M. J. M. (Furnishings) Limited

Highfield House

Inspection report

Manchester Road
Heywood
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Tel: 01706624120

Date of inspection visit:
25 September 2018

Date of publication:
07 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Highfield House is a large detached house situated close to the centre of Heywood. The home is registered to provide accommodation and personal care for up to 25 people. On the day of the inspection there were 21 people accommodated at the home.

The service had a registered manager. 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 service had changed their legal company status since the last inspection of January 2017. However, the changes did not affect the direct ownership or senior management team. At the inspection of January 2017, the service was rated as good overall with no breaches of the regulations.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained at a good level.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the

training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and the plans and care regularly reviewed.

People were treated with respect and dignity.

People were treated in accordance to their age, gender, sexuality and religion.

Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted.

Audits, surveys and meetings helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and would recognise what a deprivation of liberty was or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service.

People were encouraged and supported to keep in touch with their family and friends and follow the religion of their choice.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns and people told us they felt staff would listen to them if they had any concerns.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Highfield House

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 was an unannounced inspection and was conducted by one adult social care inspector on the 25 September 2018.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views of service and they did not have any concerns.

We spoke with three people who used the service, an advocate, the registered manager, two area managers and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of three people and medicines administration records for eight people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "It's safe. Some people wander around a bit but they are not a worry and "I feel very safe. Staff look after me."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative, which meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. Staff we spoke with said, "I would report any abuse" and "I would whistle blow on any poor practice." Staff we spoke with were aware of what constituted abuse and how to protect people to keep them safe.

We saw the registered manager audited safeguarding referrals monthly and where any action was taken, for example disciplinary procedures against a staff member. All safeguarding referrals had been made to the CQC and local authority team to ensure the response to any allegations were open and transparent.

People who used the service told us, "The staff are always around and there seems to be enough of them. They sit and chat with us,"; "Staff come quickly when you use the call bell," and "The staff come to talk to me regularly." A staff member said, "There are enough staff. No issues with not enough staff. We try to get cover for each other." On the day of the inspection the registered manager was on duty supported by a senior care staff member, two care staff, a domestic, cook and maintenance man. The off-duty roster showed this was normal for the service.

We looked at three staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks ensured staff were safe to work with vulnerable people.

We saw in the plans of care that there were risk assessments for the environment and for any specific need a person had. Personal risk assessments included moving and handling, the risk of falls, tissue viability (the risk and prevention of pressure sores) and nutrition. We saw where a risk was identified specialist advice, such as from a dietician was sought and specialist equipment provided for the prevention of pressure sores. There were also environmental risk assessments which highlighted possible hazards such as slips, trips and falls. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles.

There was a business continuity plan to help ensure the service could function in an emergency such as a loss of utilities or staff shortage in bad weather and each person had a personal emergency evacuation plan (PEEP) to help people be safely evacuated in the event of a crisis such as a fire.

There was a system for the reporting and repair of equipment. Electrical and gas installation and equipment was maintained by qualified external contractors including the fire system, call bells, portable electrical appliances, the lift, hoists and slings.

The fire system was checked regularly and staff were trained how to respond to the fire alarm sounding including evacuation of the building. The maintenance person also undertook regular checks to ensure the hot water outlets were not a risk of scalds and windows had a device fitted to prevent accidental falls. Radiators and pipework was safe and there was a system to reduce the risk of Legionella.

We checked cupboards which could contain hazardous chemicals or needed to be kept close for fire protection and found them to be locked and safe.

Staff had access to and received training in the prevention and control of infection. Staff also had access to personal protective equipment (PPE) to help reduce the risk of cross contamination of infection. The service used the National Institute of Health and Clinical Excellence (NICE) guidelines for the prevention and control of infection which meant they could advise staff around best practice issues to help keep people who used the service safe.

