St Anne's Community Services

St Anne's Community Services - Benedicts

Inspection report

Benedicts, Ashfield,
Wetherby
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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

Overall summary

This was an unannounced inspection carried out on the 24 September 2015. At the last inspection in June 2013 we found the provider met the regulations we looked at.

Benedict's provides 24 hour nursing care and support for up to16 people with complex learning disability needs. The service provides long term care in addition to respite care. It is situated in a quiet residential area close to the centre of Wetherby.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe.

People were overall protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. We did however suggest some systems for storage and administration could be improved.

There were enough staff to keep people safe and staff training and support provided staff with the knowledge and skills to support people safely. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People were happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support. Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity; decisions were made in their best interests.

People participated in a range of activities both in the home and in the community and were able to choose where they spent their time. People had a good experience at mealtimes and said they enjoyed the food at the home.

Staff were aware of how to support people to raise concerns and complaints and there were effective systems in place to assess and monitor the quality of the service.

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?

Requires improvement

The service was not consistently safe.

Medication practice was not always safe and some improvements were needed.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Good

The service was effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People enjoyed their meals and were supported to have enough to eat and drink.

Staff told us they received good training and support which helped them carry out their role properly. Staff completed an induction when they started work.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive

People's needs were assessed before they moved into the service and whenever any changes to needs were identified. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

Summary of findings

There were systems in place to ensure complaints and concerns were fully investigated.

Is the service well-led?

Good

The service was well- led.

People spoke positively about the approach of staff and the registered manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

St Anne's Community Services - Benedicts

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 24 September 2015 and was unannounced.

At the time of our inspection there were 16 people using the service. During our visit we spoke with seven people who used the service and two relatives. We also spoke with seven members of staff and the registered manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's support plans.

The inspection was carried out by one adult social care inspector and a specialist advisor in nursing.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. The local authority said they were currently working with the home on an action plan to improve the service. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

Requires improvement

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. One person told us, "Yes I am love, very well looked after, thank you." People told us they liked living at the home; they nodded, smiled and gave us thumbs up signs when we asked if they got on with other people in the home. One person said they thought some people could be a bit noisy at times. Relatives of people who used the service said they felt their family member was cared for in a safe environment. They said staff managed any risks associated with their relative very well. We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff. They had a good rapport.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems.

Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed. We saw safeguarding incidents were reported appropriately to the local authority and the CQC.

We looked at five support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. For example, people at risk from pressure ulcers had plans in place to ensure regular positional change and pressure relief equipment was in place. People who were at risk of choking had management plans in place to tell staff how to prevent this.

We saw risk management plans were reviewed when people's needs changed. Staff were able to describe the risk management plans of people who used the service and how they maintained people's safety.

We saw there were systems in place to make sure equipment was maintained and serviced as required. There was a file containing certificates to show gas and electrical safety tests were carried out at the correct intervals. We carried out an inspection of the premises and equipment used in the home. We saw that the home was overall, clean, tidy and homely. Some areas of the home such as corridors and the lounge areas were showing evidence of wear and tear. Some of the décor was tired and worn. The registered manager showed us documentary evidence of decorating that was to take place, which included these areas. At the time of our inspection, decorating of bedrooms and bathrooms was underway or had been completed. The registered manager told us the ceiling tracking hoists were also to be re-positioned to meet the needs of the current people who used the service. They said they had met with the manufacturers of the hoists to enable an improved design. Staff told us they had the specialist equipment they needed to meet people's needs. They said they received training in its safe use.

We looked at window restrictors on a random sample of windows in the home. We found them to be in place where needed and were told regular checks were carried out to ensure their safety. The registered manager was aware of the latest guidance from the Health and Safety Executive regarding window restrictors. However, on some of the upstairs sash windows the restrictors had been removed when decorating took place and had not been put back in place. There was a risk these windows could be opened more than the recommended 100mm. The registered manager made arrangements during our visit to have these replaced to ensure the windows were safe.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. However, one staff member said, "It would be nice to have an extra pair of hands now and then so we could get people out more." Rotas we looked at showed that staffing levels were provided as

Requires improvement

Is the service safe?

planned. Any gaps such as sickness or vacancies were covered by the use of agency or bank staff. We were told that all agency staff who worked at the home had done so for some time and were familiar with the needs of the people who used the service. Records we looked at and practice observed confirmed this.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. The registered manager said they had now filled all the nursing vacancies in the home from a recent recruitment drive.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. The home had procedures for the safe handling of medicines. We looked at the storage of medications in the medication trolley and saw that they were organised with areas for each person who used the service. However, we found eye drops which had been open longer than the recommended 28 days. We brought this to the attention of the nurse on duty and it was rectified immediately. We also found that some liquid medications had labels that were illegible due to spillages down the side of the bottle. The registered manager agreed to remind staff of the importance of wiping bottles clean to ensure the instruction labels could be read clearly.

