Kent County Council

West View Integrated Care Centre

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 took place on 18 May 2017. The inspection was unannounced.

At the last Care Quality Commission (CQC) inspection on 15 April 2015, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of their service to maintain a rating of Good.

A registered manager 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.

West View Integrated Care Centre provides both adult social care and health care on the same site for up to 60 people. There were 43 people at the service at the time of the inspection. The ground floor provided accommodation and personal care for up to 30 older people, some of whom may be living with dementia. The service had been split into two units, Linden and Wittersham, to promote care consistency. Both respite stays and longer term placements for people were provided. The care was delivered in a modern environment that had been designed to enhance people's care experience and provide flexibility in order to meet people's longer term needs. On the first floor there are two units which each have 15 beds, Benenden East, and Benenden West. These units provide rehabilitation for around six weeks, for people who need help to enable them to return to their own home after illness, injury or self-neglect. Staffing was provided by Kent County Council (KCC) throughout the service, with the addition of NHS employees who are nurses or health care assistants, in the rehabilitation service.

The premises are a Private Finance Initiative (PFI), owned by Integrated Care Solution (East Kent Limited). Management of the premises, maintenance, laundry, domestic and catering services are sub-contracted to Shaw Healthcare.

There were enough nursing and care staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

All staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans. The service was clean and a team of staff were enthusiastic in their role of ensuring practices at the service minimised the spread of any infection.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and staff supported people to maintain a balanced diet.

Staff training continued to be that matched to people's needs effectively and nursing staff were supported with clinical supervision and with maintaining their skills and their professional registrations.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were consistently kind, caring and compassionate, and treated people with dignity and respect. Care was personalised and staff had positive relationships with people who were actively involved in making decisions that affected their daily lives.

People's care, treatment and support needs were assessed and guidance was in place for staff to follow to meet people's needs.

A range of appropriate activities were available and included group and one to one activities. The environment was designed according to the needs of people and the service. For people living with dementia rooms were designed to stimulate memories, make people curious about each other and promote inclusion.

Information was given to people about how to raise any concerns they may have and if a person raised a complaint it was investigated and actioned.

The registered manager and provider were consistent in measuring the quality of people's experiences and continued to put people at the heart of the service.

The quality outcomes promoted in the providers policies and procedures were monitored by the registered manager and leaders in the home. There were audits being undertaken to monitor and improve quality. All staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

Nurses and care staff demonstrated they shared the provider's vision and values when delivering care. People were asked for their views about the service.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

West View Integrated Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 May 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we asked the provider to complete 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 previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to seven people who used the service to ask about their views and experiences. We used the Short Observation Framework for Inspection (SOFI) in the Wittersham unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to the registered manager, deputy manager, three nurses, two team leaders, three care staff and a health care assistant. We received positive feedback from a physiotherapist based on one of the rehabilitation units, infection control practitioner, practice manager at a GP surgery and a pharmacist.

During the inspection we viewed a number of records including nine people's care and nursing records, ten staff files, the staff training programme, staff rota, medicines, complaints and compliments log, health and safety and quality audits, satisfaction surveys and the safeguarding, complaints and medicines polices.

Good

Is the service safe?

Our findings

Care staff delivered safe care. People and professionals told us the service was safe. People said they trusted the managers and staff. One person said, "I have to use a hoist as I have mobility problems. I do feel safe when staff use the hoist. The staff are very good." Another person told us, "I am very happy here. I feel very safe." People smiled with staff when receiving support which demonstrated they felt at ease in their company. People said staff helped them to manage their medicines to keep them in good health. "I get my medicines when I need them", one person said. A healthcare professional stated they had no concerns about the care provided by the service.

People were still protected from the risks from potential abuse. Staff had training in keeping people safe from the risks of harm and knew the actions to take if they had any concerns about people's safety. Safeguarding protocols were available to staff and they had read and understood the provider's whistleblowing policy. Staff were confident in challenging any poor practice and knew how to report their concerns so action could be taken to keep people safe. The registered manager had close working relationships with the local authority safeguarding team, notified us when they referred concerns to the team and took steps to reduce risk.