The laundry was sited away from food preparation areas and had sufficient equipment to keep clothes and linen clean. There was a sluicing facility in the industrial type washing machine. A person who used the service told us, "They look after our clothes in the laundry." Hand washing facilities were provided in all key areas and staff taught good hand washing techniques to help prevent the spread of bacteria.

There was a medicines policy in place (the service also had the NICE guidelines for the safe administration of medicines) which guided staff to provide safe administration, storage, ordering and disposal of medicines. All staff had undertaken medicines administration training and competency checks were regularly undertaken to help ensure skills and knowledge remained current and relevant.

People who used the service said, "We get our medicines on time. They are good at that," and "They bring my pills on time." A staff member said, "I have had my medicines competency check, we have one at least every year."

Medicines were stored in a locked office in a trolley attached to the wall. All medicines were stored separately for each individual person in the trolley and away from external medicines, creams or dressings. There was a system for ordering and checking the numbers of medicines each month. Staff audited the system daily and the registered manager monthly. This helped to minimise or spot any errors.

We saw that any medicines that had a specific use by date such as creams were dated when opened by staff and both the fridge and medicines room temperature was checked to ensure medicines were stored within manufacturers guidelines.

There was a separated controlled medicines cupboard and register. We saw controlled drugs were safely accounted for by two staff and we checked the numbers of medicines against the register and found they tallied.

We looked at eight medicines administration records (MAR) and found that all entries were accurate with no omissions. 'As required' medicines gave staff clear instructions what the medicine was for, the amount that could be given, when they were due and the total amount that could be given in a twenty-four hour period to avoid a possible overdose.

Staff retained the information leaflets supplied with the medicines and had a copy of the British National Formulary to refer to for and contraindication or any side effects. We also looked at some staff meetings records where good practice guidance for the administration of medicines was discussed.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce the incidents. Whilst there had not been any untoward incidents we saw that action had been taken to try to reduce accidents by supplying sensor mats or to ensure bedding is tucked in.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had informed the CQC of any DoLS authorisations as they are required to do. Staff had been trained in the MCA and DoLS and were aware what a deprivation of liberties was.

People who used the service had a mental capacity assessment on admission which was reviewed each month. Prior to any decisions about a person's lack of mental capacity a best interest meeting was held to gain more information. A best interest meeting includes the person, family members, staff from the home and any relevant professionals. If a decision is reached to apply for a DoLS by gaining the views of all concerned it is hoped that this would follow the least restrictive path and consider what the person may have wanted. There were currently five people who had a DoLS in place because they were not able to understand why they were in the care home.

We saw that where possible people had signed their consent to care and treatment. We observed staff asking for people's consent before they performed any care or support.

People who used the service told us, "The food is good. We get a good choice of food. We have a new cook who is doing fine. The tea was very nice. We get a drink when we want"; "We can ask for a drink if we want one. The food is nice. You cannot grumble. You get a very good choice" and "The food is all right."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We observed a mealtime and saw that there was good interaction between staff and people who used the service. The meal was held as a social occasion and people who used the service also talked with each other.

Tables were nicely set with tablecloths, a flower arrangement, napkins, place mats and condiments for people to flavour their food to taste. The food served on the day was warm, appetising and nutritionally balanced.

There was a four-weekly menu cycle with foods normally associated for breakfast, such as cereals, toast or

porridge and always a cooked option which changed each day. Lunch was the main meal of the day with two choices of meal or dessert. The evening meal was a lighter option but there were two choices. People could take a drink of their choice with their meal and water or fruit juice if they wished. Between meals there was a snack such as biscuits or fruit when drinks were served and a supper available later in the evening. The registered manager said if people did not want what was on the menu they would be offered something else.

We went into the kitchen which was clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. Fresh fruit was available from the kitchen and freely available when the drinks trolley was taken round and there was a good selection on offer. The kitchen had achieved the highest food standards agency rating which meant the systems for preparing, storing and service of food was safe and the cook followed good hygiene standards.

The cook was informed of any people's special dietary needs or if a person had any known food or other allergies. There were no current specific special diets although some people required soft foods or thickened fluids.

