Potensial Limited

Firtree House

Inspection report

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Date of inspection visit: 14 and 15 May 2015
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 14 and 15 May 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Firtree House provides care and accommodation for up to nine people. On the day of our inspection there were seven older people using the service. The home was spacious and suitable for the people who used the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On 3 April 2014 we completed an inspection and informed the provider they were in breach of a number of regulations including monitoring the quality of the service, safety of premises, respecting people, gaining consent, recruitment of staff and staffing levels.

Whilst completing the visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Staff training was up to date and staff received regular supervisions and appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the manager. We saw that there were DoLS in place and the requirements were being followed.

People who used the service, their relatives and visiting professionals were complimentary about the standard of care at Firtree House.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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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?
The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

Staff had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People who used the service had access to healthcare services and received ongoing healthcare support.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

People had access to a range of activities in the home and the within the local community.

The provider had a complaints policy and complaints were fully investigated. People who used the service were made aware of how to make a complaint.

Good

Is the service well-led?
The service was well led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us they were supported in their role and felt able to approach the manager or to report concerns.

Good

Firtree 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 inspection took place on 14 and 15 May 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the area manager, four support workers and two visiting professionals.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for six members of staff.

For this inspection, the provider was not asked to complete 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us, "Yes, I feel safe, I like it here" and "Yes I presume it's safe, I certainly hope so, I have never had any reason to think not".

Firtree House is a semi-detached, two storey building. The home comprised of nine single bedrooms, one of which was en-suite. Two bedrooms were located on the ground floor and seven bedrooms were located on the first floor. All were spacious and suitable for the people who used the service. The accommodation also included a lounge, a kitchen, a dining room, three communal bathrooms and a shower room. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap, towel dispensers and easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure. There was an enclosed garden at the rear of the property and car parking facilities at the side.

We saw that entry to the premises was via a locked door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

During the first day of our visit we noticed some problems with cleanliness of the home. For example, we saw one person's bedroom had not been cleaned following the installation of new bedroom furniture the day before, we observed a coffee stain on a window sill, unhoovered floors and dusty cupboards. We discussed the cleaning of the home with the registered manager and the area manager. The registered manager told us that currently care staff were responsible for undertaking domestic tasks within the home. She told us she was in the process of recruiting a cleaner for the service to allow staff to concentrate on meeting the needs of people using the service instead of undertaking cleaning tasks. We saw that on the second day of our visit the rooms were cleaner. We looked at staff training and saw all staff had completed infection prevention and control training. We saw the registered manager's and provider's monthly infection control audits were up to date. This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

We looked at the provider's accident and incident reporting policy. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends. Equipment was in place to meet people's physical and sensory needs. Windows we checked were fitted with window restrictors that appeared to be in good working order to reduce the risk of falls. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing and the electrical installation certificate. All of these were up to date.

We saw the fire emergency plan which displayed the fire zones in the building. We saw fire alarms were tested each week, fire drills were undertaken on a regular basis and a fire risk assessment was in place. The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, assessed needs and details of how much assistance the person would need to safely evacuate the premises.

We saw a copy of the provider's safeguarding adult's policy. We saw a copy of the safeguarding register, which recorded the date of the incident, the name of the vulnerable person, the details of the incident, what action was taken, who was informed, for example, CQC and local authority safeguarding team, and whether the safeguarding was substantiated. This meant that safeguarding incidents were appropriately recorded and dealt with. We looked at three staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the recruitment records for six members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out on appointment and then renewed every three years. Two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, utility bill, television licence, medical card, driving licence and birth certificate. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps

Good

Is the service safe?

in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We looked at the disciplinary policy and from the staff files we found the manager had disciplined staff in accordance with the policy. There was evidence to show that any concerns raised following DBS checks were managed appropriately by the registered manager. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's staffing guidance policy and discussed staffing with the registered manager. The registered manager told us that the levels of staff provided were based on the dependency needs of residents. She explained that in addition to herself, there were always three members of staff on duty on a day shift and one staff on a night shift. On the first morning of our visit there were not three members of staff on duty. We raised this with the registered manager who told us that a member of staff had rang in sick and that she was arranging cover for the shift. Later that morning we observed normal staffing levels had been resumed.

