Norse Care (Services) Limited

Weavers Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Inspection visits to Weavers Court took place on 7 and 10 October 2016. The first of these visits was unannounced.

Weavers Court provides personal care to people living in their own flats on the same site. At the time of our visits, 41 people were residing in their own tenancies, the majority of whom required some support. The support available varied from assistance with washing, dressing, mobility, eating and maintaining continence, to prompting and support with managing medicines or occasional additional help if people were unwell.

There was a registered manager in post, who completed registration with the Care Quality Commission (CQC) in November 2015. A registered manager is a person who has registered with the 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.

The registered manager and provider's representatives had identified that improvements were needed to the safety of the service to promote better management of medicines. They had introduced increased monitoring and were arranging for additional training and support to help drive improvement in this area.

Other aspects of the safety of the service were managed well. Staff were clear about their obligations to report any concerns possible harm or abuse and people felt safe from harm or abuse by staff. Risks to people's safety were assessed and with guidance about how staff should promote people's safety. There were enough staff who were recruited in a way that helped to protect people from the risk of the service employing staff who were not suitable to work in care.

Staff had a good knowledge of people's needs and wishes so that they could support people competently and in the way they preferred. They understood the importance of seeking people's consent to deliver care. The management team knew what to do if there were concerns about people's capacity to make informed decisions. Staff new to their roles were supported by more experienced colleagues and their progress through induction was monitored by the management team. Staff felt well supported in their roles and able to raise any concerns or queries they had.

People who needed support to eat and drink enough were given this. If people needed or wished for assistance to make appointments with health professionals, staff provided it. They were alert to changes in people's health and ensured they sought advice promptly to promote people's wellbeing. They acted on advice they were given about promoting people's health and welfare.

Staff supported people with kindness and with respect for their dignity. There were isolated lapses in the way staff protected people's privacy when they called on people in their flats. However, people were

generally satisfied with the way staff behaved towards them. They were involved in decisions about how they wanted their care to be delivered and family members were kept informed if this was necessary and the person wished for them to be involved. People's independence was promoted so that they were encouraged to do what they could for themselves and staff supported them with what they could not manage or where they needed reassurance.

People's needs were assessed and staff understood how they were expected to offer support to meet the requirements of each person. The management team was in the process of updating records where this was necessary to ensure they reflected people's current needs. They were working with other professionals to ensure that they were able to meet the needs of people who were accepted into the service.

Although not everyone could remember being given information about what to expect if they made a complaint, they were confident they could raise concerns with the manager and have them addressed. Complaints were followed up and investigated appropriately so that improvements could be made if they were needed.

The registered manager had fostered an open culture where people and staff could express their views and suggestions. Staff valued the approach of the management team and were clear about their roles and responsibilities. The management team implemented effective mechanisms for monitoring the quality of the service and driving improvements where these were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some improvements were needed to the way that staff supported people with safe management of their medicines and the registered manager was striving to ensure they took action to address this.

People were protected from the risk of abuse and harm by staff who understood their obligations to report any concerns.

There were enough staff who were robustly recruited to help promote people's safety.

Risks to the safety of people using and working in the service were assessed and managed.

Is the service effective?

Good

The service was effective.

Staff had access to training and support to enable them to meet people's needs competently.

Staff understood the importance of seeking consent to deliver people's care. They understood their legal obligations if there were any concerns people may not be able to make informed decisions.

Where it was needed, staff supported people to have enough to eat and drink and to access advice and support about their health and welfare.

Is the service caring?

Good

The service was caring.

There were few occasions when staff did not fully promote people's privacy in their own homes but their confidential information was protected.

Staff treated people with kindness and respected their dignity

and independence. They involved people in making decisions and choices about their care.

Is the service responsive?

Good

The service was responsive.

Staff had a sound knowledge of people's individual needs and how to meet them. The service was taking action to ensure care records reflected people's current needs.

People were confident that their concerns and complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Systems for checking the quality and safety of the service were effective in identifying where improvements should be made.

The registered manager had fostered an open culture where people using and working in the service were encouraged to express their views and make suggestions for improvement.

Weavers Court

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.

The inspection took place on 7 and 10 October 2016 and was unannounced. It was carried out by one inspector.

