Avery Homes RH Limited

Milton Court Care Centre

Inspection report

Tunbridge Grove
Kents Hill
Milton Keynes
MK7 6JD
Tel: 01908 699555

Date of inspection visit: 11 and 14 September 2015
Date of publication: 05/10/2015

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

Milton Court Care Centre is registered to provide accommodation and support for 148 older people who require nursing or personal care, and who may also be living with dementia. On the day of our visit, there were 72 people living in the home.

The inspection was unannounced and took place on 11 and 14 September 2015.

The service did not have a registered manager although the manager, who was new in post, had submitted their application to the Care Quality Commission (CQC) to become registered manager. 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.

People felt secure in the service and confirmed that staff kept them safe and free from harm.

Summary of findings

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Appropriate action was taken to keep people safe, minimising any risks to their health and safety.

Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home. Staff understood how to manage risks to promote people's safety, and balanced these against their right to take risks.

Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences.

Robust checks took place in order to establish that staff were safe to work with people before they commenced employment.

Staffing levels had been calculated in accordance with current guidance and based on the dependency levels of the people who lived at the home.

There were effective systems and processes in place to manage people's medicines.

Staff were supported through a system of induction and on-going training, based on the needs of the people who lived at the service.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had choice of good, nutritious food that they enjoyed. We found that people's weight was monitored, with appropriate referrals made to the dietician when concerns were identified.

Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

Staff engaged with people in a friendly manner and assisted them as required, whilst encouraging them to be as independent as possible.

Relatives were involved in the review of people's care needs and were kept informed of any changes to a person's health or well-being.

There were regular meetings for staff which gave them an opportunity to share ideas, and give information about possible areas for improvements to the manager.

People and their relatives knew who to speak to if they wanted to raise a concern. There were appropriate systems in place for responding to complaints.

The service was led by a manager who was well supported by a robust management structure. The manager and staff told us that they wanted to provide good quality care for people. As a result, quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

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?

Good

The service was safe.

People felt safe. Staff had received training on the safeguarding of people and felt able to raise any concerns they had about people's safety.

People's risk assessments were in place and up to date.

Recruitment systems were in place to ensure staff were suitable to work with people.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Is the service effective?

Good

The service was effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were provided with choices of food and drink to meet their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

Is the service caring?

Good

The service was caring.

There was a calm and friendly atmosphere within the home.

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed and updated as their needs changed.

People who used the service were supported to take part in a range of activities in the home. However, staff acknowledged that improvements could be made in respect of the activities offered.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

Summary of findings

Is the service well-led?

Good

The service was well led.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Statutory notifications were submitted in accordance with legal requirements.

The provider had systems in place to monitor and improve the quality of the service provided.

Milton Court 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 inspection took place on 11 and 14 September 2015 and was unannounced. The inspection was undertaken by three 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. Our expert had experience in caring for older people.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with 13 people who used the service, five relatives and one healthcare professional. We observed a further five people who were unable to communicate effectively with us because of their complex needs. We also spoke with the manager, the deputy manager, two unit managers, three registered nurses, seven care staff, one member of kitchen staff and three members of the domestic staff.

We looked at 20 people's care records to see if their records were accurate and reflected people's needs. We reviewed six staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People told us that they were kept safe. One person said, "I am well looked after and the staff keep me really secure." Another person told us, "Yes, I do feel safe. I know I can talk to anyone if I am worried." Relatives of people who lived at the home told us that the staff were good at keeping people safe, making sure that the care was delivered in a safe manner and that equipment was well maintained.

Staff told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, "I would report anything if I thought it was wrong." Another member of staff told us, "I feel comfortable to report potential safeguarding matters, and know they will be dealt with properly." We saw that there was a current safeguarding policy in place to guide staff. In addition to this, information about safeguarding was displayed on a noticeboard on the ground floor, together with details of the telephone numbers to contact should people wish to. Records showed that staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these.

Staff also knew and understood about the provider's whistleblowing policy. One member of staff said, "I know there is one in place but would rather go straight to the manager if I had any worries." Another staff member told us, "I would go to my manager, or higher than that if needed." This demonstrated that the provider had arrangements in place to protect people from harm.

Staff told us that there were risk assessments in place for each person who lived at the service. The deputy manager confirmed that some people's risk assessments were in a state of transition because of the change of provider that had recently taken place. Staff were working towards reviewing each person's risk assessments to ensure that the level of risk to people was still appropriate for them. Despite this, we found that the actions that staff should take to reduce the risk of harm to people were included in associated care plans. These included the identification of triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. Risks were managed in such a way as to keep people safe.

