

Ranc Care Homes Limited

Woodlands Care Centre

Inspection report

Hawkins Road
Cambridge
Cambridgeshire
CB4 2RD

Tel: 01223324444

Website: www.ranccare.co.uk

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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

Woodlands Care Centre is registered to provide the regulated activities of; accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 109 people. At the time of our inspection there were 104 people using the service. The home is divided into five separate units; Dove, Byron, Tennyson, Coleridge and Wordsworth catering to people's specialist needs. All bedrooms are for single occupancy and have ensuite facilities. There are communal areas in each unit, including lounge areas, bathrooms and dining areas. There is a communal garden area for people and their guests to use.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medication as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the home were employed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager was knowledgeable about when a request for a DoLS application would be required. The registered manager told us that there were applications which had been submitted to the relevant local authorities and they were awaiting the outcome.

Staff respected and maintained people's privacy. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. Examples included appointments with their GP and a chiropodist. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people.

People's care was provided by staff in a respectful, caring, kind and compassionate way. People's hobbies and interests had been identified and staff supported people to take part in their chosen hobbies and or interests to prevent them from becoming socially isolated.

The home had a complaints procedure available for people and their relatives to use and staff were aware of the procedure. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the home and people were freely able to talk and raise any issues with the registered manager and staff team. People, staff and stakeholders were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys.

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.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

People were safely supported with taking their prescribed medication. Medication was stored, recorded and managed by staff who had been assessed to be competent.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff to make choices. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet and their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff.

Is the service responsive?

Good ●

The service was responsive.

People, including their relatives, were involved in the assessment and planning of their care.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Regular reviews were completed to ensure that people's care needs were being met.

Is the service well-led?

Good ●

The service was well-led.

People's independence was promoted and supported the staff and registered manager.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the home.

There was an open culture within the home and people and staff were able to raise their concerns or issues whenever they wished.

Woodlands 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 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.

This unannounced inspection took place on 7 September 2016 and was carried out by five inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. 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.

During the inspection we spoke with ten people living in the home, twelve relatives, the registered manager, deputy manager, clinical manager, the activities' coordinator, the training and health and safety coordinator, an operational manager, four members of nursing staff, a senior carer and eleven care staff. Due to some people's complex communication needs we were unable to gather their views. However, we observed the care being provided to assist us in understanding the quality of care that people received.

Prior to the inspection we spoke with a contracts manager from the local authority, an NHS discharge planning nurse, a specialist nurse, a manager from Cambridgeshire Healthwatch and an NHS clinical manager. We also spoke with a community psychiatric nurse (CPN) and a local GP who provided regular 'surgeries' in the home.

We looked at ten people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff training records.

Is the service safe?

Our findings

All of the people we spoke with had no concerns about their personal safety. One person said, "Members of staff always talk to me kindly and they treat me very well and I feel safe and secure here." Another person told us, "Its brilliant and I feel very safe here and I have a call bell and they [staff] are pretty quick in coming to see me," feel safe here because I can always talk with the staff about any of my problems and they will take care of me. Nothing is too much trouble." A relative also said, "My [family member] is happy living at Woodlands and I feel they are in safe hands." Another relative said, "I am very happy with my [family member's] care and feel that they are very safe here."

Staff showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. A person told us, "I do feel safe here and the staff are really very helpful and kind." One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew where the safeguarding procedures and information was kept in the home to refer to. Information displayed in the home gave the contact details of the local authority safeguarding team for people, relatives and staff to use if they needed to. This showed us that people were protected from potential harm. People's individual risk assessments had been completed and updated. These risk assessments included behaviours that could challenge others, mental health needs and nutritional needs. During our inspection we observed staff supporting people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People told us that, "Staff give me my tablets when I need them." Another person said, "I have one tablet in the morning and two in the evening and never had any problems with them". This showed that people were safely provided with the support they needed with their prescribed medication.

We observed nursing staff safely administering people's medication in a careful and unhurried manner and completed the medication administration record (MAR) chart as required. We were told that only nursing staff and care staff who had received medication training administered medication at the home. Each person's MAR contained details of any allergies identified. The records showed that medication had been administered as prescribed. We checked the stock levels of a sample of medication and found them to be correct.

Protocols were in place for medication that was given as required (PRN). Monthly audits were carried out regarding the administration of medication and any errors were identified and followed up with nurses and care staff. We saw that staff competency checks regarding medication administration were carried out by the clinical manager who showed us a sample of these annual checks. They told us that where any performance issues were identified during the competency checks additional training and supervision would be given until the staff member was deemed to be competent.