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. The registered manager completed this promptly and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law.

We also reviewed the results of surveys completed for us by eight people using the service, two family members, eight members of staff and two visiting care professionals. We checked the content of a recent review of the service that was submitted to an external website.

During our inspection visits, we spoke with five people using the service and observed how staff interacted with people. We spoke with the registered manager, deputy manager and a peripatetic deputy manager who was temporarily allocated to the service to update people's care plans. We also spoke with three other members of the care team. We spoke with a district nurse in regular contact with people using the service.

We reviewed records associated with the care of four people and their medicine records, and a further care plan undergoing review. We checked training records for the staff team, staff meeting minutes, schedules for supervision, appraisal and spot checks. We also reviewed a sample of records associated with the quality and safety of the service, including audits and surveys completed by the manager and the provider's representatives, and assessments of risks for staff working with people.

Requires Improvement

Is the service safe?

Our findings

The registered manager sent us in their provider information return (PIR) on 7 July 2016. This showed that there had been 15 medicines errors in the year leading up to them sending the information to us. The registered manager explained to us that these were predominantly about record keeping practices but there were some instances of medicines being missed. The management team acknowledged that they needed to make improvements in the way that medicines were managed to promote people's safety.

We noted that the provider had a 'medicines lead' allocated, with specific responsibilities for advising the provider's services about medicines management. The medicines lead completed an audit of medicines management at Weavers Court on 15 August 2016 and identified that improvements were needed. There was an action plan in place to ensure systems for managing medicines were improved, as safe as they should be and as the provider expected. Three of the provider's representatives completed a 'mock inspection' in September 2016, highlighting that medicines management, particularly around recording, still needed to improve.

The registered manager explained to us what they were doing to ensure that any errors or omissions were identified more promptly so they could be addressed. They recognised that increased monitoring was necessary to ensure that staff followed safe practice if they needed to administer medicines for people.

The registered manager told us how they had increased checks on medicines administration record (MAR) charts to ensure staff completed these properly. They told us that they had introduced twice daily checks on records so that they could pick up recording errors more promptly. Our review of medicines records showed that these checks happened as described.

Training records showed that staff administering medicines had access to training to support them in doing this safely. However, there were some difficulties establishing from the records, that staff completed and renewed their medicines training promptly. There were significant gaps, with 25 staff currently working showing as due to have completed it by 3 October 2016. The registered manager told us they were reviewing the accuracy of records as a change of training systems meant some dates were not properly reflected. They further explained that they were trying to arrange additional training from a pharmacist for those staff who needed it. They were also arranging for the provider's medicines lead to complete a training session at the end of the next staff meeting.

Staff had their competence assessed to check whether they were able to administer medicines safely. Records highlighted where these assessments needed updating and there was a schedule for audits to ensure medicines competence was included. We noted from records that a team leader had completed additional training to enable them to assess staff competence and understanding about the safe management of medicines.

One person, who needed support with their medicines, told us that they felt staff gave these at the right time and always explained what their tablets were. Their records showed that staff regularly offered them

medicines to relieve pain in case they needed it.

All of the people we spoke with said that they felt safe using the service. For example, one person said, "They [staff] are very good." Another commented to us that, if they had any concerns, they would talk to the manager. All of the people who completed surveys for us said that they felt safe from abuse or harm by staff. Relatives also confirmed this in their surveys.

Staff spoken with were clear about their obligations to report any concerns about the conduct of colleagues towards people using the service. They were confident that the management team would deal with any suspicions they raised that people may be at risk of harm or abuse. All of the staff who completed surveys for us confirmed that they knew what to do if they suspected abuse and felt that people were safe using the service. The registered manager was aware when staff needed to renew their training in this area.

Risks to people's safety were assessed. Guidance about minimising these risks was available for staff, for example showing the support or equipment that people needed to be able to move and transfer safely. We noted that staff had not reviewed one person's assessment in this area, to ensure it reflected current risks to their safety, since 2014. However, when we spoke with two members of the management team, they confirmed that the person's mobility was unchanged. We observed that a review of the person's care plans and risk assessments was in progress.