People consistently received their medicines safely to protect their health and wellbeing. A pharmacist visited the service in January 2017 and reported there was no urgent action that needed to be taken. They made some recommendations which the service actioned to help keep people safe. Staff who supported people with their medicines had specialist training in this area. The provider had an up to date policy on the administration of medicines that followed published guidance and best practice. Staff medicines competences were checked by the registered manager against the medicines policy to ensure good practices were maintained. Qualified nursing staff administered medicines in the rehabilitation unit and they supported trained staff to do this safely in the residential part of the service. People took their own medicines if they had been assessed as having the ability to do so safely.

Medicines were ordered, stored and managed to protect people. Medicines were stored safely and securely in temperature monitored lockable storage containers. Storage temperatures were kept within recommended ranges and these were recorded. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's policies. This ensured the medicines were available to administer safely to people as prescribed by their doctor. Audits of medicines were in depth and frequent to ensure people's safety. When medication errors had occurred they were investigated and action taken to minimise them reoccurring. This included nurses undertaking reflective practice and contacting GP's when staff had identified an error in the dosage of prescribe medicine.

Risks to people's individual health and wellbeing continued to be assessed such as their risk of falling when moving around the service, of developing pressure areas on their skin and of people receiving adequate nutrition. Where risks were identified, people's care plans described any equipment or actions required by

care staff to minimise these risks. This kept people comfortable and safe. For people at risk of developing pressure ulcers the specialist equipment they required, including airflow mattresses and cushions had been provided. Wounds were photographed and measured and a written record made to evaluate any changes. The appropriate treatment, such as applying a dressing, was applied to each wound. These actions helped to keep people's skin healthy.

Staff understood to report accidents and incidents to nurses or the team leader as appropriate. These were recorded, investigated and responded to reduce future incidents. For example, one person had had a number of falls. Checks were undertaken to ensure they had the necessary equipment in place including a sensor mat to alert staff they were getting out of bed. The registered manager reported significant events to the health or the local authority and analysed accident and incident reports to identify whether there were any patterns or trends.

Environmental assessments of potential risks had been undertaken and were reviewed on a regular basis to make sure the service was safe for people and staff. There were procedures in place to make sure that the fire alarm and essential supplies such as the water, gas and electricity were regularly maintained. Equipment such as hoists, profiling beds and wheelchairs were serviced and staff regularly checked that items such as slings and walking frames were safe and fit for use.

Emergency policies and procedures were in place and understood by staff. Staff had training in fire safety and practised the routine to ensure they knew how to evacuate people safely in the event of a fire. Fire signage was displayed through the service to guide people how to leave the service in an emergency. People had a personal evacuation plan (PEEPs) which identified the individual support and equipment they needed to be evacuated safely.

The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Nurses and care staff were deployed with the right skills and in the right numbers to meet people care needs. The registered manager monitored the numbers of staff in each unit in accordance with people's dependency levels. Due to the nature of the service as a respite and rehabilitation unit, the number of people using the service and their dependency levels fluctuated from day to day. However, there was a core number of staff on each unit to ensure staffing numbers for all units were kept to a level where staff could meet the needs of people in their care. There were vacancies for health care assistants and relief, permanent and agency staff were used to cover these shortfalls to ensure there were sufficient numbers of staff at all times.

The service was clean throughout on the day of inspection. A nurse had been nominated as the infection control lead and was responsible for overseeing infection control practices at the service. Personal protective equipment and hand-washing facilities were available. In addition there were a number of health care assistants who had been trained as infection control link workers. They carried out infection control audits which identified any areas where improvement was required. A health care professional told us these staff were enthusiastic about their role and used audit tools to enhance their role and encourage staff to be vigilant in their practices. Nursing staff demonstrated they knew how to take quick action to minimise the spread of any infection at the service.

Good

Is the service effective?

Our findings

People told us staff had the skills necessary to care for them effectively. One person told us, "The staff are well trained and support me well." Another person said, "Staff check that I am OKay throughout the day and at night. They always pop in to say hello with a smile". People in the rehabilitation unit said staff worked well with other health professionals to meet their health needs. One health professional told us staff had received training to ensure they were skilled and competent in moving and handling people safely. Another health professional said that staff worked effectively in collaboration with them.