People who used the service told us, "I have a lovely room. Nice and warm. They keep it very clean"; "I have a nice bedroom. I have made it like my own room" and "My room is all right and they keep the home clean."

People had their photographs on their bedroom doors and other rooms such as bathrooms were signed to help people find their way around the building.

We visited all communal areas and several bedrooms during the tour. The communal areas were being redecorated to help improve people's environment. There was sufficient good quality seating in both lounges and dining areas. The registered manager had plans to make the communal rooms homelier with cupboards and wall space being filled with items that people were familiar with.

Bedrooms we visited were personalised to people's tastes containing photographs, pictures and ornaments. People could bring in their own furniture if they wished.

There was a new wet room for people to take a shower and a bath available to offer people their personal bathing choice. Toilets, baths and corridors had rails or equipment for people with mobility needs.

There was parking to the front of the building and a suitable safe garden area with seating for people to use in good weather if they wished. There was a lift available to both floors.

A staff member said, "I completed the induction. I think the induction helped me get into the job. I felt confident after the induction and the manager answered all my questions." New staff were enrolled onto the care certificate and the homes own induction program. The care certificate is a nationally recognised induction program for people new to the care industry. The homes own induction covered key policies and procedures, all mandatory training such as health and safety, moving and handling, safeguarding, the rules and regulations for working at the service, the codes of practice, personal care topics, confidentiality and other good practice information around topics such as privacy, the safe use of equipment and infection control. The induction was extensive and the staff member signed each area with a manager when completed. The staff member was shadowed and supported by a mentor until competent.

A person who used the service told us, "They are well trained. They look after us but they are busy." Staff we spoke with said, "I am up to date with training. The dementia training is due but it has been arranged. I have

done it before anyhow. Over the years I have learned a lot from the training" and "I have done all the mandatory training. I am completing the palliative care training. I think this training is very good and interesting. Up to now I have learned a lot. With the training and induction I have confidence in what I do. We looked at the training record and saw that staff were up to date with their training or suitable refresher training was organised for mandatory topics such as food safety or fire awareness. There was further training on offer which included the care of people with a dementia, medicines administration, the mental capacity act and DoLS, equality and diversity, pressure area care and end of life care. Most staff had completed or were encouraged to complete a recognised course in health and social care such as a degree or NVQ.

Staff told us, "Supervision we get often. You can say where you are in your job or what you want to do. I want to complete the end of life training. I think we are well supported" and "I have supervision every couple of months. Either the team leader or manager do it. It is a two-way process." We saw from the records that staff received regular formal supervision and appraisals were due in November 2018. Staff were able to bring up their training and other work related needs at supervision.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and dieticians. People were also supported to attend routine appointments with opticians, dentists and podiatrists. This helped meet people's health care needs.

Good

Is the service caring?

Our findings

An advocate said, "The staff are nice and pleasant. I come without telling them. The staff are welcoming and offer refreshments."

People who used the service told us, "The staff are nice – they are great. I think they are caring. They treat us like adults. You can have a good laugh with the staff. I am more than happy"; "I am fine here. You get fed up sometimes but you do anywhere. It is a good place to live. The staff are very nice. I am quite happy here. I tell my daughter I am happy" and "I am OK living here. They are looking after me very well. I feel very well looked after. The staff are very kind."

Staff we spoke with said, "I like it here. Faster paced than where I was. The service users keep you on your toes. I would be happy for a member of my family to come in here. We have a good team. I think it is rewarding to go home and they are all settled in bed and that they are happy. It is a good place to work" and "I have a member of family who lives in the service. I really enjoy the job. I like working with the elderly. I like helping people and caring for the people who live here. I get satisfaction from the job."

We observed staff during the inspection and saw that staff were kind, caring and professional. Staff had time to sit and talk to people. Staff were taught about privacy, dignity and independence. We did not see any breaches of privacy during the inspection and that staff were discreet when assisting people.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. Staff were also informed about not putting confidential information on social media.