The registered manager analysed incidents and accidents on a regular basis. We noted that there was a 'spike' in the number of falls recorded during August. However, the management team were able to identify people who were at increased risk and any factors contributing to this. They confirmed that they made referrals to the falls prevention team to seek advice about managing risks for individuals and promote people's safety. We observed a staff member making one such referral for advice during one of our inspection visits. The management team also ensured that they consulted professionals, such as occupational therapists, for advice about the use of appropriate equipment to promote people's safety.

A member of the community district nursing team told us that staff were alert to any risks to people's skin integrity and made prompt referrals to the district nursing team when there were concerns. They told us that this had contributed to people maintaining their skin integrity, as they could be treated at an early stage. They said that they had no concerns that people suffered preventable damage to their pressure areas.

Risks associated with the use of equipment to support people were assessed with guidance about safe working practices when staff were engaged in delivering care for people.

Staff knew what action to take in an emergency, such as a fire in someone's own flat or communal areas. They received training in this area, including how to use equipment to enable people to leave their homes if they needed to. There were contingency arrangements to support people safely if they needed support from staff to leave their homes in the event of fire. The management team made arrangements with local community police officers to promote people's safety if they did not return home when they were expected.

There were enough staff to meet people's needs safely. People told us that they felt there were enough staff to provide them with assistance if they needed it. One person we spoke with explained that, when they had been unwell, "They [staff] were very good and kept coming in to check how I was." Another person told us, "They [staff] are there if I need anything." A visiting district nurse explained that they had occasionally set off a call bell, sometimes by accident and that staff were very quick to check whether there was a problem.

Seven out of eight people commented in their survey responses to us that staff arrived on time and stayed

for the expected amount of time. One person did not feel that this was the case but everyone agreed that the care staff completed all the tasks they expected during their visits. Eight staff who completed surveys for us confirmed that the time allocated to deliver care was enough for them to provide all the support that people needed. Relief staff were used when they were needed to cover shifts and some staff worked split shifts to provide cover. Staff spoken with said that they felt there were enough of them to support people safely and that staff helped one another out. One staff member agreed that, following changes in the client group, they were more able to meet people's needs without rushing.

We noted that some people had commented in the provider's survey that staff were a bit stretched and did not always have time to talk. However, they did not express concerns that staffing levels were unsafe. The registered manager had taken action to involve volunteers who could support people with their social needs if this was required.

Recruitment practices contributed to protecting people from the employment of staff who may not be suitable to work in care services. We spoke with a newly appointed member of staff who was able to tell us in detail about their recruitment. They confirmed they were asked to complete an application form and provide a full employment history as well as sources of references. The staff member said they had provided proof of their identity so that enhanced checks could be made on their suitability to work in the service. They told us they had not been able to start work until all of these checks were completed.

Good

Is the service effective?

Our findings

People told us in their surveys that they received support from familiar and consistent staff. All but one agreed that staff had the skills and knowledge they required. Visitors' surveys also told us that they felt staff had the right skills and knowledge to give their family member or friend the right support.

Staff told us that they had good access to training to enable them to support people effectively. We noted that one staff member had taken the role of 'dementia coach' to provide advice and support to colleagues about caring for people who were living with dementia. We noted that this had not progressed as promptly as intended as the staff member had spent a lot of time covering shifts rather than supporting colleagues. However, staff, other than those who were new or on extended leave, had completed e-learning in dementia awareness. This contributed staff having a better insight into the needs of people living with the condition. A member of the management team told us how more training was proposed in this area.

We noted from one staff record, that a member of the management team monitored the staff member's progress through induction to ensure they completed this satisfactorily and in a timely way. Staff all confirmed in their surveys that their induction prepared them fully for their roles and they got the training they needed to support people properly. One staff member, who was new to the role, confirmed that they were completing shadowing shifts with more experienced colleagues so that they could learn about the support people needed and how they wanted it delivered.

A visiting district nurse told us that they had no concerns about the ability of the staff team to support people well and competently. They told us how staff were able to provide information about people's needs if the nurse had any questions.