Staff who administered medication had been trained to do so. We saw liquid medications were measured accurately into clean pots prior to administration and that clear individual administration preferences were documented for each person who used the service. For example, 'Liquid medication to be handed to [name of person] in a medicine pot for him to drink himself' and '[Name of person] prefers to take tablets from a spoon followed by a spoon of yoghurt.' We saw people who used the service were asked for their consent prior to taking their medication and staff observed to ensure the full medication had been swallowed prior to moving away.

We saw that a number of people who used the service required a thickening powder to be added to their medication to make it easier for them to swallow safely. We saw that this had been prescribed individually for people who used the service but just one communal tin was being used to dispense from. This meant there was a risk that the specific instructions for each person may not be followed. The registered manager agreed to look at ways they could make sure the thickening powder was dispensed from individual tins and said they would consider more storage to facilitate this.

We reviewed five people's medication administration records (MAR's) and saw these were completed in full with the exception of one missed signature. The registered manager had already identified this and there was a completed incident report on the matter, showing the action taken to prevent re-occurrence. MAR's had individual photographs for each person so they could be clearly identified and there were individual directives of preferred administration choices. For example, 'Tablets to be taken on top of yoghurt on a spoon' and 'Liquid medications to be thickened to stage 2.' As and when necessary (PRN) medications had clear guidance in place for their use. One person had guidance for how they expressed they may be in pain. The record stated, '[Name of person] may shout ouch or have distressed facial expressions or hold a part of his body to indicate pain in that area.'

However, the MAR charts were not signed when thickening powder was administered to drinks or medication. The thickening powder was a prescribed item and records therefore did not show this was administered as prescribed. The registered manager said they would look at ways they could ensure this occurred. We also saw that one person was prescribed a patch medication that was to be changed every 72 hours. Body maps were not in use to show the patch was rotated in position at each administration. The nurse we spoke with displayed good knowledge of site application being on the neck area but acknowledged the need for a body map to be added to ensure regular rotation to prevent skin damage.

Requires improvement

Is the service safe?

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence

Good

Is the service effective?

Our findings

People had access to healthcare services when they needed them. We saw records in the support plans of people who used the service which showed they had regular contact with healthcare professionals such as doctors, physiotherapists and occupational therapists. This showed people living at the home received additional support when required for meeting their care and treatment needs.

We saw evidence that regular health checks were documented including GP visits with reasons for request and outcomes. For one person the record stated; '[Name of person] appears to have a chesty cough; GP visit requested.' And the outcome recorded as; 'To commence antibiotics and contact GP if no improvement.' And 'Antibiotics course completed, cough now resolved.' We saw where a person who used the service had a pressure sore that a dressing regime was in place with completed dated documentation evidencing daily treatment, including position change charts. We also noted that a person with epilepsy had clear directives in their care file for post seizure care and medication and there was a seizure chart completed which included date, time, location, details of seizure, duration and witnessed by.

We observed a shift handover by the nurse with the registered manager and deputy manager present. This was thorough and outlined the care and support given to each individual person who used the service; any health issues and any outstanding tasks such as the collection of a urine sample or monitoring of blood sugars for people who had diabetes. Relatives of people who used the service said the staff were prompt in gaining medical attention when it was needed. One said, "They are very aware where aspiration is concerned; any little sign of a chest infection and they are on the ball getting the antibiotics." We saw staff were prompt in their actions and responses to the health needs of people who used the service. One person had unstable blood sugars during the visit and staff kept a close eye on this. We also saw a person who began coughing when drinking and staff responded immediately with a position change for the person to make sure they didn't choke.

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. Staff showed a good understanding of the way people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

People's needs were met by staff who had appropriate skills, competencies and knowledge for their roles. Staff we spoke with told us they received good support from the registered manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff told us they received good training and were kept up to date. Comments we received included; "We always get our updates and refreshers to keep us up to date" and "We are trained to do a good job for the people here."

There was a rolling programme of training available which included; moving and handling, emergency aid, health and safety, safeguarding adults, Mental Capacity Act (MCA) 2005 and food hygiene. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and the registered manager said they were booked to ensure staff's practice remained up to date. In addition to this, nursing staff had completed medication training and competency checks were in place. Arrangements had been made for visiting health professionals to deliver training on specialist seating and other equipment used by people who used the service.

In the Provider Information Return (PIR), the registered manager stated they had plans to improve the service by 'Training specific to client's individual needs.' We saw a team plan for the service had been identified to show what training was needed to ensure this. This included; pressure ulcer training and postural management sleep system training.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. We were told that some people who used the service were subject to authorised deprivation of liberty. Our review of

Good

Is the service effective?

people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. The manager showed a good understanding of DoLS and the application process. For example, we saw for one person that a DoLs request for a Standard Authorisation had been completed following a documented best interests meeting which discussed a capacity assessment which had identified the person lacked capacity.