People's day to day health needs were managed with support from a range of health care professionals. Health professionals such as occupational therapists, physiotherapists and speech and language therapists provided support from the NHS Intermediate Care Team (ICT) to people in the rehabilitation unit. There was a good working relationship between the ICT team and staff on the unit and this benefited people's rehabilitation. For example, the physiotherapist gave people a different coloured wrist band which made it easier for staff to identify the level of support people required with their mobility. The physiotherapist is brilliant", one person told us, "They have helped me get to where I am and the occupational therapist has given me some exercises". People's progress was discussed at daily handovers and meetings with other health professionals to review people's goals and aims. This ensured that appropriate decisions could be made about when people were ready to do home or to another care service. People living in the non-nursing part of the service also had access to healthcare professionals, such as and district nurses who were based in the same building, and GPs, opticians and chiropodists. Staff consistently monitored and protected people's health, professional advice was followed and a record was made as to whether their advice had the intended impact.

Nursing staff undertook regular checks and observations to monitor people's health and well-being, including daily body checks to ensure people had healthy skin. Body charts were used to record any wounds, skin tears or pressure sores. Wound care plans included measurements and photographs of each wound and clear instructions on how to clean and dress them, so their progression could be monitored at each intervention. One person said, "The staff are good at keeping my leg ulcers clean." Staff handover meetings were led by care and nursing staff as appropriate on each unit. Prompt cards had been developed to guide staff and ensure they communicated all important information about people's needs to the next staff team. At these meetings staff shared detailed verbal information about people's appetites, behaviours, physical health and appointments and advice from healthcare professionals, to make sure all staff were aware of any concerns and the actions they should take.

People were complimentary about the food and told us there were always choices of meals, including a vegetarian option. Comments included, "We are looked after well. The food is A1 and staff come around with the menu."; "The food is fantastic"; and, "The food is OK, but I am a bit fussy. Over Easter the food offered was not what was on the menu, but it was fine. I don't want to eat much and staff know to only give me a small helping on my plate, which I like".

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated.

People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. Nutrition screening tools were used to identify people risk of malnutrition and actions were taken to support people to stay healthy. People were weighed regularly and the frequency was increased where there were concerns about a person's weight loss. Referrals to other health professionals were made for specialist advice such as a dietician or speech and language therapist. Where people were at risk, food and fluid charts were used and these were reviewed by nursing staff. For example, one person had a food and fluid chart for a set period which detailed how much they ate and drank. Guidance was in place that they required a soft diet and their liquids thickened to a specific consistency.

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. All new staff completed an in-house induction and the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Care staff were encouraged to undertake level 2 or 3 Health and Social Care Diploma which is part of the Qualification and Credit Framework. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff informed us that they had received appropriate training to carry out their roles. This included statutory mandatory training in infection prevention and control, First aid and moving and handling people. First aid training provided staff with information on how to support people who may be bleeding or choking. There was an on-going programme of training whereby staff attended training courses or were booked onto training after these had been identified as part of staff training and development. Staff feedback about the standards of training was consistently good. One staff member told us, "The training is very good. We can access on-line training and internal and external face to face training. The training gives me the skills I need to do my job well."

All nursing and care staff were trained in how to support people living with dementia. The team leaders supporting people in the part of the service predominantly for people living with dementia were dementia care champions. Dementia friend champions complete further training in understanding dementia and things that could make a difference to people. When staff were worried about people's memory or believed they may be living with dementia, they referred people to the Memory Clinic for an assessment and specialist advice.

Nurses received support from the provider to maintain their skills and revalidate their registration with the Nursing and Midwifery Council (NMC). The NMC sets the standards, training, education, conduct and performance so nurses can deliver high quality healthcare. Staff said they felt well supported and they had the opportunity to develop their skills and keep up to date with people's needs through regular supervisions and appraisal meetings with managers.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty DoLS were being met. The registered manager understood their responsibilities under the Act. Assessments were completed about people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. When required, the registered manager made applications to the local authority for authorisation to lawfully restrict people's rights under the deprivation of liberty safeguards. Restrictions were used to protect people from harm, but were regularly reviewed to ensure they remained lawful. Decisions had been made in peoples best interests when they had been assessed as not having the capacity and these included medical interventions like routine surgery to maintain their health.

Good

Is the service caring?

Our findings

People told us care staff were kind and caring. Comments include, "The staff are very friendly"; "I like all the staff"; "The staff are excellent"; and "The staff are all the same: Very helpful. They always come in to see me with a smile". One person described the compassion of a staff member. "One of the staff went the extra mile. They saw I was having problems with my hair and how it was affecting me. They brought me some of their own hair product and it made me feel so much better. It was so thoughtful". Health professionals said they always found staff very welcoming.