Each person had completed a life history which gave staff information about their past social, education and work history. They had also completed a daily routine document which included items such as the preferred gender of the staff they preferred

All sections of the care plan looked at the known choices and preferences of people who used the service. This included if they preferred a bath or shower, how they wished to be dressed, if they wished to attend meetings or what they liked to be called. This helped ensure people were treated as individuals.

There was also a record of a person's religion, ethnicity and sexuality. We saw that where a specific need was identified the service made arrangements to meet the need, for example if a person practiced their faith staff ensured they were aware when a visiting minister attended the home.

There was a non-denominational church service held every month where people could attend for prayers and communion if this was the way they wished to practice their faith. The registered manager said the visiting clergy also offered individual spiritual support if people requested it.

Staff were also trained in equality and diversity. Training was also available for staff around a person's sexuality. This would help staff understand the needs of elderly people who were lesbian, gay, bisexual or

transgender (LGBT).

We also saw that plans of care showed people's known preferences and choices had been recorded. This included what people liked to eat and drink, times of getting up and going to bed, what activities they liked and how much support they could undertake themselves. This helped people remain as independent as possible.

A person who used the service said, "Visitors can come anytime and they are made welcome." Visiting was unrestricted and people could go to their rooms to meet in private if they wished. The manager was available to talk to visitors and family members were encouraged to join in meetings and activities. This meant people were supported to remain in contact with family and friends.

There was a section in the care plan which covered people's communication needs. From looking at the plans of care, observation and talking to staff we found people could communicate verbally and the service did not require and specialist communication equipment.

Information around accessing the advocacy service was located in the hall way and we met an advocate who came in to see two people who lived at Highfield House. An advocate is an independent professional who acts on behalf of a person to ensure their rights are protected and where possible their wishes are taken into account with respect to any support people required.

Good

Is the service responsive?

Our findings

People who used the service said, "You can talk to a member of staff if you have any worries" and "I have no complaints or nothing to grumble about. If I had any worries I think they would listen to me."

Each person was issued with a copy of the complaints procedure when they were admitted. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other organisations including the local authority. No complaints had been made to the CQC since the last inspection. We saw that for any complaints made to the service the manager held an investigation and took action to reach a satisfactory conclusion. This included meeting a family member to explain how the service would improve the laundry situation and ensuring a staff member apologised for a misunderstanding.

We also saw there were many compliment cards. We also spoke with an advocate who told us, "I am happy with the response from staff. It is one of the better homes because we work together."

People who used the service told us, "I like reading and arts and crafts. We have a lady who comes here to sing. She is very good. You can go to the church service. Seven or eight of us attend" and "I like to watch television. I don't join in the activities."

There was a planned series of activities and a person employed to provide support. People we spoke with had a varied response to activities either attending just what they wanted or not wishing to attend at all. Activities included arts and crafts, pamper sessions, armchair exercises, singalongs, various events such as a sponsored walk, gardening, games, film shows, completing jigsaws and crosswords, reminiscence and baking. For people who did not want to attend or were unable to attend group therapies one-to-one sessions were held.

Some people liked to assist with household chores such as dusting and one person had been supplied with a doll and pram which they used to help calm their behaviour. There were also photographic records of special events for days such as victory in Europe (VE day), the royal wedding, Mother's Day and fun events such as a mask day.

The plans of care we looked at showed that prior to moving into the care home a pre-admission assessment was undertaken. Staff took a background history of a person's social and medical needs, a record of their medicines, any allergies, daily living abilities, what level of personal care was required and any religious, cultural or social needs. This provided the registered manager and staff with the information required to assess if the service could meet the needs of people being referred to the service prior to them moving in. Social services or the health authority also provided an assessment which gave staff further information. From this information the service developed a plan of care.

An advocate said, "I enjoy coming to this service. The staff are very helpful. They keep me informed if anything happens." We looked at three plans of care of care during the inspection. The care records

contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans.