We also found that environmental risk assessments had taken place within the service. The manager told us that assessments had been carried out to identify and address any risks posed to people by the general environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a continuity plan in place, in case of an emergency, which included information about the arrangements that had been made for major incidents, such as the loss of all power or the water supply.

Accident and incident forms were completed appropriately and a monthly analysis of these was produced to identify any trends or changes that could be made to reduce the numbers of these. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

The manager and deputy manager told us that staff employed by the service had been through a thorough recruitment process before they started work. This was to ensure they were suitable and safe to work with people who lived at the home. The manager said, "We have worked really hard on recruitment and have lots of new staff due to start work very soon, once all their checks have come back." New staff told us that they were not allowed to commence employment until all relevant checks had been undertaken. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. We looked at the recruitment files for six staff that had recently started work at the home. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People told us there was enough staff on duty. One person told us, "There always seem plenty to me." Other people felt that perhaps the number of staff on shift during the night varied, although there was no evidence on paper to suggest that this was the case. One person said, "There are more staff here than before, but sometimes there are not enough at night if we need them." When we discussed this with them in more detail, they acknowledged that their needs were met sufficiently and could see that steps had been taken to recruit more staff.

Good

Is the service safe?

Staff also said there were enough of them to meet people's needs safely. One staff member said, "Staffing is so much better now. We have employed new staff, some of who are waiting to start. This will be great as we can have a consistent group of us who will all work hard." Another staff member told us, "It's a really good level of staffing here, we don't feel stressed." The manager and deputy manager told us that the staffing ratio was flexible and reviewed on a regular basis. For example, should one person become unwell, the numbers were flexible to allow for more staff members to be on duty. We discussed the recent staff recruitment that had taken place and saw records to suggest that this would reduce the reliance upon agency staff, particularly during night shifts. Our observations confirmed that the number of staff on duty was sufficient to support people safely and enable them to receive the care they required.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. People told us that staff were good at giving them their medication. One person said, "I don't know what I would do without them. I couldn't remember to take my tablets, they do that for me and it is such a reassurance to me." Staff who administered medicines confirmed they received regular training updates. One nurse told us in relation to their medication training, "The training was really very good. It helped to make me think about what I was doing."

We observed a medicines round and saw that medicines were administered correctly and in line with people's preferences. One staff member said, "One of our residents doesn't like getting up early in the morning, so we make sure the medication round doesn't disturb her, and we visit her for medication once she has risen." When a person requested pain relief medicine outside of the medicines round this was provided in a timely fashion. We looked at the Medicines Administration Records (MAR) for 17 people and saw that these had been completed correctly. We checked stocks of medicines held which were in accordance with those recorded. Staff completed a daily audit of the medicines and the deputy manager and unit manager's had robust processes for auditing medicines administration. There were suitable arrangements in place for the safe administration and management of medicines.

Good

Is the service effective?

Our findings

People and relatives told us that staff had the skills that were required to care for them. One person said, "They have known how to care for me right from the time I came here. I have had no worries; they just know what to do." Another person told us, "The staff know what they are doing. I need hoisting and they are good with the equipment I need." One relative told us that staff were, "Very good, they always know what to do."

Staff told us there was a robust training programme in place and that they had the training they required for their specific roles. One member of staff said, "Training is really good here now, so much better. We get lots of refresher training and are supported to do additional training where we can." The deputy manager and one of the unit manager's spoke with us about the changes that had been made to training and confirmed that this was an area of focus in the future for the provider. They felt that with a robust training programme in place, staff would continue to develop in all areas and as a result, be able to provide more quality care for people. The deputy manager said, "By investing in the training with staff, we are ensuring that people also benefit by getting better care."

Staff confirmed that if they had a specific area of interest, for example, diabetes or nutrition, that they were supported to develop their skills in these areas. Staff undertook training, which included first aid, infection control, safeguarding and mental capacity. We were also told that training was available in subjects including, stoma care, pressure care and catheter care. For nursing staff, plans were in place to ensure that clinical based training was available to ensure that care delivery was based upon best practice. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff had been provided with induction training when they commenced employment. One staff member told us, "The induction training really helped." They said that this ensured they were equipped with the necessary skills to carry out their role. They went on to tell us that the induction training was followed by a period of shadowing more experienced staff. The unit manager who had responsibility for monitoring training, told us that the induction training was based around the requirements of the Care Certificate. This would ensure that new staff would receive a robust introduction to care and would help to set the expectations by which staff were to be guided.

Staff received regular supervision and told us that they had felt supported in their roles since the change of provider. They said that these sessions were now more frequent and were useful, allowing them to discuss any training needs or concerns they might have about their performance. One staff member said, "We don't have to wait until our supervisions, the mangers are accessible at any time, they have an open door so we can just ask things when we want to." Supervision records were kept in the staff personal files and a rota for supervision dates was displayed for the year ahead, which meant it was easy to monitor when the next supervisions were due.