People told us, and we saw that there were sufficient numbers of staff available. The registered manager

told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified such as a change in a person's healthcare. One person said, "There are always staff available to help me with what I need." We observed throughout the inspection that staff were readily available to support people and answered their queries cheerfully and promptly. However, on one unit staff did raise some concerns about the staffing levels and had raised this with the registered manager. We were told that the home used a dependency tool to calculate staffing and that this was reviewed on a regular basis. We were told by the management team that any deficiencies in staff numbers were addressed to ensure that people's care needs were met safely.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included; completing an application form, a criminal records check and references. All checks were completed before staff commenced working in the home. Staff told us that they had shadowed more experienced staff so that they could confidently carry out carry. There was a an induction programme in place which included mandatory training topics such as; fire safety, moving and handling, safeguarding and infection control. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

One person told us, "The staff look after us really well here and I feel that they [staff] know me well and help me with what I need". A relative said, "The staff do their best to help my [family member] and they treat [family member] very well."

Staff told us they had regular supervision and ongoing support. One staff member said, "There is lots of good training and we get refreshers throughout the year." The training record showed the training that staff had completed and forthcoming dates for training sessions. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Staff we spoke with also confirmed they had received mental health awareness training to aid their understanding in meeting people's needs. This ensured that staff were kept up to date with any changes in current care practice. Staff we spoke with said that they received induction training when they had commenced working in the home to ensure that they were aware of their responsibilities.

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).

Records showed and staff we spoke with confirmed that they received MCA and DoLS training. However, we noted that not all staff had received updates in MCA /DoLS training. Some staff that we spoke with did not have a good understanding of the principles underpinning MCA/DoLS. We also noted that some staff needed updates in dementia awareness and behaviours that challenge. We raised this with the training officer and registered manager and they told us that staff would be booked on refresher training in the next few weeks to assist staff's knowledge in this area.

The registered manager told us that they aware of who to contact in the local authority should they need to do so. We saw that four DoLS applications had been assessed and were held in people's care plan documents. We saw that a number of applications had been submitted to the local authority and the outcomes of these were awaited by the registered manager.

We saw that 'best interest meetings' were held. This was for people whose capacity to decide about a particular care need was not always easy or possible to determine. The best interests meeting determined the care the person needed to keep them safe and protect their rights. However, we saw that one person had been moved from a unit to another unit in the home and there were no records of a 'best interests meeting' or documentation to say how this decision had been reached or whether the person had agreed to

the move. We raised this with the registered manager and operational manager. They told us that this issue had been highlighted in a recent audit report carried out by the operational manager. We saw evidence of this and action to be taken regarding the recording and documentation of all 'best interest' decisions.

People could spend time in their bedrooms if they so wished. A number of communal areas and a well laid out garden with various seating was available for people to use if they wished to entertain and meet their guests. People were encouraged to take part in some gardening if they so wished. We saw some examples of this where people had grown some plants in the garden near to their room.

Lunch time was seen to be a sociable occasion in most units, with lots of interaction between the staff and people having their lunch in the dining room. People told us they had the opportunity to have an alternative choice if they did not like the menu option. One person said, "The food is brilliant here and if you don't like something they (kitchen staff) will always make an effort to find you something you will enjoy." People were assisted with eating their meal by staff where required and suitable equipment was available to aid this. People's dietary needs had been assessed and we saw that people where required had pureed meals to minimise their risk of choking. Relatives were welcomed to assist their family member at meal times and we saw a number of relatives actively involved.

However, in one unit we found a great deal of noise in the room with crockery and cutlery being moved around whilst being served and in one corner there was a trolley where food waste was being scraped into a bowl. This noise level didn't lead to a relaxing and social eating experience. We also saw that gravy was added to meals before people had been asked for their preference.

In discussion with registered manager later they told us that action would be taken to minimise noise levels. They also told us that they had trialled a different approach on another unit where meals were shown to people and there were jugs of gravy put onto tables for people to help themselves. This had proved successful and they were planning on rolling this out to all the other units. Pictures of meals were also being introduced to aid people in making their meal choices.

Staff explained that people were asked, about menu choices on a one-to-one basis. People told us that they had enjoyed their lunch and the drinks provided on the table. One person said, "There is always plenty of food to eat and there are drinks available all the time."

One person said, "The food is absolutely splendid" and went on to explain that staff came round the previous day to ask what they wanted to eat. People were able to choose where they ate their meals. One person said, "I enjoy my food and choose to have meals in my room."

