GB Care Limited

Oasis House

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on the 30 November 2016.

Oasis House provides care and support for up to 30 older people, some of whom may be living with dementia. There were 30 people living at the service when we visited.

Prior to this inspection we had received concerns in relation to the standard of cleanliness in some areas of the premises. We therefore needed to ensure that people were living in a clean and hygienic environment and were receiving safe care in line with the fundamental standards.

The service did not have a registered manager in place, but a manager was in post. They were going through the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise the signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments and management plans in place. These had been developed with people using the service and the multi-disciplinary team of health care professionals and care staff working at the service.

There were sufficient staff with the appropriate skill mix available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed. Staff did not start working at the service until all of the necessary pre-employment checks had been carried out.

Systems were in place to ensure that people's medicines were managed safely. There were arrangements in place for ensuring that the premises were clean and hygienic.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively.

People were supported to make decisions about their care and support. Their consent to be supported was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation. Any restrictions placed on people's liberty were legally authorised using the least restrictive means. The manager and staff team were knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. Staff supported people to attend health care appointments; and they had access to a variety of health care professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

People and their relatives including health care professionals commented positively about the standard of the care provided. Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories.

People and their relatives' views were listened to and they were actively encouraged to be involved in their care and support. Staff treated people with kindness and compassion; and their rights to privacy and dignity were fully respected.

Visitors to the service were welcomed and there were no restrictions on visiting times.

People's needs were assessed before coming to live at the service and the care plans reflected how their needs were to be met.

There was a complaints procedure, which people their relatives and staff were aware of. Complaints raised with the service were responded to and investigated in line with the complaints procedure.

The ethos of the service promoted an open and inclusive culture where people's views mattered. A variety of quality monitoring audits were carried out, which were used to drive continuous improvement.

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

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed.

People's medicines were managed safely.

A system was in place for ensuring that the service was kept clean and hygienic.

Is the service effective?

Good

The serviced was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with regular supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

If required, people had access to health care professionals to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive

People received care that met their assessed needs.

People were supported to follow their interests.

There was a complaints procedure in place to enable people and their relatives to raise concerns.

Is the service well-led?

Good

The service was well-led

There was a positive and open culture at the service.

Strong links had been established with the local community.

Effective quality monitoring systems were in place.

Oasis House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced comprehensive inspection at Oasis House on 30 November 2016. The inspection was carried out by two inspectors.

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.

Prior to this inspection we had received some information of concern. We therefore checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, five relatives who were visiting the service and three health care professionals. In addition we spoke with the activity assistant, two care workers, one senior carer, one team leader, one laundry assistant, one kitchen assistant and the cook. We also spoke with the deputy manager, the manager and the provider.

We reviewed the care records of three people who used the service to ensure they were reflective of their current needs. We examined two staff files and other records relating to the management of the service including, medication administration records, staff rotas, training records and quality auditing records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and were protected from avoidable harm and abuse. One person said, "I'm very happy here, I do feel safe here." We asked another person whether they felt safe living at the service, they smiled and nodded to us.

One relative said, "Yes I think [Name of person] is safe here. Some time ago I spoke with the manager because I had some concerns about their care. The manager responded immediately to my concerns and everything was dealt with quickly. Everything has been fine since, if I ever had any concerns about [Name of person's] safety I would speak directly with the manager." Another relative said, "[Name of person] and the staff get on very well together, I visit every day. I have never had any cause for concern about [Name of person's] safety, but if I did I would speak with the manager." A third relative said, "I visit regularly, I see the way staff treat people, they make sure they are, washed and dressed and have enough to eat and drink. [Family member] can't communicate very well and is unable do very much for herself, I have no doubt she is safe here"

A healthcare professional told us they thought the staff at Oasis House, were very professional in their approach to how they cared for and promoted people's safety. They told us that they did not have any concerns about people's safety. They also told us they visited the service regularly to attend to people's medical needs and that the staff always contacted them promptly in response to people's changing needs.