The service had received a number of compliments, thanking staff for their support, the good quality of care and kindness of staff. One relative stated, Thank you with sincere appreciation of the care and attention you gave my family member during their stay with you. You all did well by him. He loved it and says he would recommend West View to everyone".

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected their privacy and dignity. Staff had taken time to ensure people were smartly dressed and well groomed. One person told us, "When I am in the shower staff do my back for me", one person told us." They then leave me and go and make my bed whilst I do the rest. This respects my privacy too".

People said staff involved them in their care and that staff offered them choices about how they wanted their care delivered such as when to go to bed and what to eat. What people thought about their care was incorporated into their care plans which were individualised. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that their care plans were discussed with them. For example, two people explained in detail parts of their care plan, and also told us about how they consented to their care. Knowing the contents of the care plans enabled people to check they were receiving the agreed care.

Staff demonstrated they understood the importance of treating people well and knew how to deliver friendly and compassionate care. A number of staff were Dignity in Care champions. A dignity champion challenges poor care practice, acts as a role model and educates and informed that staff team working with them. People described staff as attentive to their needs, that they gave them time to do things and were not rushed. Staff showed concern for people's well-being in a caring and meaningful way. One person sitting with staff began to rest their head on the edge of the table. Staff kindly suggested they may wish to refrain from doing so as it maybe uncomfortable. Another person told us, "When staff have been off shift for a while and not seen me, they tell me how much I have improved on their return. It is so good to hear that". Staff operated a key worker and named nurse system. This enabled people to build relationships and trust with familiar staff. People and their relatives knew the names of staff and the registered manager.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs. "The staff are brilliant and have helped me improve", one person told us. Another person said, "I never could have done it without them". People said staff quickly responded if they rang their call bell for assistance and that staff chatted and popped into see them if they were in their room, to check on their well-being. "I use the call bell and the staff come quite quickly", one person told us. People said that they knew how to make a complaint about the service, but that they had not needed to. Comments included, "Everything is fine, nothing to complain about" and, "I would complain if I needed to, but there's nothing to complain about."

People's health and wellbeing was consistently protected by in depth assessment and care planning. Before people moved into the service an assessment of their needs was completed to confirm that the nursing or residential service was suited to the person's needs. Assessments included all aspects of people's health, social and personal care needs including their mobility, nutrition, oral health, skin care, communication and mental well-being. These assessments were used to develop a plan of care and staff said they were easy to understand so they could follow the guidance they contained and ensure continuity of care. Risks identified in each area had an associated care plan which listed interventions to be implemented to address the risks. For example, nurses had assessed the risk of potential fluid accumulation for people nursed in bed. The actions for staff to take to minimise these risk were clearly set out and followed by staff to protect people's wellbeing.

Care plans and risks assessments were regularly reviewed and changes in people's needs had been responded to appropriately and actioned to keep people safe. After people had been unwell, their progress to recovery was monitored by staff and if necessary further advice had been sought from their GP. For people in the rehabilitation unit there was a clear audit trail to evidence how the staff team had supported them to improve. One person had been admitted to the unit due to poor self-care resulting in weight loss and skin damage. Pressure relieving equipment, regular turning at night and movement during the day, the application of skin creams, introduction of regular drinks and food together with the regular personal care, attention and communication from staff had resulted in a significant improvement to the person's well-being. This person was currently being assessed for a suitable, long–term placement.

People received care from staff who knew their needs, their individual likes and dislikes and their life stories, interests and preferences. Knowing about people's histories, hobbies and former life before they needed care assisted staff to help people to live fulfilled lives, especially if they were living with memory loss, dementia, chronic illness, or in rehabilitation.

There was a range of activities available for people in the residential service arts and crafts, games, social evenings and visiting entertainers. Information about activities was prominently displayed on a weekly and daily basis. The activities coordinator worked in the service four days per week and was flexible in their approach trying to include as many people as they could to join in the organised activities or one to one sessions. Staff visited people in their rooms to encourage them to take part in activities or help to bring people together as a group giving them as much stimulation as possible. One person told us, "I really enjoy

the activities, especially the painting and the Country and Western singer that comes in." Most people in the rehabilitation unit said they preferred to spend time in their rooms, to receive visitors, look out of the window at the surrounding countryside, read and watch TV as a lot of their time was spent following their rehabilitation programme. Staff undertook games and activities with people on the unit who need encouragement to socialise.

