

Smartblade Limited

The Grove Residential Home

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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The Grove Residential Home is registered to provide accommodation and personal care for up to 44 older people who required varying levels of support to manage conditions such as diabetes, the after effects of stroke and other illnesses

associated with old age. Some people required support to move around. The premises are detached with accommodation arranged over two floors. The home is set in pleasant secure grounds that were accessible to people who used the service. There were a variety of communal areas where people could relax, have meals or take part in activities. Bedrooms were located on the ground and first floors, and most rooms could be accessed via a passenger lift. The home is situated in a residential area near to the centre of Maidstone.

Summary of findings

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

The inspection visit was carried out by an Adult Social Care (ASC) inspector.

The service was safe because people were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff knew how to safeguard the people they supported.

People told us they felt safe and we saw that people were treated with dignity and respect by staff and management. They said, "I am always treated with the utmost respect." "I always feel safe here." People told us there were no restrictions on their freedom. The management and staff had training and the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they knew how to protect people's rights.

Risks to people's safety were identified and managed effectively and there were enough staff on each shift to make sure that people were protected from the risk of harm. Robust recruitment procedures were followed to make sure that only suitable staff were employed to work with people in the home.

The service was effective because staff had the information they needed to provide personalised care and support. People's health and care needs were assessed with them, and people were involved in writing their plans of care. People told us they were very happy with the way they were cared for.

Staff received the training, supervision and support they needed to enable them to carry out their roles effectively. This included induction for new staff, key mandatory training and additional training in people's specialist needs. This meant that staff understood and were able to meet people's needs.

People told us they enjoyed their meals and there was always plenty to eat and drink. We saw that meals were home cooked, freshly prepared and well presented, and people were offered variety and choice. Special diets

were catered for and people were involved in the assessment of and decisions about their nutrition and hydration needs. Professional advice and support was obtained for people when needed.

People's health care needs were supported effectively through arrangements for them to see health professionals such as GPs, chiropodists, dentists, nurses and opticians as required. Health professionals we spoke with said, "It's a pleasure to visit this home" and "I wish they were all as good as this".

The service was caring because people were listened to, valued and treated with kindness and compassion in their day to day lives. There was a calm and relaxed atmosphere in the home. We saw that staff and management knew people well. All the interactions we observed between staff, management and people who lived in the home were respectful and warm. People told us, "They are so kind here." "They'll do anything for you." and "I'm treated like a princess". We also spoke with a visitor. They told us they were very happy with the way their friend was cared for and said, "They're all very kind".

People were involved in planning and making decisions about their care and treatment. They could be confident that information about them was treated confidentially. This meant that people's dignity was maintained and their privacy was respected in their day to day lives.

Staff who we spoke with knew what people needed help with and what they could do for themselves. They encouraged and supported people to remain as independent as possible.

The service was responsive because people's individual assessments and care plans were reviewed with the person concerned. These were updated as people's needs changed to make sure they continued to receive the care and support they needed.

People were provided with the opportunity to take part in a wide range of activities. Outings and entertainments were also arranged as requested by people who lived at The Grove. People told us they enjoyed the activities and looked forward to the outings.

People told us they knew who to talk to if they had any concerns. They said, "I can't find fault with anything, I would recommend it to anybody." "I've never had

Summary of findings

anything to complain about.” and, “I have no complaints whatsoever”. There was a complaints procedure displayed on the residents’ notice board and each person had a copy in their rooms.

The service was well led because there was an open and positive culture which focussed on people who used the service. The manager had an open door policy so that people who lived in the home, staff and visitors could speak with her at any time.

Staff told us, “You get great support.” “It’s such a good atmosphere, you really enjoy coming to work.” and, “Solid management team, all of them are really approachable”.

The provider visited the home frequently and gave excellent support to the management team, staff and people in the home; providing all the resources needed to continually improve the service.

People were actively involved in developing the service in a variety of ways, such as residents’ meetings, satisfaction surveys, forums and day to day contact with the management team. Suggestions made by people were acted on. This meant that people’s views were taken into account.

The manager was proactive in looking for ways to develop and improve the service. Throughout our visit the staff and management team showed us that they were committed to providing a good service. There were effective systems in place to monitor and review the quality of the service. The management team carried out regular audits to make sure that any shortfalls were identified and improvements were made when needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. There were no restrictions on people's freedom. Safeguarding procedures were robust and staff knew how to safeguard the people they supported from any kind of abuse. Effective risk management systems ensured that people were protected from harm.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff employed on each shift to make sure that people were safe.

Good



Is the service effective?