A staff member told us that they had achieved a qualification in care. This helped ensure they had underpinning knowledge to support people competently and well. We found from records that staff were enabled to undertake such training. Staff confirmed that they felt well supported by the management team. They said that they were able to raise issues they wanted and receive support, advice or assistance to ensure they were able to fulfil their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. We checked whether the service was working within the principles of the MCA

People told us that staff asked for their consent before assisting them with their care. We saw staff asking

people whether they wished for support to attend activities where appropriate. The management team also sought permission from people for us to visit them, discuss their care and review the records they had in their homes.

Although training in this area needed updating for some staff, most had completed it. Staff spoken with were clear that they needed to respect people's decisions about their care. They said that, if they considered it essential that the person receive care, for example with continence management, they would be flexible and try to persuade the person, or offer assistance at a different time. A member of the management team told us how another person's capacity fluctuated at different times of the day, because of their condition. They described how staff would seek permission to deliver care and assist them in a way that considered their fluctuating capacity.

We noted that people's care records contained assessments of their abilities to make informed decisions about their care. We could see that they were supported to make day-to-day decisions. Where there were concerns they may not have capacity to make bigger or more complex decisions, their records showed who else might be involved to support them with these.

Staff understood that people could come and go from the site as they pleased. Where appropriate they worked with the person to ensure they were as safe as possible and to offer assistance if it was needed. The management team confirmed they discussed this with another professional to determine whether the person could make an informed decision and what might be in their best interests.

The registered manager was aware that concerns about a person's safety if they left the site, needed discussing with commissioners of services. They were aware they would need to establish the person's capacity to make an informed decision about risks. They were aware of the need to seek authorisation for restrictions that might be essential for the safety of someone who lacked capacity. This would involve liaison to ensure the necessary application was made to the Court of Protection to promote the person's rights and freedoms.

We found that some people needed assistance and support to eat as a part of their care packages. Staff knew who needed encouragement or assistance and we saw that staff provided this support for people who ate in the communal dining area. We noted that, at staff hand over, the staff team discussed two people's declining appetite and the need to encourage them with this. Staff told us how they monitored people's intake of food and drink if there were concerns about this.

Staff supported people to maintain their health and welfare. They sought advice or assistance on behalf of people if they wanted help or were not able to do this for themselves. Our observations at hand over and discussions with staff confirmed this. One person for whom there were concerns about falls, told us, "They make appointments for me when I need it. They're very good if I feel a bit poorly." They were confident that staff arranged this for them quickly if they needed it so that their doctor could visit them in their home. Another person commented that, "They [staff] do look after you."

We could see from records and discussion that staff supported people to access advice from health professionals promptly to help keep them well. This included an occupational therapist, people's doctors, community nursing staff and speech and language therapy. If necessary, they were also supported to make appointments regarding their eyesight, dental care and hearing, or with hospital appointments. A visiting district nurse told us they were confident that staff acted on their advice about how to promote people's health and welfare.

Good

Is the service caring?

Our findings

We noted from observation and discussion that there were isolated concerns for the way staff respected people's privacy in their own homes. We were with one person in their flat when a staff member opened their door without knocking and waiting for a response. Another person raised a specific concern with us about this happening occasionally and we were with them when this happened again. We raised this with the registered manager as needing some monitoring to ensure consistent practice.

Other people spoken with were satisfied that their privacy in their own homes was respected. For example, one person told us, "They always knock and call out when they come in. They don't just barge in." While we were present in shared corridor areas, we saw that other staff used people's doorbells and called out who they were when they opened people's doors. One person had guidance that they preferred staff to knock on their door as they found the bell too loud and intrusive.

People's care records were kept in their own flats. Other, specific records about their health were held in the office only accessed by staff. Staff considered people's privacy when the hand over between shifts took place, ensuring that their discussions were held away from people who used the service. Two people confirmed to us that staff never discussed the welfare or care of other people using the service in front of them. This helped contribute to promoting people's confidentiality.

Staff supported people to express their views about their care, what they needed help with and how they wanted staff to deliver this. People told us that their independence was promoted so they could do what they could manage for themselves. All of the people and relatives who completed our surveys said that the way care was delivered encouraged them to be independent. One person spoken with gave as an example of this saying, "One [staff] just helped me to wash my back and they dry my feet for me because I can't reach. I do the rest."