We asked staff about the Mental Capacity Act (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. They spoke of making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

People who used the service were complimentary about the food and menus in the home. Comments we received; "The food is good" and "I like it most of the time." One person who was not able to verbally communicate with us winked and smiled when we asked if they had enjoyed their lunch. Menus showed there was a good variety of options available to people. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu. We saw on the day of the visit that a person who used the service requested a sandwich instead of the lunch time meal and this was made for them.

We observed the lunch time meal in the home. The atmosphere was relaxed and jovial. People were offered choices and alternatives were provided when they did not want what was on the menu. The meal we observed looked well-presented and appetising. People who used the service received the support they needed to eat their meals. Staff were attentive and patient; providing explanations of the food when this was needed and taking the time that was needed to support people. Staff made sure people's requests for food and drink were responded to well. No-one was kept waiting for assistance with their meal or drink. The registered manager told us that housekeeping staff assisted at meal times so that the maximum number of staff were available to support people who used the service. We saw the registered manager was present during the meal time, observing staff practice and gaining feedback on how people were eating. Staff said this was the usual practice of the registered manager. One staff member said; "[Name of manager] is always out and about to see how we are doing."

Good

Is the service caring?

Our findings

People who used the service said they enjoyed living at the home. One person said; "I'm so happy." Another person who used the service said, "It's lovely, It's comfy, everyone is always kind." People who used the service who had limited verbal communication were animated and smiling when we asked them if they were happy at the service.

Relatives we spoke with said they found the staff caring, kind and thoughtful. Their comments included; "[Name of person] is so well cared for here, looked like a tramp when we visited at the last place" and "We have no cause for concern at all, he is always well presented and is very contented here."

We looked at the results of surveys undertaken by the home in 2014. Relatives of people who used the service spoke positively about the home. Comments included: 'Very caring', 'All the staff are caring and kind' and 'They put the C back in to caring.'

People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. Staff were friendly, patient, and enthusiastic in their interactions with people who used the service. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff were encouraging and supportive in their communication with people. We observed a staff member engaged with a person who used the service in a friendly positive and respectful manner when assisting them to have a cup of tea and biscuits. The staff member offered their hand to the person and gently led them to what they said was their favourite chair. We saw a staff member assisting a person to the bathroom and noted that the staff member spoke in a quiet and caring tone, encouraging the person to walk with them and complimenting the person on their hair. This led to the person smiling and happy to follow the carer's instructions regarding mobility.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. We saw a staff member assisting a person with their drink. They asked if the temperature was alright for them and each time there was any spillage they asked the person if they wanted assistance to wipe their face. This was respectful of the person's dignity. We saw people who used the service were provided with aids and adaptations to enable them to be as independent as possible. This included adapted cutlery and crockery.

When we sat in on the staff handover we noted that all the discussions were undertaken in a professional and caring manner, discussing people's personalities and behaviours with obvious knowledge and fondness. A staff member also told us, "I love it; the residents are like my family now." A person who used the service who was admitted with limited mobility, told us "Look, I'm walking, I'm walking" and they walked towards a staff member and gave them a hug.

Staff were trained in privacy, dignity and respect during their induction. The registered manager said they worked alongside staff to ensure this was always put in to practice. One staff member had been appointed dignity champion in the home. The registered manager said the dignity champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times. In the PIR, the registered manager stated; 'Two nurses have completed NCFE (Northern Council for Further Education) Level 2 in Understanding Dignity and Safeguarding in Adult Health and Social Care' when asked to demonstrate good practice and improvements in the service.

We saw evidence that people who used the service were included in their support plan development. We saw in one person's records; 'I, [Name of person], will be involved as much as I want and am able to do, with the right support, to write and complete this plan. I will involve and seek advice where needed from others to ensure the plan meets my wishes, aspirations and can support me well.' Relatives of people who used the service said they felt involved in their family members care and support plan. They told us they were consulted at the assessment stage and had felt a part of the process. They said they had not had any review meetings but felt well informed on their family members changing needs. Some records we looked at did not however show how family members had been consulted or involved in their relatives support plans.

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke

Good

Is the service caring?

of how they had done so in the past. They told us they had recently applied for an independent mental capacity advocate (IMCA) to assist a person who used the service in decision making regarding medical treatment.

Good

Is the service responsive?

Our findings

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

We looked at the support plans for five people who used the service. The support plans were person centred and written in an individual way. They included a one page profile of people. A one page profile is a summary of what is important to someone and how they want to be supported. One person's plan stated; 'I like to have my soft toys with me all the time, especially when staff are supporting me with personal cares.' Another person's stated; 'I do not like being rushed, staff to show patience when they are supporting me.'