People's dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person's GP and a dietician were sought where necessary. Nutritional assessments were recorded along with monthly weight records where appropriate. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health, care and support needs.

Any significant events that had occurred during the person's day were documented which included appointments with health care professionals such as GPs, psychiatrist, chiropodist, dentist and optician. One person said, "I have good access to my GP and I see them when I need." A relative told us that the staff always kept them informed of any health care issues affecting their family member and that any concerns had been swiftly referred for a GPs attention. This showed that people were assisted with their health care which was monitored and appropriate referrals and actions were taken when necessary.

A local GP we spoke with was positive about the care and support provided. They told us that the registered manager and nursing staff were in regular contact with the surgery and were knowledgeable and provided good quality information to them when required. The GP told us that they visited the home every week to hold a 'surgery' and people were able to meet with them in private regarding any healthcare issues or concerns. The GP stated that any advice or care to be followed was carried out by the staff following their visit. The GP also added that they often brought medical students to the home so that they could see how well people living with dementia were cared for.

We spoke with a visiting CPN who was very positive about the care being provided for people living with dementia and that staff had a good understanding of how to manage people's challenging needs. They gave an example of how the staffs' calm and reassuring approach was helpful in meeting people's needs and that they always explained what they were doing for a person. The CPN said, "They [staff] are doing a great job and cope with some difficult and challenging behaviours very well." The CPN also told us that any advice given had been proactively followed by staff. This showed us that people's healthcare and support needs were well monitored, coordinated and effectively responded to by staff at the home.

Is the service caring?

Our findings

People said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike." People also said that staff were very caring and sensitive in the way that care and support was provided. Another person said "They're wonderful, nothing's too much trouble", another said "they look after me very well they're absolutely wonderful".

A relative said, "Whenever I visit we are always made to feel very welcome and there is a very happy and calm atmosphere here." This was also confirmed by what we found. One member of staff described the home as, "Having a friendly family atmosphere." Another member of staff said "I really love my job and we work well together to support people."

Throughout our visit we saw positive interactions between the staff and the people using the service. This was especially evident in one unit where people were living with dementia where we saw that staff responded to people in a calm and reassuring manner. A relative said, "They [staff] are very understanding and have looked after my [family member] in a very kind and caring way and really know their needs well. They are respectful and [family member's] dignity is maintained."

Another relative told us, "The staff arranged for [family member] to have the hairdresser to come in so that they could have their hair done specially for our [family member's] wedding – they [staff] had taken great care in making sure their clothes were prepared so that they would be ready for our taxi in the morning." The relative was very appreciative of this attention to detail and kindness that the staff had shown and said, "it made our day very special." The relative also told us that a 60th wedding anniversary tea had been organised for them and this was a great surprise for their family member. "They (staff) were very kind to make all those arrangements for us."

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and reviews about their family member's care. Another relative told us that, "The staff are very good in letting me know how things are and they are always good at keeping me informed of any changes."

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people's independence as much as possible. Staff engaged meaningfully with people. For example, they participated and helped with an activity in the dining room.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "They (staff) always knock on my bedroom door before entering, even if it's partially open." Relatives that we spoke with were very positive about the care their family member received and one relative said, "The staff are all very supportive and caring." Another relative said, "The care is good and they give my [family member] a lot of help."

Requests people made for assistance were responded to quickly and gently by staff. One person told us, "I

have no concerns and the staff treat me very well and make sure I have everything I need." We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and assisted and prompted with any personal care they needed in private. One person said, "I call the staff by pressing this button and they always come very quickly and help me." We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed.

However, we noted that a member of staff did not assist a person with their lunch in a particularly dignified manner. We raised this with the registered manager who stated that action would be taken to ensure that dignity was maintained.

People were able to see their friends and relatives without any restrictions. One person said, "My daughters can come in at any time to visit me and they get on really well with the staff." A relative told us that, "The staff are always welcoming whenever I visit."

The registered manager told us that people were provided with information as to how they could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

People told us, and we found from records seen, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike."

Care plans were person centred and written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. Examples included assistance with; mental health support needs, mobility, personal care, day and night time routines, nutrition and skin/pressure care. One person said, "They [staff] ask me how I want things done and I feel involved." Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met.

Staff had access to shift handover information to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information. The weather on the day of our visit was very warm and several rooms had fans operating in them. This was helpful in keeping the rooms at a reasonable temperature without making them too cold for people.