The service was effective.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

People's health and personal care needs were supported effectively. People were involved in writing their plans of care. Their nutritional needs were assessed and professional advice and support was obtained for people when needed. People told us there was always plenty to eat and drink.

Good



Is the service caring?

The service was caring.

People were listened to, valued, and treated with kindness and compassion in their day to day lives. They were involved in planning and making decisions about their care and treatment. There was a calm and relaxed atmosphere in the home.

People could be confident that information about them was treated confidentially. Staff were careful to protect people's privacy and dignity. Staff encouraged and supported people to remain as independent as possible.

Good



Is the service responsive?

The service was responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns. The service obtained people's consent to the care and support they provided.

Good



Is the service well-led?

The service was well-led.

There was an open and positive culture which focussed on people who used the service. The provider visited the home frequently and was supportive to the management team, staff and people in the home. The staffing and management structure ensured that staff knew who they were accountable to and where to get support.

Good



Summary of findings

There were effective quality assurance systems in place to monitor and review the quality of the service. The manager was proactive in looking for ways to develop and improve the service and promoted the active involvement of people who lived at The Grove and the staff team in this process.

The Grove Residential Home

Detailed findings

Background to this inspection

We visited the home on 07 July 2014 and spoke with two people in private in their rooms, a group of eight people during their activity session and three people in the dining room at lunch time. We made observations, interviewed 4 members of care staff and spoke with the manager and deputy manager.

The inspection visit was carried out by an ASC inspector who spent six hours at the home.

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 reviewed our records including previous inspection reports. At our last inspection in 2013 we found that the home was compliant with the essential standards of quality and safety we looked at.

We contacted health and social care professionals to obtain feedback about their experience of the service.

During our visit we looked at records in the home. These included 4 people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, staff rotas, policies and procedures.

All the people who lived at the home were able to tell us about their experiences.

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

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

Is the service safe?

Our findings

People told us they felt safe at the home. They said, “I am always treated with the utmost respect.” “I always feel safe here.”

Before our visit we were contacted by a relative who had seen the BBC Panorama programme, ‘Behind closed doors’, which was about abuse in care homes. They wanted us to know that, “The service they (The Grove) provided for X was brilliant. Carers were patient, attentive and always caring”.

Minutes of the resident’s meeting in June 2014 showed that the BBC Panorama programme about abuse in care homes was discussed. The manager had assured people who attended the meeting of the home’s zero tolerance policy and encouraged people to speak to her or the deputy managers if they had any concerns. People were reminded about the information they had in their rooms about who else they could report any concerns to, including the Care Quality Commission (CQC). Further information was displayed on the residents’ notice board. For example, Stopping Elder Abuse – Help the Aged Action on Elder Abuse, the mistreatment of an older person and CQC guide - checking your home for the care you should expect to get, a human rights guide for older people. This helped to ensure that people knew who to report any safeguarding concerns to.

We spoke with three members of care staff. They described their safeguarding training and understood the various types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy.

The home had a ‘zero tolerance abuse’ noticeboard in the staff handover room where the whistleblowing policy was displayed. The Safeguarding of Residents from Abuse policy and other information such as, ‘Raising concerns with CQC’, ‘Action on Elder Abuse’, the CQC Whistleblowing policy, Work Whistleblowing helpline, and Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) were displayed. This meant that staff had all the information they needed to make sure they knew how to protect people from abuse.

Each person’s care plan contained individual risk assessments in which risks to people’s safety were identified such as falls, poor nutrition and skin integrity. Guidance about any action staff needed to take to make

sure people were protected from harm was included in the risk assessment. People who we spoke with confirmed that the care plans had been discussed with them. Records showed that where people’s needs changed, staff completed appropriate risk assessments and changed how they supported people. This meant that people were supported to understand how to stay safe and were given the opportunity to raise any concerns they might have about their safety.

Staff told us about the training they had about the MCA and DoLS. All the people who lived in the home were able to make their own decisions so there were no reasons for any applications to the supervisory body (local authority) to deprive anyone of their liberty.

People told us they were able to come and go as they pleased. During our visit, we saw staff supported people to make decisions. For example, staff explained what was on the menu that day and people were asked what they would like to have for lunch. People were not rushed to make a decision and staff answered any questions they had with patience and good humour. We saw that people who did not want to eat their meal in the dining room were able to eat in their rooms. This showed there were no restrictions on people’s freedom.

The manager showed us the system she had developed to evaluate and monitor how much support each person needed each day with all aspects of their daily lives. This was kept under review and the numbers of staff on each shift reflected the findings of the current evaluation.