Staff told us they had been provided with safeguarding training, which also included the whistleblowing procedure. One staff member said, "Believe me, if I ever suspected any abuse was taking place, I would report it immediately to the manager." Another staff member said, "We update our knowledge of safeguarding by doing refresher training every year." A third staff member said, "I have worked here a long time and have done many safeguarding training courses, it keeps us up to date with any changes in the reporting procedures. I have never had reason to report any abuse, but if I had to, I would first ensure the person's safety and bring it straight to the attention of the manager or a member of the senior staff." The manager confirmed that staff had yearly updated training in safeguarding. We saw training records to confirm this.

We observed a copy of the service's whistleblowing and safeguarding procedure along with a copy of the local adult safeguarding procedure was displayed on a notice board at the service. They contained information on who to contact in the event of suspected abuse or poor practice. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated and recommendations made had been acted on.

Risk management plans were in place to protect and promote people's safety. We saw people had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. Where people were at risk of pressure damage special cushions and mattresses had been provided to reduce the risk of damage to their skin. People, who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted.

The service had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. We saw evidence that staff had been provided with fire awareness training; and had participated in fire drills. A list of emergency telephone numbers for the gas, electricity and water supply was displayed at the service and was accessible to staff. In addition we saw there was a document that was called a business continuity plan. It contained information on what action staff needed to take should there be a major incident at the service and the premises had to be evacuated. Arrangements had been put in place for people to be transferred to a local care home in the area until an alternative placement was found. We saw evidence that there was always a senior manager on call from the organisation to provide advice and support to staff in the event of an emergency.

The manager told us that accidents were recorded and monitored. He said, "Accidents are monitored and any identified trends are addressed. For example, if a resident has frequent falls we would make a referral for them to be seen at the falls clinic. They are very good and provide us with advice and any equipment that maybe needed." This showed that people's safety was paramount.

The provider told us that there was an on-going refurbishment programme at the service. He said, "Floor coverings in bedrooms and corridors have been replaced. The carpet in the dining room is next to be replaced. I have made arrangements for it to be done during the night when the residents are in their bedrooms to minimise any disruption to their daily routine." We saw equipment used at the service to promote people's safety such as the hoists and wheelchairs were appropriately maintained. The gas and electrical equipment were service regularly.

Relatives told us they thought there were sufficient numbers of staff available. One relative said, "I know that some agency staff are used at night, but I believe that some new night staff are going to start soon. I'm not knocking the agency staff, but it is important people have staff they get to know and trust." Another relative said, "There is generally always staff about, I have never had any problems finding a member of staff when I have needed too."

Staff told us they thought the staffing levels were sufficient to meet the needs of people using the service. Some said the only time they felt under pressure was when people continually wanted to go outside to smoke. One staff member said, "One resident frequently asks to go outside for a cigarette, they have memory problems and often forget they have just had a cigarette. This is the only time we feel we could do with having an extra member of staff, because the resident needs someone with her all times when smoking outside."

The manager told us that there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. He said, "We have five staff on duty throughout the day. The number is reduced to three at night." He commented further and said, "We have had to use agency staff to cover some night shifts, but we always ensure there is consistency by having the same staff who knows the residents. I have recruited to the night posts and I am waiting for references." We checked the rota for the previous week and current week and found that it reflected the agreed staffing numbers.

We saw that the provider used a specific tool to assess people's dependency level and the level of staff support they required. For example, when supporting people with personal care, mobilising, eating and drinking. We saw evidence if people needed to be hoisted two staff members would assist with this activity.

Staff told us there were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to bring in proof of my identity, and people to contact for references from where I

previously worked and I had to have a police check." The manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) check had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

Systems were in place to manage people's medicines safely. One relative said, "I sometimes see the staff giving [Name of person] their tablets. They always give [Name of person] time to swallow them and make sure they have been taken." The manager told us that staff responsible for administering medicines had been trained in the safe handling and administration of medicines; and their competencies were regularly assessed. The training records seen confirmed this.

We found that medication administration record (MAR) sheets were fully completed and medicines were stored appropriately. Temperature checks of the refrigerator and the room where medicines were stored had been monitored twice daily. This was to ensure medicines were stored in the right conditions.

We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled drugs). We saw evidence that the supplying pharmacist carried out a yearly medication audit; and recommendations made had been acted on.

