Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "Staff spend a lot of time talking with me about what I need. You hear awful things about homes - but this isn't one of them." Another person told us, ""Staff are very pushed and work hard, but they are very nice – all of them." A relative we spoke with told us, "[Family member] is very well liked by the staff. She has a sense of humour and speaks her mind. The staff are all very kind; they joke with her and we have no communication problems." Another relative said, "The staff always call me by my Christian name and always reassure and support me. They're very caring and deal with [family member's] needs, but the manager would be very hard on them if they were otherwise."

A visiting healthcare professional we spoke with told us, "If you do nothing with people with dementia, they will do nothing. I have every confidence in [registered manager] and nothing is too much trouble for him or the care staff."

People and their relatives spoke positively about the registered manager and care staff, who they described as, "Kind," and "Compassionate." One person told us, "The staff are definitely very kind and caring. I like my bed made in a certain way and they listen to me. They come immediately when I call." Another person said, "I usually like to change myself and they [staff] let me do it for myself. They let me do what I want to do and not what they want to do." A relative we spoke with told us, "The manager and staff here are very helpful and respectful." Another person described how their relatives were made to feel welcome. Thy told us, "Relatives can come at any time. My daughter works all day so she comes in the evening. This was supported by a relative we spoke with who told us, "I can come here anytime I want. I like the staff; they are very pleasant and always say hello." We observed staff welcomed relatives and helpfully found them a place to meet with their family member. They were all offered a cup of tea. This demonstrated the kindness and consideration of staff.

Throughout the day we observed staff to be consistently very helpful, compassionate and caring. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent. We also saw staff knocking on people's doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected.

Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person told us, "The staff know what help I need and they're very good at looking after us." Another person described their experience with the call-bell system. They told us, "I keep standing on the buzzer by accident in my room. Staff always come very quickly and if my legs have got shakes, they ask me to lie down for a bit."

In the afternoon the activities co-ordinator arrived; they worked at The Gables twice a week. In the large lounge a musical event with keyboards took place with people happily engaged, awake and enjoying the music. The activities co-ordinator told us about some of the activities they arranged, including regular musical sessions, card making and gentle exercise. They said they had been visiting the home for many years and so knew the people very well and what they were interested in and enjoyed doing. They acknowledged most of the activities were held in groups but said they also spent time on an individual basis with people, who preferred their own company.

One person told us, "We do singing, painting and making cards at the home, but not every day; a lot of the time we just sit around." Another person told us, "Most activities are done downstairs, but I don't like bingo. No activities are done in my room with me, so I amuse myself. I'm comfortable with my own company." Another person we spoke with in their room told us, "I read a bit and I sit in my room. The home doesn't seem to have visits out and they [staff] won't let me go out into the garden." They went on to say, "There isn't a lot to do at the home. Lots of old people here who are disabled and can't do anything."

The layout of the building was conducive to social interaction with several lounges for people who wanted to sit and read, or talk. The seating arrangements meant that people were sat in small groups and could engage with each other. We saw people talking to each other and enjoying each other's company. We saw in one lounge the communal TV was used for people who wanted to watch specific programmes or films, whilst in the other lounge people had 'easy listening' music playing. The registered manager told us the average age of people at The Gables was "Over 89 years old and we need to remember that when planning how people spend their days."

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. We looked at a sample of files relating to the assessment and care planning for four people. Each care plan had been developed from the assessment of their identified needs. The registered manager told us people were assessed before they moved in to the service, to ensure their identified needs could be met. Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided.

A senior care worker told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were

personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. However, no-one we spoke with had considered it necessary to raise a complaint. One person told us, "I would be happy to discuss any problems with the deputy manager or manager. My neighbour's bedroom was very loud with the T.V and I discussed it and now it is not noisy. Also staff came in the night to check I was OK, but it woke me up and that has been sorted out now." A relative we spoke with said, I can't think of anything to complain about - and if it's not broke, don't fix it." During our inspection we observed the registered manager was visible throughout the day and was obviously well known and popular with residents and relatives alike. Relatives spoke of a largely informal but effective process for responding to any concerns.

Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Good

Is the service well-led?

Our findings

People and staff told us the service was well-led. The registered manager was mentioned in very positive terms on many occasions during our discussions throughout the day. One person told us, "The place is very comfortable and homely - a home from home. And it's well managed. [Registered manager] appears to be in charge of his staff." Another person said, "The place is well led. Not had any problems here; it's A1 for me." A relative we spoke with told us, "It's relaxing here, most of the time – a quiet place. The manager is very approachable; he's always walking around and everyone knows him." Another relative told us, "I always look forward to coming here; it's very well managed – It's managed on love."

People, their relatives and staff also said they felt communication was effective, there was an, "Open and honest" culture throughout the home and they were encouraged to raise and discuss any issues or concerns they may have. One member of staff told us, "We have an open culture here, where residents and staff are encouraged and expected to raise and discuss any concerns or issues they might have." Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt, "well informed." Some people confirmed they had been asked their views regarding the home and the services provided. They said they were, "Regularly asked if we're happy here – and we are." Another person recalled a satisfaction questionnaire they had responded to about care at the home. The manager later confirmed there was a six monthly survey for residents but no regular questionnaire or meeting for relatives. A noticeboard in the entrance hall had information about the week's menus, activities planned and a guide to making complaints or compliments.

The established and very experienced manager, who was also the registered provider, had been in their current position since 2000. They had developed very close working relationships with people living in the home, as well as their relatives and had created a safe, stable and homely environment. People and their relatives spoke very positively about the registered manager and the trust and confidence they had in him.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy. Staff had confidence in the way the service was managed and described the registered manager as "approachable" and "very supportive." We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals.

Quality assurance systems, including audits and satisfaction surveys, were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of

individuals and systems.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following a medication error, we saw that procedures were reviewed and amended. This demonstrated that the service learned lessons from incidents and accidents, which helped drive improvements in service provision.