People told us there were always enough staff. They said, “They come straight away if I ring my bell.” “I never have to wait long.” and “Anything that needs doing is done very quickly”. We saw that a number of people had activities planned in advance; including a trip on the river and a shopping trip which people told us they were looking forward to. Rotas reflected scheduled activities to ensure that sufficient staff were available. This meant that people were supported to take part in community activities and any associated risks were managed appropriately.

We looked at the staff rotas for the four weeks before our visit. These showed that there was a minimum of five care staff in the morning and four care staff in the afternoon. At night there were three care staff on waking night duty with another member of staff sleeping on the premises and on call in the event people required additional support. In

Is the service safe?

In addition to care staff there were two deputy managers on duty on weekdays and an activities coordinator 4 days a week. The registered manager told us she ensured that the rotas were flexible so that they could support people who used the service. Staff told us that if a person wanted to go out, but required staff support to do so, that the rota was flexible so that this could be facilitated.

The manager told us that robust recruitment procedures were followed to make sure that only suitable staff were employed. All staff and volunteers were vetted through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. Employer references were also

checked. Staff confirmed that all these checks had been carried out before they started working in the home. This meant that the service followed safe recruitment procedures.

Staff told us that when they had first started working at The Grove they had worked with an experienced staff member for the first few weeks so they had time to get to know each person and how to care for them. This meant that the people were safe because the service ensured that there was a suitable skill mix when arranging staffing so that people's individual needs were met at all times.

Is the service effective?

Our findings

People told us they were happy with the way they were cared for and supported. They said, “It’s wonderful, no other word for it.” “Nothing is too much trouble.” and “The girls know how I like things done, they are very good”.

We looked at care records for four people. Each person had an individual care plan. These had been reviewed each month or more often if people’s needs changes or they were unwell. Care plans were updated as people’s needs or wishes concerning their care changed. Care plans reflected all aspects of people’s health and personal care needs. Information was included about people’s preferences about how their care was delivered. For example there was information about how people liked to spend their time, when they liked to get up and go to bed and if they preferred a bath or a shower. This meant that staff had up to date information to enable them to meet people’s needs in the way people preferred.

During our observations, we saw that staff members communicated effectively with people. For example, we saw one person who was experiencing anxiety. We saw that staff took the time to sit with this person, listen to what they had to say and answer all their questions with patience and kindness. When people spoke to staff who passed by, we saw that staff stopped what they were doing and gave people their full attention. This showed that staff made people their priority rather than the day to day tasks they needed to perform.

All staff had received mandatory training in topics such as moving and handling, infection control and food safety. In addition some staff had attended Six Steps to End of Life Care and Palliative Care at a local university. Staff also attended training on loss and bereavement. When staff started work at The Grove they were provided with induction training. They were given an induction folder to work through which complied with Skills for Care. They completed these in their first three months. This showed that staff were given the training they needed to make sure they had the knowledge and understanding to provide effective care and support for people who lived in the home.

The manager told us about further specialist training for staff that had been booked in June, July and November 2014 in Diabetes Awareness; Parkinson’s Disease

Awareness, Depression Awareness and Dual Sensory Loss – Awareness Raising to make sure that staff had a better understanding of how to support people who lived in the home with their individual health care needs. This meant that there were up to date plans to promote good practice and develop the knowledge and skills of staff.

All new staff were supervised for at least two weeks when they commenced work. Staff told us they had supervision sessions with their line manager every eight weeks where they were able to discuss their work. They told us they felt free to talk with the manager any time if they were concerned about anything. They said, “The door is always open.” “She (the manager) is firm but very fair, she’s always there for you.” and, “You get great support, above and beyond”.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. We saw that meals were home cooked, freshly prepared and well presented. People having lunch in the dining room commented on how much they enjoyed the food. They said, “It’s always lovely.” “There’s always plenty to eat here.” and “Smashing”. They chose their lunch time meal each morning, the menu options were also recorded on a notice board in the dining room. In addition to the main two options people told us, “There’s always a salad if you prefer.” We saw that staff supported people who needed help by asking them if they would like their food cut up for them. People were not rushed in anyway. Where people had particular needs such as diabetes or swallowing difficulties, their diets were catered for.

People were invited to take part in a food survey each year. The service had analysed the results of the 2014 survey. This showed that people felt there was always enough food with good variety and choice. The cook spoke with different people each day to ask their opinions on the meals. They also held a monthly meeting with people who chose to attend to gain general feedback about the menu and give people an opportunity to make suggestions. This meant that people were involved in menu planning.