We discussed the potential risks of staff lone working with the registered manager and area manager. The area manager arranged for a "buddy call system" to be put in place during our visit. The process required staff from three of the provider's services to contact each other on a two hourly basis to ensure their safety and wellbeing. A relative told us, "There seems to be plenty of staff and [Name] seems to get plenty of attention". This meant people were being cared for by staff who knew their individual needs and the provider ensured there were adequate numbers of staff on duty at all times.

We looked at the provider's medicines policy dated November 2014, which provided staff with detailed guidance on storage and administration of medicines. We saw the provider had recently transferred its medicine administration system to Homecare which uses a Biodose system, for example one sealed pot contains all medicine due at a particular time, as opposed to several blister packs. The peel-off tops of the bio-dose pots were stored for shredding as they contained confidential information. This system had been in place for two months. The registered manager had devised a localised 'Procedure Document' which contained detailed information on how to order, receive, check and administer the medicines using the new system.

We saw medicines were stored appropriately. Room temperature checks were recorded daily and were within recommended levels. However it was noted that there were two days at the weekend when the temperature was not recorded. We discussed this with the registered manager who told us she would address this with staff. We saw that medicine audits were thorough and up to date. In addition a medicine cross home check was undertaken on a quarterly basis by the managers of other homes within the north east group. Staff who administered medicines were trained and their competency was reviewed annually and recorded by the registered manager.

We looked at the medicines administration charts (MAR) for three people and found no omissions. All had been completed accurately and signed appropriately. Sample staff signatures were held in the MAR file. There was an, 'as and when required protocol' (PRN) in place. These protocols indicated why and when they should be used. A body map was in place for a resident receiving Hydrocortisone Cream. We also looked at the 'controlled' drugs for one person. We found the controlled drugs register was reviewed and indicated appropriate administration in cross reference to the MAR sheet. This meant that the provider stored, administered, managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

People who lived at Firtree House received effective care and support from well trained and well supported staff. A relative told us, "The staff are very good and know [Name] well and understand [Name's] needs" and "Staff organise appointments and sort everything out".

We discussed staff training with the registered manager and we looked at the training records for six members of staff. We saw that all new members of staff received a thorough induction to Firtree House, which included an organisational overview, a staff handbook, policies and procedures, competency assessments in safeguarding and lone working, code of practice, line management support, role and responsibility, care plans and complaints.

The training records contained certificates, which showed that the provider's mandatory training was up to date. Mandatory training included e-learning in moving and handling, first aid, fire safety, equality and diversity, safe handling of medicines, safeguarding, infection control, health and safety, control of substances hazardous to health (COSHH) and food safety. Records showed that all staff had completed or were in the process of completing either a Level 2 or 3 National Vocational Qualification in Care. In addition some staff had completed more specialised training in for example end of life awareness, person centred care planning, nutrition and hydration, challenging behaviour, communication, diabetes, blood sugar testing, bipolar, stroke, risk assessments, autism, mental health and schizophrenia. Staff files contained a record of when training was completed and when renewals were due. Staff we spoke with told us, "Yes, we get plenty training, e-learning and face to face. We just have to ask".

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included a discussion about individual's practice, for example, expected outcomes, work with people using the service, team issues, training and development, concerns and achievements since their last supervision. This meant that staff were properly supported to provide care to people who used the service.

We saw there were robust handover arrangements in place for staff to communicate resident's needs, daily care, treatment, appointments, incidents and relatives visits between shifts both orally and in writing.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place.

Care records contained completed mental capacity assessments, DoLS screening checklists, a simple decision making document to assist in assessment and documentation from the local authority. We found the provider was following the requirements in the DoLS. Staff we spoke with demonstrated a good level of understanding in relation to DoLS and we saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We spoke with the registered manager and staff about the home's policy on restraint. We were told, restraint was never used in the home, and instead staff had been trained to deal with behaviour that challenged the service with positive reinforcement, reassurance and distraction. This meant people were protected from the risk of harm because staff did not use physical interventions.