We saw support plans were updated regularly with all relevant information added to support plans or risk management plans. Staff were provided with clear guidance on how to support people as they wished. This included support with aids and adaptations, mobility, pressure ulcer prevention and communication. Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well and the individual ways in which they communicated, including the use of communication aids. Records we looked at showed people who used the service received the support they needed. A person at risk from pressure ulcers was nursed on an air mattress and there was documentary evidence of regular position change and checks on their skin integrity.

People were encouraged to maintain and develop relationships. People who used the service said they received visitors and got out in the local area. Relatives of people who used the service said they felt comfortable to visit at any time and were welcomed and included at the service. Records showed people were involved in activity both in the home and the wider community. On the day of our visit some people who used the service went out to the local market to buy flowers to display in the home. They also visited a local café while they were out. Other people in the home were engaged in activities such as the use of the home's sensory room, games, knitting, playing dominoes, computer games and generally interacting with staff in activity such as singing and chatting.

The registered manager told us the leisure and recreation workers post at the home had been vacant but had now been recruited to. They said this had affected the home's ability to provide a planned programme of activity. However, they said they had hired transport to enable people to have trips out. Recent trips had included visits to the coast and an aquarium attraction. We saw that some people had regular activity they attended such as a day centre. The home had an activities room people could use for arts and crafts and we saw this was decorated with pictures of people who used the service engaged in activities they enjoyed.

People who used the service told us they had enough to do at the home. One person said they enjoyed being able to use their computer and said they got out when they wanted to. They added that they would like support to keep in touch with friends from their previous placement. We discussed this with the deputy manager who said they would look in to how they could enable this.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. People said that they would speak to the registered manager, deputy manager or any of the staff. No-one we spoke with had any concerns. Relatives of people who used the service said they were aware of how to raise concerns if they had any.

The registered manager maintained a log of complaints and compliments received about the service. Records showed there had been no complaints or concerns received since 2011. We saw a number of compliments had recently been received. These included positive feedback from a student nurse on placement at the home and a health professional who had commented on the caring nature of the staff. We saw from staff meeting minutes that any feedback received by the service was discussed with the staff team. Staff confirmed they were kept well informed on issues that affected the service. They said they

Good

Is the service responsive?

were given feedback on the outcome of any investigations such as accidents/incidents, safeguarding concerns and senior manager's visits to prevent re-occurrence and improve the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service and their relatives spoke highly of the management team and how the home was well run. Comments we received included: "He's alright, I like him [Name of deputy manager]", "We see the manager when we come" and "Everything seems very well managed and organised."

Staff spoke positively of the management team and spoke of how much they enjoyed their job. Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. One staff member said, "It's a lovely place to work, the manager and deputy are so supportive and I am never worried about things I don't know as any training I want is organised by the deputy." Another staff member said, "This is a real home for the residents and I feel really lucky to be working here."

Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. One staff member said, "I wouldn't want to work anywhere else, the manager is brilliant and I would go to her with anything." Staff said they were aware of the whistleblowing procedures and felt confident to raise any concerns they may have.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 and these showed a high degree of satisfaction with the service. No suggestions for change or improvements had been made. Comments included; "[Name of person] quickly settled and seems very happy here', 'Staff helpful and happy to discuss anything I want concerning [Name of person]', 'Staff help me to go shopping' and 'Since I moved to Benedicts staff and nurses have supported me to help my health improve and I am happy with that.'

The registered manager and staff said they encouraged people who used the service to give feedback during reviews and support plan reviews on an individual basis. They said they also did this through observation of people who used the service. They said this was particularly important for people who did not use verbal communication. The registered manager said they had changed the meal times in the home in response to people's needs. They said the main meal of the day was now at tea time to encourage people to eat better as they found people were not eating as much of their meal when it was a main meal at lunchtime.

The registered manager told us that they had a system of a continuous audit in place. These included audits on medication, health and safety, and the premises. We saw the medication audits were completed monthly and were up to date. Medication discrepancies/omissions had been identified and entered in the medication error log and identified the action taken to prevent re-occurrence. We reviewed the home's kitchen cleaning schedules and noted these were signed off daily when tasks were completed and then signed when checked by the registered manager on a weekly or daily basis. We also looked at the maintenance records in the home and could see that regular checks took place and any maintenance requests were acted upon promptly.

We were told that the provider visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. We looked at the records of recent audits and saw that any actions identified were acted upon to ensure continued improvement in the service.

The registered manager said there were policies and procedures in place to assist staff in carrying out their roles. Staff confirmed they had access to the provider's policies and procedures. One staff member said, "I always know where to look if I need to look anything up." We also saw there was a system in place for staff to be made aware of any changes or new policies and procedures. Staff said they were informed through handover and had opportunity to discuss them at staff meetings.