Arrangements were in place for keeping the service clean and hygienic to ensure that people were protected from acquired infections. One relative said, "This home is clean, when we came to look around I was impressed by the cleanliness." A member of staff said, "The home is always clean, but could do with some refurbishment, it's starting to look a bit shabby." The manager told us they had discussed the need for some areas of the service to be refurbished with the provider and quotes had been obtained. We saw evidence that some floor coverings had been replaced and work was on-going.

During a tour of the premises we saw that bedrooms, bathrooms, the kitchen area, the laundry room and communal areas were clean. Cleaning schedules were in place and signed off by staff on completion. Staff confirmed they had received training on the prevention of cross infection and that updates to the training were provided. We saw that Hazard Analysis and Critical Control Point (HACCP) food safety management systems were in place and followed by the catering staff. We also saw that laundry cross infection control systems were in place and followed by the staff that worked within the laundry environment.

We observed the care staff using protective clothing such as disposable aprons and gloves when providing personal care and also when serving meals. We saw hand washing guidance posters were on display in the bathrooms and toilets and hand sanitiser dispensers were available throughout the service, for use in controlling the risks of cross infection. We found that all areas of the premises were maintained to a satisfactory standard. Soiled linen was placed in red soluble bags and washed separately to prevent and control the risk of infection.

Good

Is the service effective?

Our findings

We saw the induction training covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Within the staff files that we looked at there was evidence to confirm that staff were provided with bi-monthly supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

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 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. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. Seventeen people had DoLS authorisation in place. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the Act and people's capacity to consent.

People's consent was gained before being assisted with care and support. One staff member said, "People need to be given time to understand what is being asked of them. I always explain what I need to do when providing care. Getting to know people is very important, knowing the best approach to use, so you can be understood, to enable people to make informed decisions."

We observed staff during the inspection asking people for their consent before providing them with support. We saw within people's care records that consent had been obtained from the person or their representatives to their care and support. We also saw that consent had been obtained to share information about their care and treatment with relevant health and social care professionals.

The Provider Information Report (PIR) reflected that six people had a do not attempt cardio pulmonary resuscitation (DNACPR) order in place. We saw evidence that the decisions made had been carried out in line with the current legislation and best practice guidelines. For example, the GP involved staff and family members in the decision making process. This ensured that the person's human and legal rights were respected.

People were supported to have a healthy, balanced diet. One person said, "The meals are nice, we have a hot cooked meal every day. You have a choice of what you want each day." One relative said, "The meals look very nice, [Name of person] has a very good appetite and they seem to enjoy the meals." The cook told us that people's dietary needs were communicated to him by the staff; and they were kept informed of any changes to people's nutritional needs. Such as, people with swallowing difficulties that required a soft diet or their meals pureed.

We observed the lunchtime meal and saw that people with special dietary needs were catered for. People were offered a choice of meal and their choice was accommodated. The portion sizes were adequate. Some people chose to sit at the dining table for their meals, whilst others chose to have their meals sitting in the armchair using a table. The staff provided assistance to people to enable them to eat and drink in a dignified manner. Staff confirmed they sought the advice of the speech and language therapist (SALT) for people with swallowing difficulties and we saw during the inspection that the guidance from the SALT team was recorded within the care plans and followed by the staff.

People were supported to maintain good health and to access health care facilities. One relative said, "The staff call the GP if [Name of person] is not well, they always keep me fully informed, of any changes in their health." Other relatives we spoke with confirmed that the staff always kept them informed of any changes in their family members' health conditions. We saw that each morning during the week (Monday to Friday) the service was contacted by the complex care team to check if any people using the service needed to be seen by a nurse practitioner from the complex care team. During the inspection we spoke with the visiting nurse practitioner, they confirmed that communication between the service and the complex care team was very good. They commented the success of the partnership was due to the professional attitude of staff and their detailed knowledge of each person using the service.

We saw that people were registered with a GP who visited the service when required. Arrangements were in place for the chiropodist and optician to visit the service on a regular basis. This showed that people's well-being was closely monitored.

During the inspection we spoke with a visiting health care professional about the care of a person admitted into the service from hospital. We saw that on admission to the service arrangements had been made for pressure relieving equipment to be in place for the person to use. Arrangements had also been made for them to be seen by the chiropodist. We also spoke with another health care professional; they told us they were always impressed by the way the staff relieved any anxiety people may have when needing to have their bloods taken.

An optician visited the service annually to carry out eye checks. One person told us they had recently had their eyes tested, they said, "I am really pleased with my new glasses."