The service was responsive to people's needs including adaptations for people living with dementia. There was lots of use of photographs and memory prompts. People's rooms were personalised, in particular those people who were living at the service long-term. There was a reminiscent bar in the part of the service where people were predominantly living with dementia. Each unit included an open plan kitchen area where people and their relatives could make their own drinks and snacks if they wished to do so. This increased people's independence, and helped them to feel relaxed.

People were able to openly raise concerns or make suggestions about any changes they would like in the service. The registered manager met with people on a one to one basis to ask them about their care. There were 'Residents' meetings at which people could make suggestions and comments. The last one had taken place on 27 April 2017. Discussions had included the food, cleanliness of the home, and activities. The registered manager recoded people's views and responded to any concerns. This increased people's involvement in the running of the service. There was a policy about dealing with complaints that staff and the registered manager knew how to follow. Information about how to make complaints was displayed in the service for people to see. All complaints raised had been investigated and responded to in writing, and resolved. This included the registered manager meeting face to face with people who had made a complaint and liaising with other relevant professionals, to resolve the issues raised.

Good

Is the service well-led?

Our findings

Feedback from people and the service's quality assurance processes were that the service was well-led. The service accommodated a very large number of people each year as the majority of support was provided on a short term basis. The overwhelming majority of people who gave their views about their experience of the service in the last year stated they were happy with their stay.

Comments included, "I love all the staff. It's like my second home"; "The unit is superbly run"; and "There is a lovely atmosphere at Westview and all the staff (whatever their job) are very kind and caring". People said they knew the management team, "I know the manager, they come and say hello", one person told us.

The registered manager was supported by the deputy manager who was the clinical nurse lead. They attended a meeting every morning to discuss any issues with staff or people who used the service. Senior staff and qualified nurses who were responsible for the running of the units worked closely with the registered manager and lead nurse. Regular meetings were held with nurses, team leaders, care staff and the facilities manager to discuss issues, disseminate information and for staff to raise their points of view. Staff said they could speak out at these meetings and that they were listened to. ". In addition to daily handover meetings at each shift a new daily 'Wash up' meeting was held in the rehabilitation unit with staff and the supporting physiotherapists and occupational therapists.

The management team understood the visions and values of the service and these were disseminated to the staff team. Staff were motivated to support people. Staff said, "I absolutely love this job, there is a really good atmosphere here and I feel I am making a real difference". Another member of staff said, "I like that people come in and you can see them get better and return home". The registered manager kept up to date with changes in care practice through attending local care homes forum, and meetings and publications from Kent County Council and Kent Community Health Foundation Trust. The registered manager and senior team leader attend the Tenterden Dementia Friendly group meetings to keep up to update with any developments in the local community. This includes support with the Dementia Tour Bus, which enables people to physically experience the sensation of living with dementia. The registered manager and deputy manager are both Dementia Care Mappers and have implemented this previously. The senior team leader visited a dementia village in Belgium to gain knowledge on a dementia friendly environment and different ways of working. These ideas are yet to be fully implemented at the service.

The views of people were sought through resident meetings, questionnaires and informal conversations with staff, and the registered manager during their daily walk around the service. At the last resident meeting in April discussion took place around topics that were important to people such as cleanliness of the service, food, activities and staffing. One person had commented they would like the service to be more homely and staff had started to respond to this suggestion in the residential part of the service. Each person was asked to complete a questionnaire called, "Tell us about your stay" when the left the service. People were asked a range of questions including, if they were welcomed, received the care and support they needed, if staff listened, the service was clean, food suitable and if they had any suggestions to improve the service. People

were very positive about their experience of the service and this was consistent across the residential and rehabilitation parts of the service.

There was a structured approach to monitoring the quality of service delivery. A comprehensive audit plan was in place which included medicines, health and safety, staff training, complaints, infection control, clinical records and equipment. Audits were completed monthly and quarterly and action taken to address any shortfalls identified in the process. These audits were checked by the registered manager to ensure they had been thoroughly completed. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any immediate risk such as trip hazards or blocked exits.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. The performance of the maintenance response was audited by the registered manager to ensure the speed and quality was maintained. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment. The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. For example, parts of the home were being redecorated at the time of the inspection.