We spoke to people about their care plans which they told us were, "…in the white folder." They told us that staff did speak to them about this and we could see they had signed their agreement to their individual plans. One person told us, "Oh yes, they [staff] have sat down and talked to me about it. I'm happy with it." People who completed surveys for us and needed support with their care said they were involved in decisions about their care and support. Their relatives' surveys said that they could also be involved in supporting their family members with decisions about the care if the person wanted them to be.

People we spoke with told us that staff were kind, caring and always polite. One person told us, "I couldn't ask for anything more." All of the people who completed surveys for us said that staff always treated them with respect and dignity and were caring and kind. Relatives and community professionals confirmed this view in their surveys. One visiting professional wrote, "Each time I visit I see the staff interacting with the residents in a lovely and positive way." A relative commented, "Staff are caring and very approachable. They are patient and kind and treat people with respect and dignity."

People looked relaxed in the company of the staff, chatting and laughing with them. Staff we spoke with

demonstrated that they knew the people they cared for well. This included their likes, dislikes and preferences. A person using the service told us, "The staff are all very good. They always check and know what I need." Another person confirmed that staff knew their preferences and how they liked to be supported. We saw staff interacting with people in a kind and polite manner. Staff engaged people in conversation and were friendly towards them.

We found from an 'on line' review submitted by someone using the service, two months before our inspection, that the person found staff caring and helpful. They had written that, "I am becoming increasingly dependent and the staff here are very attentive and treat me with dignity and respect and importantly with good behaviour."

Good

Is the service responsive?

Our findings

A full assessment of people's individual needs took place with them before they started using the service. This included how people wanted to be cared for, their individual preferences, their social interests and religious or cultural needs. We saw that these assessments detailed the care that staff needed to provide to meet people's needs.

Our discussions with the management team about recent changes within the service showed that they were making the process of accepting people who needed support more robust. They acknowledged that, in the past, occasionally people used the service whose needs were difficult to meet. Two people using the service expressed similar anxieties. The management team explained how they were working with other professionals regarding referral arrangements to ensure that they were properly able to meet the needs of people accepted within the scheme.

The management team told us how team leaders were usually responsible for helping to ensure people's care plans were up to date and reflected their current needs. They had recognised that some people's care plans were overdue for review. A peripatetic deputy manager had been brought in to help make improvements. That member of the management team had been working in Weavers Court for about three weeks when we inspected. They were prioritising care plans that were overdue for review and working with people using the service to ensure their individual plans reflected people's current needs.

People told us that their individual needs were met. For example, one person told us, "They know what I prefer." Staff told us that there was enough guidance available within people's care records to enable them to understand what care people required at each visit. They were able to describe people's histories and what was important to them. This included members of the management team. A visiting district nurse told us they felt, "Staff knowledge of people is excellent." They described how, if they had any questions about people's needs or problems, staff were able to answer these.

Staff knew about people's histories, hobbies and interests. This enabled staff to engage in a meaningful way with people when they were offering support. Where people needed it, staff offered reminders about recreational and social activities that were on offer and supported people to attend.

People were confident that their complaints and concerns would be dealt with properly. Three people completing surveys for us said that they did not know how to go about making a complaint. However, they were all confident that staff responded well to any complaints or concerns they raised. Four people we spoke with told us that they thought they had been given information about making a complaint. One went on to say, "I have nothing to complain about. I'm not backward in coming forward and I could speak out if things were not right." Relatives who completed surveys for us said that staff responded well to any concerns or complaints they raised. Surveys from visiting professionals also confirmed that they were confident any complaints or concerns would be dealt with appropriately.

The management team recorded the complaints that people had made and the actions they had taken to

resolve them. We noted that six were recorded in the last year and followed up by the management team. Only one of these related to the standard of care or the way a person was supported. We noted from a response that the manager was aware of the rule about the "Duty of Candour." This applies to those running care services showing how they must deal openly and honestly to people if things go wrong, and apologise if necessary.

We were present when a person raised a specific concern with the registered manager. The manager offered them the opportunity to make a formal complaint if they wanted to and agreed with the person how they wanted their concern to be handled informally. The registered manager undertook to check with them during the week after our inspection visits, to see whether things had improved and if they were happy with the action taken. The person subsequently expressed their confidence to us in the way the issue would be addressed. They said, "I like [registered manager]. She will sort it out. I know she will. She's very good."