One relative told us that staff always asked people for their consent before delivering any care. They said, "I have noticed that they always ask before doing things." Staff told us of ways in which they gained consent from people before providing care. They explained they used non-verbal methods of communication, by using gestures and showing people items to gain consent, and give them choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

People's capacity to make and understand the implication of decisions about their care were assessed and appropriately documented within their care records. Staff told us they had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards. We saw evidence that these principles were followed in the delivery of care and that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals. Applications for the deprivation of liberty had been made for some of the people who lived in the service, as they could not leave unaccompanied and were under continuous supervision. The manager and deputy manager advised that any remaining people would be prioritised, to ensure that applications were submitted in a timely manner. This made sure that these decisions, which impacted on people's rights to liberty, were made within the legal framework to protect their rights.

People were keen to tell us about the food they received at the service. One person told us, "I couldn't eat any more. I

Good

Is the service effective?

am full up, it was lovely." Another person told us, "We always get a choice they come and ask us what we want. They know me really well so I always am happy. The food is great." A relative also told us, "The food is good, [family member] has put on weight since being here and I eat here sometimes. It is good." We observed people having breakfast and lunch and found that the meal time was relaxed. We saw people chatting with each other and found that they were encouraged to eat at their own pace. Staff also supported and assisted people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request.

People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. One person said, "They are good at getting the doctor in to see me when I need them." Staff told us that it was important that they acted on changes in people's condition and that they had open access to the local district nursing team and GP surgery. We spoke with a visiting healthcare professional who had no concerns about the way in which the service referred people to them. They said, "People's health has improved with the change of provider." Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to the local mental health teams and occupational therapists.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives made positive comments about the staff and the managers. One person told us, "It's a palace here; they are so good, so kind, they have turned my life around." Another person said, "They always have a smile on their face." We were also told, "The carers are exemplary." One relative told us, "They've been good to [family member] and us as well."

We noted that the home had a friendly and welcoming atmosphere. People were made comfortable in their surroundings and were enabled to bring in personal possessions to make their rooms individual and give them some comfort. One person told us, "I love my room; I have all my own things which really does help."

Staff told us that they took a pride in their work and wanted people to have the best they could, both in their surroundings and in the care they received. They were keen to tell us the difference that the refurbishments currently underway had made to their morale and to the people who lived in the service. One staff member said, "It's like a new home, brighter and happier." Another told us, "I enjoy working here; the staff and residents are lovely." They told us that the planned changes to the various units would enhance their ability to give good care,

We observed interactions between one staff member and a person who had relatives visiting them. We saw that the person smiled and laughed as the carer entered the room. They spoke very fondly of the carer to the family. We noted that the family were familiar with the carer and the carer was laughing and joking with the family and the person using the service.

People and their relatives confirmed they had been involved in making decisions about their care. However, when asked if they had had sight of their care plan, most people told us that they did not know if they had a care plan. We discussed this with the deputy manager and saw that meetings were being arranged, so that people and their relatives could review their care plans and ensure that the care provided was appropriate for them. The manager and deputy manager felt that with the change of care provider, this was the best way to get to meet people and relatives and would help them review all aspects of care.

We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. One person told us, "I have a choice about everything; decisions are not made for me. I have control." We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

We asked people about how quickly staff responded to the call bell system. One person said, "I don't normally have to wait too long." Another person said. "Sometimes at night I have a little wait." Staff said that occasionally the wait would take longer because a lot of people required two to one care and therefore occasionally staff may be busy providing care to others. Although we observed that call bells were answered quickly, we discussed these comments with the manager and deputy manager. We saw that plans were in place to have a new call bell system installed, which were more user friendly. It was hoped that this would give people the ability to call staff anywhere within the building by using a pendant type system.

People's dignity and privacy was respected. One person we spoke with said, "The staff knock and wait to come into my room." A relative told us, "The carers always ask for consent when they are going to do a task like changing pads. They always respect his privacy and they shut the curtains and shut the doors." We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people's individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. Staff also said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing.

The deputy manager told us that one person was currently using the services of an advocate and that others had also accessed this in the past. When we discussed this we found that for one person, this was part of an on-going review process, whereby the staff were working towards supporting this person with a variety of care needs and their ability to communicate more effectively. We saw that the service had available information on how to access an advocate.

There were several communal areas within the home and people also had their own bedrooms which they were free

Good

Is the service caring?

to access at any time. The manager and deputy manager spoke with us about the impact that the refurbishment would have within the service. There would be more areas for people to utilise; these would be smaller areas, so that for those who preferred a quiet atmosphere this was available and for those who preferred more stimulation, for example with a television or films, they could access this.