People’s nutritional needs were assessed and weights were recorded regularly to make sure that people were getting enough to eat and drink. We saw that one person required some additional support regarding their diet and external professional advice had been sought and followed. Their care plan had been updated to reflect the advice that had

Is the service effective?

been given about providing drinks and food that had been fortified with extra calories. Food charts were recorded for this person to monitor how much they ate each day. This showed that people were protected risk of harm through malnutrition.

People had been invited to complete end of life care plans if they wanted to, so that staff would understand how they wanted to be looked after and could carry out their wishes. End of life plans that we saw included where people wished to be cared for, their religious and cultural needs and any concerns they had for the future. The home worked closely with palliative care and pain control nurses, and hospice nurses to make sure that people were supported effectively at the end of their lives.

People told us they were able to see a GP whenever they wanted to. We saw that people felt comfortable to discuss their health needs with staff and ask their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff. We observed staff giving people their medicines at lunch time.

Staff made sure that people had plenty of water to drink and waited with them to make sure they had taken their medicine safely. People were asked if they had any pain and pain relieving medicines were provided as needed. People told us they had regular appointments with other health professionals such as chiropodists, dentists and opticians. This meant that people were supported to manage their health care needs and their day to day health needs were met.

We spoke with two district nurses who provided nursing care to people who lived in the home. They told us that they visited the home twice a week and daily if needed. They said that the service was quick to refer people they had concerns about. Overall they had no concerns about the care people received at The Grove. They said, "It's a pleasure to visit this home" and "I wish they were all as good as this". This showed that when people's needs changed, referrals are made quickly to relevant health services.

Is the service caring?

Our findings

People told us they were satisfied with the way they were cared for in the home. Their comments included, "They are so kind here." They'll do anything for you." and, "I'm treated like a princess." We also spoke with a visitor. They told us they were very happy with the way their friend was cared for. They said, "Staff turnover is negligible, it's the same staff." and "They're all very kind". At a recent residents' meeting it was recorded that: 'A resident stood up and thanked the manager and the staff for everything they do. They said they felt lucky to be at such a lovely place and was grateful for everything the staff do and all their hard work. The rest of the people at the meeting said "here, here!" and applauded.' This showed that people were valued and treated with kindness and compassion in their day to day lives.

People, and those that mattered to them, were encouraged to make their views known about their care, treatment and support through day to day conversation with management and staff, regular resident's meetings and annual surveys. Where suggestions were made by people these were followed through. For example people had requested a greenhouse so they could do more gardening. We saw that a large, wheelchair accessible greenhouse with raised beds was nearing completion at the time of our visit. A GP who had responded to the home's quality

assurance survey stated, "The home offers a very high standard of care to its residents. I would have no reservations in considering the home for one of my close relatives."

People's dignity was maintained and their privacy was respected in their day to day lives.

People could be confident that information about them was treated confidentially. Personal records were stored securely in a locked room or in each person's private room. We observed that staff were discreet in their conversations with one another and with people who were in communal areas of the home. They were careful to close doors when people were being supported with their personal care. People who liked their privacy and wished to spend their time in their own rooms were supported to do so. People told us and we observed that people were treated with dignity and respect at all times.

Staff who we spoke with knew what people needed help with and what they could do for themselves. They confirmed that people were supported and encouraged to remain as independent as possible. For example, one person had wanted a different bed, their room had been moved around to accommodate this and give the person more independence. The home had a wireless call system that worked anywhere in the house or garden so that people could remain independent and go anywhere they wished but still be able to call for assistance if needed. This meant that people's independence was promoted.

Is the service responsive?

Our findings

Everyone we spoke with told us they had no complaints about the service. They said, “I can’t find fault with anything, I would recommend it to anybody.” “I’ve never had anything to complain about.” and, “I have no complaints whatsoever”. People told us they knew who to talk to if they did have any concerns. One person said, “I would just tell the manager and she would soon sort it out”.

During our visit we saw that staff and the management team took time to listen to people, answer their questions and provided reassurance when needed. People’s needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person concerned and care plans updated as their needs changed to make sure they continued to receive the care and support they needed. Each person had a named member of staff as their key worker. Staff told us that, as a person’s keyworker, they were responsible for ensuring the care plan was kept up to day in consultation with the person concerned. Staff also said that they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns. This meant that people received the care and support they needed when they need it.

People told us that they had been involved in planning their care and that care plans were discussed with them from time to time. The manager told us that a member of the management team spent time with each person to make sure the care plan was person centred. In addition to the monthly review the manager arranged six-monthly reviews with residents and relatives where appropriate, to make sure that the care plan was working well and make any necessary changes. We saw that the person or their relative had signed the care plan to show their agreement. Staff told us they found the care plans helpful and were given time to read them. Staff knew each person well and were able to describe the kind of care people needed. A summary of each person’s care plan was kept in a folder in their bedroom. This meant that people were involved in planning and making decisions about their care and treatment.