We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Each person's day was recorded. We saw that people had access to professionals if it was noted that a person's needs were changing. In one plan we saw a person had been referred to a mental health specialist and another a social worker.

At the start of each shift staff attended a handover session. These sessions gave staff the chance to pass on any relevant information about a person to the oncoming staff, which could help them plan the days tasks for any appointments or professional's visits.

Nine staff were currently undertaking end of life care at the local hospice which would help them support people's needs when their health deteriorated. Part of the training for this course was also supporting the bereaved and a person's spiritual or religious needs.

People's end of life wishes were recorded in the plans of care to ensure staff would be aware of people's specific requests. The details included if a person wished to be cremated or buried or if they had requested a specific undertaker.

Good

Is the service well-led?

Our findings

People who used the service told us, "The new manager is very nice. She comes around regularly and you can talk to her. It is nice here. Lovely"; "The manager is very nice. She is very approachable" and "The manager pops in for a chat regularly." Staff we spoke with said, "The manger is very good and you can go to her if you need anything. I think the service is well managed" and "We have a good manager. You can ask for any advice or help anytime. Very supportive. There is a good staff team, we are a really close team. We cover for each other." An advocate we spoke with said, "The new manager is very good. Staff also know who the residents are and are knowledgeable about the people they look after. They make time to talk to us." All the people we spoke with said the manager was approachable and a good leader.

A commissioner of services for Rochdale Metropolitan Borough Council had emailed the service to say, "Thanks to the manager for your hard work and dedication. Very prompt with assessments and paperwork requested. The manager has a good insight into a resident's needs." This showed the service liaised well with other organisations.

The registered manager held regular meetings with people who used the service. At the last meeting of August 2018 topics discussed included activities, food, joining in a sponsored walk, any complaints or ideas of how people thought the service could improve. People were also asked if they would contribute to the newsletter. It was recorded there were no complaints and people were happy with their support and staff attitude.

Staff were also able to attend meetings regularly. The registered manager met separately with care staff on days and nights and other staff such as domestics. At the last meeting of August 2018 items on the agenda included care issues, good medicines practice, completing paperwork to a good standard and responding to the call bells. Volunteers to attend activities was also discussed. Staff were encouraged to raise topics and join in the meetings. This gave staff an opportunity to have a say in the way the service was run.

There was a service user guide and statement of purpose available in the foyer for people who used the service, family members and professionals to read. These documents informed people of the facilities and services provided at Highfield House.

We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations. The service displayed their current inspection rating in the home and on their website.

There was a recognised management system which staff and people who used the service were aware of so they knew who to approach if they wanted advice or guidance.

We looked at some of the policies and procedures which included medicines administration, infection control, safeguarding, whistle blowing, mental capacity and DoLS, safeguarding, advocacy, admissions to the home, caring for the terminally ill, equal opportunities, managing violence and aggression, training and

recruitment, complaints and confidentiality. The service also had many good practice policies and procedures developed by external organisations such as NICE and the National Health Department. Policies and procedures were updated regularly and available for staff to follow good practice.

The registered manager completed many audits to see how the service was performing. The audits included accidents, complaints, health and safety in the environment, infection control including cleanliness, the condition of equipment such as pressure relieving devices and mattresses, plans of care, training, DoLS, safeguarding referrals and governance which looked at the areas of the environment that needed redecoration. We saw from the audits the registered manager acted to improve the service, for example the dining rooms and lounges were being redecorated, carpets replaced and improvements made to the plans of care.

The registered manager produced a monthly newsletter which informed people of upcoming activities, any new staff, births, the day the hairdresser visited, visiting entertainers and church services. People were also asked to contribute to a new initiative and vote for a staff member if they had gone over and above what was normally excepted in their support. The service intended to reward staff with chocolates or flowers for positive comments. There was also a suggestion box for people to anonymously pass on information and ways they thought the service could be improved.