Good

Is the service caring?

Our findings

Positive and caring relationships had been developed between people and staff. One person said, "The staff are lovely, they look after us very well." A relative said, "The staff are really friendly, they always make me feel welcome, they always ask how I am too." Another relative said, "I visit my [family member] every day, I can't fault the staff they are extremely caring towards my [family member] and all the other residents. I see this every day." Similar positive comments were made by all the relatives we spoke with.

The visiting healthcare professionals we spoke with were very complimentary of the attitude of the staff providing people's care. We received comments such as, "This is one of the best homes I visit." "The staff are very good at observing people; they contact us if they have any concerns." One staff member said, "I absolutely love my job, I love it so much that I often come into work earlier, I just really like helping people and trying to make their lives better."

Throughout the inspection we observed staff interacting with people in a friendly, caring manner. They worked at a relaxed pace, taking time to stop what they were doing to spend time to sit and chat with people. There were smiles and laughter between people and staff and they looked at ease in the company of staff.

Staff sensitively responded to people's needs for assistance, such as, assisting them with eating and drinking; and responding quickly to people who were showing signs of distress or discomfort. For example, during the inspection one person said they were experiencing pain and the staff quickly arranged for them to be seen by the visiting nurse practitioner. Another person had fallen asleep in the armchair and was leaning far over to the side. The position they were in looked uncomfortable and a member of staff gently woke the person up to help change their position, by placing a pillow under their head.

Staff told us they took pride in knowing the needs of all the people using the service. One staff member said, "It's important that people are treated well, that we listen to them and respect their choices." Another staff said, "We try to find out about people's likes and dislikes, the things that matter to them, so we can provide the right care for them." A third staff member said, "It was [Name of person's] [age] birthday yesterday, it was lovely to make it really special for them." We saw that people's birthdays were celebrated and they were made to feel special and provided with a birthday cake.

Within the care plans we looked at, we saw that information on people's likes and dislikes, past occupation and hobbies was recorded. This ensured that staff would have a better understanding of people's background and history. People were asked whether they had any religious beliefs and they were supported to follow their chosen faith and religious beliefs so their spiritual needs would be met.

Staff also showed concern for people's well-being in a caring and supportive manner. For example, within people's daily notes there was detailed information recorded on what action had been taken to support people with their care and support needs. This ensured that information on people's prescribed treatment was current and known to all staff.

Advocacy services were available for people using the service. We were told an advocate visited the service regularly to support people using the service and speak on their behalf.

Information about people using the service was treated confidentially and people were asked for their consent before any information was shared with other health and social care professionals. One relative said, "I see the staff treating people with dignity and respect, they are marvellous, I really don't think you could get much better."

During the inspection we saw that a person was visited by the nurse practitioner. They were experiencing pain and did wish to return to their bedroom to be examined. Therefore, to ensure their dignity and privacy was promoted staff provided a portable screen.

Relatives and friends were able to visit without any restrictions. One relative said, "I visit every day, I am always made to feel welcome." During the inspection we saw that there were good interactions between staff and visitors; and they were made to feel welcome.

Good

Is the service responsive?

Our findings

People told us before they came to live at Oasis House their needs had been assessed. One relative said, "When [Name of person] was in hospital the social worker gave us a list of care homes to look around. As soon as we saw this one we knew it was the one for us. It felt so friendly and homely. We definitely made the right decision." Another relative said, "I am fully consulted in the care of [Name of person], the staff keep me informed about everything."

We saw that people and their relatives were given information about the service as part of the admissions process in the form of a booklet, which was called 'Statement of Purpose.' It contained information relating to the organisational structure, facilities provided and how to raise a complaint.

People and their relatives were able to contribute to the assessment and planning of their care. The manager said, "We always carry out an assessment of the residents' needs prior to them coming to live at the home. We visit them in their home or in hospital and involve them or their representatives in the assessment process. This is to ensure we can meet their needs." We saw that information from the pre-assessment was used to inform the care plan.

The care plans we reviewed contained specific information on people's diverse needs, which included their personal history, how they wished to be supported, their likes, dislikes, continence needs; and any equipment that maybe required to support their health and well-being and to maintain their independence. We saw that the care plans were personalised and reviewed on a regular basis or when there was a change to a person's needs. This ensured that information about people was current.