People said the planned activities in the home were good and varied and that they were supported to take part in interests that were important to them throughout the day. Examples included board games, gardening, art and crafts, shopping trips, meals at the local pubs and trips to the local towns. One person said, "I do take part in group activities when I can and the staff always ask me if I'd like to take part in something." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished.

We spoke with the activities manager in the home who produced a group activities/events calendar so that people had knowledge of forthcoming events. We saw these displayed around the home. People we spoke with confirmed they had seen these around the home. People told us they had enjoyed the trips out. One person said, "I do go out, but not a lot because I prefer it that way. The times that I do go out were quite good and we went to the seaside for example." Another person said, "I'm quite happy to go out to events rather than staying here because it's a change of scene."

People we spoke with told us that they were looking forward to going on a trip to visit a local stately home. Other trips arranged included; a pub trip, lunch at a garden centre and lunch in a local park. In-house activities included religious services, musical entertainers, exercise sessions and use of the spa. People also had access to and used music playing facilities, television in the communal areas. People and their relatives told us that there were lots of activities they could join in with which they found very positive. One person said that he enjoyed reading and had a lot of books in his room and another person was keen to show me

the knitting they had done for her relatives. One relative was pleased that the staff knew that [family member] liked to listen to hymns and often played them for her.

We saw that there was also attention given to individual activities and we saw a comprehensive range of individualised sessions' such as; reminiscence sessions, chatting about interests and past work, visiting local shops, sitting in the garden, hand massaging and lots of chats with tea and biscuits. The activities manager was supported by three activities coordinators who spent time with people across the units during the day.

There was a complaints policy available so that people could make a complaint including timescales and the response they should expect. People and relatives we spoke with told us that any concerns they had raised were dealt with to their satisfaction by the registered manager and staff at the home. One person said, "The [registered] manager, deputy manager and staff are attentive and check that I am okay during the day." Relatives we spoke with also confirmed that if they had ever needed to raise an issue or a concern it was always promptly dealt with by the staff and the registered manager. A relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, "I do see the [registered] manager and they ask if everything is okay. I do feel that I could talk to them about anything because she is friendly and open." Another person said, "The staff here know me very well and I have no concerns." People told us that they felt confident that staff knew how to provide care in the way that they preferred.

People, relatives and staff were provided with a variety of ways on commenting about the quality of the care provided. These included regular residents' meetings, one to one meetings, staff meetings for both day and night staff and annual surveys.

People were encouraged to have their say and they were able to discuss a range of issues such as; activities, day trips, meals and forthcoming events in the home. We saw that there were relatives' meetings held in the home and relatives we met confirmed they had attended some of them. Minutes and outcomes of these meetings were recorded to identify what worked well for people and examples included activities out and meal choices in the home. One relative said "We looked at several homes and found this to be the best one." Another relative said, "I have recommended the home to several of my friends and there isn't a better home in [local town]." Relatives told us that they had received questionnaires about the services provided. We also saw a copy of the summary of the annual survey that had been carried out. The analysis indicated that people were satisfied with the care and support being provided in the home. This showed that staff and the registered manager positively and proactively responded to people's views.

Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to medicines administration, care planning, staff training, health and safety checks including water temperatures and fire safety checks. Daily schedules for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition. One relative said, "The home is always clean and tidy. My [family member's] bedroom is always kept clean." This demonstrated to us good management as well as infection control and hygiene standards. The registered manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were aware of their roles and responsibilities.

We looked at files that confirmed the service had a continuity plan in place should there be an incident which threatened the safe running of the service. This plan included what staff would need to do to keep people safe, and professionals and people to call

There was an open team work culture and staff told us they enjoyed their work and caring and supporting people who lived at the home. Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager if they

raised concerns. One staff member said, "We are a good team. If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

Staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found this to be very helpful and reassuring. Members of staff we spoke with were enthusiastic about their work and the range of support that they provided to people. One member of staff told us, "I love my job and working here it's like a big family and everyone works very well together as a team."

All staff we spoke with told us that they felt very well supported by the registered manager, senior staff and their colleagues. Staff said they could raise any issues with the registered manager and senior staff at any time. They told us that they found the registered manager to be approachable and supportive and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the registered manager and provider.

In addition to the various audits that were completed the registered manager also received regular visits from an operations' manager. This was to provide an additional layer of quality assurance of the audits including repairs and refurbishments and any action identified was recorded including timescales for completion. This was then followed up at the next visit. This demonstrated to us that the management tasks in the home were well coordinated and monitored.