We looked at people's bedrooms and saw that they had been encouraged to bring in their own items to personalise them. There was also space within the home where people could entertain their visitors and where family members were free to eat meals with their relatives. There was a well maintained garden and access to a patio area which was easily accessible for people to use.

Good

Is the service responsive?

Our findings

People had their needs assessed before admission to the service. One person told us, "Yes, they came and asked me what needs I had." We saw that another new admission had been thoroughly assessed prior to admission, so as to ensure that their needs could be met. One person said, "They know how I like things, the order in which I like them. I have my routine and they work round that for me. They know what is important to me." From discussions with this person, they told us that a lot of information had been gathered before they moved in to the service. Staff told us that care plans were compiled following this process. This gave them sufficient information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible.

Staff we spoke with gave us examples of their knowledge and understanding of people's different requirements and we saw that staff were responsive to people's needs throughout the day. Records indicated that a needs assessment for each person was completed regularly to ensure that the support being provided was adequate and that staff were responding to people's changing needs.

The deputy manager discussed the state of transition that the care plans were currently in. Having changed provider recently, care plans had been changed to a different set of paper work, which would ensure a more robust assessment of people's needs. It would also enable staff to provide more holistic care. One relative told us, "It would be much better if we had keyworkers like we did in the school I worked for, it would mean the carers knew the residents really well." We discussed this with the deputy manager who told us of their plans to ensure that a similar system was introduced, so that designated staff members could spend a shift providing care to a few people, providing holistic and person centred care to them. Within this system, every aspect of people's care would be checked at allocated times so that a robust record could be maintained of their full care requirements.

Staff held daily meetings to pass on current information or concerns about people who used the service. When changes took place, this information was communicated in a timely manner to all relevant staff. We observed staff throughout both days of our inspection, updating each other and ensuring that people were receiving the correct care when changes had occurred.

Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision. We saw staff demonstrate this throughout the day, for example at meals times; people were shown both meal options and staff waited for people to indicate their preference.

People told us there were a number of activities organised throughout the week. One person said, "We have something most weekdays even if it is only bingo. I always go, it's something to do." Another person told us, "I love it when they have arts and crafts, I didn't know there were so many different papers." A display board provided people who used the service with information of what was taking place each day. One person was keen to attend the game of bingo in the day of our inspection and told us that they took great enjoyment from the activities that took place. We spoke with staff who told us they would spend part of each day talking with people who did not wish to participate in any group activity and other people who wished to stay in their rooms to ensure people were not becoming socially isolated. People's participation in activities was recorded to ensure people were not becoming isolated.

We asked the manager how they assessed and monitored the quality of the service provided within the service since the change of provider. We were told that a series of meetings had been held and we saw the records to confirm this. The manager and deputy manager told us that regular newsletters had been sent out and that following our inspection, the frequency of these would be increased to ensure that people and their relatives had more of an opportunity to give their feedback and raise concerns. The manager confirmed that they knew that there were areas for improvement, so holding meetings, sending out newsletters and satisfaction questionnaires would all be valuable in helping them to gain feedback and drive future improvement,

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. People told us the manager always listened to their views and addressed any concerns immediately. The manager and deputy manager said that they felt they were visible and approachable

Good

Is the service responsive?

which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place that enabled improvements to be made and that the manager responded appropriately to complaints. Records confirmed that although there had been some complaints since our last inspection, these had been dealt with in accordance with the provider policy.

Good

Is the service well-led?

Our findings

There was not a registered manager in post on the day of our inspection; however, we saw that timely action had been taken by the new manager to submit their application to become a registered manager to the Care Quality Commission (CQC). Our observations and discussions with people who lived in the home and relatives showed that they were felt relaxed and comfortable around the manager and deputy manager. The people living in the home and their family members said that they would be happy to go to the manager or their deputy, if they had any worries or concerns, and that they knew they would be listened to.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. The management structure within the service had recently been changed and now consisted of a manager who was supported by a deputy manager. Each of the units had a manager who was supported by senior carers and care staff. Staff felt that this structure had improved the provision of care and made for a more robust service, which could deal with any issues that it faced.

The manager, deputy manager and staff were always available to people who lived at the home. One person told us, "They are all friendly. They come and talk to us, we know who they are." A relative told us, "We have had meetings so we know the changes that went on and what they want to do. It is all good." When we spoke with the manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. We saw that the manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing complaints with staff .This helped the service to work as a team to discuss what went well, what didn't go well and determine what lessons had been learnt.

Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us, "They keep me up to date all the time."

Staff told us that there was positive leadership in place, both from the manager and provider. This encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The manager and deputy manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.