Each person’s personal records contained a document called ‘My Life’. This was completed with the person concerned and included information about their social

history, significant relationships and interests. This meant that staff knew what was important to them and were able to take this into account in the way activities were organised.

The activities coordinator spent time talking with people about the kind of activities they would like to take part in at the monthly ‘Activity Forum’. There was a notice on the notice board giving dates of these meeting which stated: ‘We would like to know any suggestions for future activities, trips out of the home, theme nights or any equipment we can provide for activities. We value your feedback and opinions on improvements that can be made’. At a recent resident’s meeting which was attended by twenty one people, they were asked if they would like activities at weekends. Fourteen people said they would like activities on Sundays. Following this meeting the manager had recruited an additional activities coordinator to work at weekends. This showed that people were encouraged to express their views and these were taken into account in planning the service.

During our visit a group of people were looking at old photographs. Other activities on offer included gardening, quizzes, coffee mornings, card games and scrabble. There was a room set aside with a card table which people could use whenever they wanted to. There was also a snooker room and a television room. Entertainers came regularly to the home to provide entertainments which had been requested by the people. People told us they were looking forward to the summer tea party when a singer would be coming to entertain them. People told us they enjoyed the activities and were pleased that there were going to be activities at the weekend.

During our observations, we saw that people were asked for their permission before staff did anything. For example people were asked if they had finished or would like anymore before their plates were taken away at lunch time. We saw that staff and management knocked on people’s doors, even when they were open, and waited for permission before they went into people’s rooms. This showed that the service obtained people’s consent to the care and support they provided.

There was a complaints procedure displayed on the residents’ notice board. Each person had a copy in their rooms. The complaints procedure told people how to make a complaint about the service and the timescales in which they could expect a response. There was also information

Is the service responsive?

and contact details for other organisations people could complain to if they are unhappy about the service. We saw that people were comfortable with the management and staff in the home. We saw that people felt free to go into the manager's office for advice or a chat during our visit.

We have not received any complaints about this service. Health and social care professionals who we contacted before this inspection all told us they were satisfied with all aspects of the service.

Is the service well-led?

Our findings

Our observations and discussions with people, staff and visitors, showed us that there was an open and positive culture which focussed on people who used the service.

The office was located in the centre of the home where the manager and two deputy managers were based. There was an open door policy for people, visitors and staff. Staff told us, “You get great support.” “It’s such a good atmosphere, you really enjoy coming to work.” and, “Solid management team, all of them are really approachable”.

The manager told us that the provider visited the home frequently and gave excellent support to managers, staff and people in the home. The manager had twenty seven years’ experience working in the social care sector and had been registered at The Grove for two years. They said that the provider fully supported the service with all the resources they needed to continually improve the service for the people who lived in the home.

People were actively involved in developing the service in a variety of ways. For example, residents’ meetings were used to gather people’s views on all aspects of the service, with different topics on the agenda each month. An annual food survey and annual satisfaction surveys were sent out and the results evaluated so that any areas for improvement could be identified and addressed. Following the last survey, people were invited to take part in activity forums each month so that this aspect of the service could be improved and developed in accordance with their choices and interests. This showed that people were listened to and their views were taken into account.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who lived at The Grove and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by a deputy manager, who in turn was supported by the manager. At times when the management team were not on duty staff knew they could call the manager at any time for support. This showed that staff were well supported to carry out their roles.

We saw that the management team knew each person by name and stopped to talk with people as they were moving around the home. The manager told us that it was the practice of the manager and deputy managers to walk around the home daily and talk with staff and the people. This enabled that the management to monitor the day to day culture in the home and keep this under review.

Staff told us they felt free to raise any concerns and make suggestions at any time and knew they would be listened to. For example, staff told us they had asked for the uniform to be changed from dresses to more practical tunics and trousers. Action was evident in that staff were all wearing tunics and trousers during our visit. This showed that staff were listened to and their suggestions taken into account.

Throughout our visit the staff and management showed us that they were committed to providing quality service. There were effective quality assurance systems in place to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment.

The manager was proactive in looking for ways to develop and improve the service. For example they had developed a system for monitoring and reviewing dependency levels in the home to ensure that there were always enough staff on duty to meet people’s needs and promote their wellbeing. This was reviewed regularly and rotas were flexible to make sure that they took account of people’s changing needs, planned outings and activities. This meant that people were well supported at all times.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.