Staff were made aware of how people wished to be supported and if there were changes to their care needs. The manager told us that changes to people's care and support needs were discussed with staff during daily handovers. He also told us that the care plans were written in a personalised manner to enable staff to provide care to people in the way they wished to be supported. We observed the afternoon handover and found that staff shared detailed information about each person's daily care needs. This ensured that all staff were fully aware of people's changing needs and consistency to care was provided. On each shift the staff were allocated to work with people and were accountable for ensuring they received the right level of care and support required.

People were supported to follow their hobbies, interests and to maintain their independence. We spoke with one person using the service that helped the afternoon kitchen assistant to prepare food. The person said, "I enjoy helping out, I feel I'm doing something worthwhile." The activity assistant told us that they and the activity co-ordinator carried out group and one to one activities with people.

Within the care plans we looked at we saw that people's religious beliefs were recorded. People who wished to continue practicing their religion were supported by staff to do so. For example, a monthly church service took place and a priest visited regularly and provided Holy Communion. We saw that people were encouraged to personalise their bedrooms. Some bedrooms seen contained personal possessions which

reflected people's individual characteristics.

During the inspection we observed the activity assistant spent time chatting with people, and offering people choices as to what they wanted to do, at which people chose to watch a black and white movie. We saw that records were maintained of the daily group and the one to one activities that people had participated in.

People and their relatives were confident if they raised a complaint it would be addressed. One person said, "I once made a complaint and it was dealt with very quickly, I have never had the need to make any further complaints." We saw that information on how to raise a complaint was available on a notice board in the front entrance of the service. We also saw that comments and suggestions leaflets were available for people to post their comments in a locked box to maintain confidentiality.

We saw the service had a compliments folder. People and their relatives had provided positive comments on the quality of the care provided. These included the following: "We would like to thank the staff of Oasis House for the excellent care [Name of person] received especially in the last few days."

Good

Is the service well-led?

Our findings

The relatives, staff and the healthcare professionals we spoke with had confidence in how the service was managed. They told us they would recommend the service. One relative said, the manager has an open door, I know I can speak with him, whenever I need to." Another relative said, "I would recommend this home. Somebody I knew used to live here, I was always impressed by the way the home was run, that's why we chose it."

Staff told us there was a positive and open culture at the service. One staff member said, "The home is run for the people living here, their needs always come first." Another staff said, "We work really well as a team, we support each other, if we need any help the manager, the deputy manager, the senior staff all pull together. I love working here." Health care professionals we spoke with confirmed they had confidence in the management of the service and that people's needs were being fully met. During our inspection we observed staff approaching the manager for advice and support and this was provided in a transparent and professional manner.

We observed the service had strong links with the local community. For example, people were supported by staff to visit the local pub for meals and to go on shopping trips as part of their planned social activities. Volunteers known as 'Friends for Life' regularly visited the service. The local vicar and a priest were known to people living at the service and conducted regular church services. This showed people using the service were included as part of the local community.

Systems were in place for staff to question practice and to make suggestions. The manager told us that regular staff meetings were held and staff were able to make suggestions and share information. For example, some staff had been nominated as dignity champions. This meant that they observed care practices and fed back information to the manager of any shortfalls which were addressed at staff meetings. We saw minutes from a recent staff meeting where health and safety, safeguarding and team work issues had been discussed.

The service was part of the Skills for Care Accredited Scheme. (Skills for Care is the strategic body for workforce development in adult social care in England. They help create a better led skilled and valued adult social care workforce). The provider information report (PIR) indicated that staff who demonstrated outstanding performance to people had been awarded vouchers for their dedication and commitment to people using the service.

There was good leadership and management demonstrated at the service. The manager told us he was aware of his responsibilities and was supported by the provider to deliver a quality service. He said, "I want the service to be outstanding and to provide a high standard person centred care." We saw that the manager had put in place a development plan outlining the actions that needed to be put in place for the service to be recognised as outstanding.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality

Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified had measures put in place to minimise the risks of any re-occurrence.

The manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular quality audits were undertaken. These included medicines, infection control, health and safety, care records and accidents and incidents. The audits were completed regularly to ensure the effectiveness and quality of the care provided.