Good

Is the service well-led?

Our findings

People and staff were empowered to express their views and suggestions about the service. They also told us that there were regular meetings for tenants, which they could attend. One person said that they went, "… to have my say." Another person did comment to us that they did not always know what had happened to people's ideas and why it had not been possible to act upon them. However, we found that the management team had written on minutes of recent meetings, with the action taken and fed back to people at subsequent meetings. We noted that most of the discussion at these meetings was beyond the remit of our inspection and related to the provision of activities or to housing matters.

People told us there were questionnaires for them to complete about the service and that they had recently received this year's copy. In the reception area there was information displayed about the results of the previous year's survey headed, "You said – We did." This showed how the service responded to people's ideas and suggestions. Response to our surveys showed that one person did not feel they were asked for their views and another was not sure. However, everyone else, and the relatives who responded, said that they were asked what they thought about the service offered to people. This confirmed what people told us at our inspection visits. One relative commented that, "They [staff] listen and act on information shared with them and feed back information as necessary.

All of the staff who completed our surveys before the inspection visits, said that their managers asked what they thought about the service and took their views into account. Staff spoken with told us that they felt the management team were open to ideas. One staff member explained to us that they were able to make suggestions about how things might be done or improved. They said that the management team engaged with them to discuss their suggestions and options.

The management team maintained a regular presence around the service, contributing to both staff morale and people's confidence in leadership. People using the service all knew who the registered manager and deputy manager were and felt they were accessible to them. Staff confirmed that this was the case. Our discussions and observations showed that the management team had a sound knowledge of the needs of people the service was supporting.

A visiting district nurse confirmed that the management team had an 'open door' policy; they had not observed any reluctance of staff to raise issues or seek clarification from the management team if they needed it. Our observations of interaction and feedback from staff showed that morale was generally good. Staff were enthusiastic about their work and clear about their roles and responsibilities.

The management team had been at the service for just over a year at the time of our inspection. The registered manager completed registration with the Care Quality Commission (CQC) in November 2015 after their appointment to the role. Including current arrangements CQC records showed there had been four different registered managers at the service in just over three and a half years. The current management team were aware this and recognised the need to ensure the changes they were making were consolidated and understood by staff. They understood the importance to the staff team of having stability in

management. Staff and one person using the service told us that they felt the changes were positive and consultation and involvement had improved.

The registered manager had identified, not long before our inspection, that the provider's Statement of Purpose for the service needed updating. This did not accurately reflect the types of needs for people the agency was supporting, known as 'service user bands'. It referred only to older people but this did not accurately reflect the range of needs of people using the service. Weavers Court was supporting some younger people, some people with a physical disability, people living with dementia, or needing support with their mental health. The registered manager provided evidence that she had taken this up with the line manager for the service. We discussed with the registered manager the need to ensure changes were made promptly and notified to the CQC.

The management team and provider's representatives monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule for programming internal audits and monitoring by both the management team and team leaders. The management team monitored accidents and incidents each month to help identify if any patterns were occurring. This would enable the service to take action to reduce the risk of the accidents happening again.

We noted that the provider's representatives had completed a 'mock inspection' on 20 September 2016. This highlighted the areas of for improvement, including that updates to care plans were needed. It also confirmed the findings of the medicines audit that took place in August 2016. Additional support and monitoring was being implemented to address both of these areas to ensure improvements were made. We noted that there were some delays for the prompt completion of training as shown in records given to us. However, the registered manager was aware of this and had a system for highlighting where improvements were needed. They also expressed the view that changes to the training system meant sometimes dates were not accurate and that training seeming overdue had been renewed. They were taking action to address this.

The registered manager was participating in a research project about the recruitment and retention of good quality staff to help understand and promote best practice in this area. The service had also achieved ISO 9001 certification for service quality. The registered manager showed from discussion and information in their provider information return, that they recognised the need to continue identifying where improvements could be made.

People felt that they were receiving a good service at Weavers Court. Staff were confident in the quality of care they were able to offer people and told us they would be happy for their own family members to be supported by the service. A visiting professional commented in their survey to us that they would have no hesitation in recommending the service and would be happy to use it themselves or for one of their family to do so.