We saw forms had been completed in the care records and signed by people consenting to staff ordering, storing and administering their medicines, accessing their bedrooms as necessary and to the safe storage of money, bank cards and valuables.

People had access to food and were offered hot and cold drinks throughout the day. We saw people helping themselves to snacks and making themselves drinks, with support from staff if required. We saw staff supporting people in the dining room at meal times when required. We observed staff chatting with people who used the service. The atmosphere was relaxed and happy. People who used the service told us, "I chose them for lunch (pointed to ravioli & omelette) but I want chips now", "I like to go to

Good

Is the service effective?

Morrisons to buy the food. I'd like chips & mushy peas for tea but I like sausage not fish", "I like to help. I can wash & dry up. I can empty the dishwasher. I can make ten brews" and "I like the food".

We looked at the menu folder which contained food pictures. Some of the people showed us the meals they preferred. The weeks evening meals were chosen by the people using the service each Sunday. There were two main choices for evening meal. Breakfast and lunch was chosen on an individual basis. Relatives told us, "They are given plenty of food and I have seen them offer choices to people" and "[Name] won't eat mince and it comes in so many dishes like lasagne & bolognaise but there is always a choice he does like. Also he goes out shopping with them a lot and gets to choose food he likes".

We looked at the provider's nutrition policy. All meals were healthy and included all food groups. Fruit was available throughout the day. People's choices were recorded so it was possible to check that individuals were having balanced diets. We spoke with a member of staff who told us that meals were cooked from scratch and were not ready meals from the freezer. Staff we spoke with also demonstrated a good understand of people's specialist dietary requirements

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including the hospital liaison nurse, GP, district nurse and occupational therapist.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Firtree House. They told us, "I like it here", "I like [Name] best", "It's good, I go in the car. Staff are nice", "I like the staff", "I have no problems" and "[Name] is well cared for".

People we saw were clean, appropriately dressed and looked well cared for. We saw staff talking to people in a polite and respectful manner. We saw staff had a good rapport with people. They didn't rush people and seemed to understand their needs well. For example, a person was worried that other people would go into their room but staff were very supportive and reassured them that no-one would go into their room without their permission.

Staff interacted with people at every opportunity for example, involving them in daily tasks around the home, encouraging them to engage in conversation or asking people if they wanted help. For example, we saw one person chose to sit in their wheelchair watching the television all day and at regular intervals staff asked if they would like to transfer to their special chair but they firmly said "No" and staff respected their wishes.

Staff we spoke with were knowledgeable about the people they cared for. Staff told us, "[Name] enjoyed playing golf on holiday", "[Name] and [Name] liked going to see the birds of prey", "[Name] loves watching music DVDs", "[Name] likes watching the soaps", "[Name] likes baking cakes and going shopping" and "[Name] loves travelling on the train". We spoke with a visiting professional who told us, "People are happy here and the staff are always there for them" and "[Name] has flourished since being here".

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before supporting them with their personal care. Staff focussed on the resident's needs and treated people with respect. Staff we spoke with told us, "I enjoy working here", "I like seeing the residents happy" and "I like to see the residents enjoying themselves". We spoke with a relative who told us, "Yes [Name] receives good care and is always treated with dignity and respect". This confirmed to us that staff demonstrated a positive attitude and approach towards people.

We saw the bedrooms were very individualised with people's own furniture and personal possessions. For example, two people had their own tea and coffee making facilities, one person had their own small fridge and another person had a large fish tank. There was a planned programme of refurbishment taking place in the home during our visit including the renewal of carpets, furniture and redecoration. We saw from the minutes of the monthly "empowerment meetings" and from speaking with people in the service, that they had been involved in the planning and decision making process.

Staff encouraged and supported people to maintain links with family and friends. We saw in people's bedrooms there were photographs of relatives and occasions. For example, one person was spending the weekend at their brother's, another went to their relatives every Tuesday and a relative was asked to "pop in" whenever they had time.

We saw that care plans were in place. Each care plan contained evidence that people who used the service or their relatives had been involved in writing the plan and their wishes were taken into consideration, for example, two of the care records we looked at included an end of life care plan. One person had a very detailed plan including order of service and details of how their possessions should be divided. This was up to date and showed the person who used the service had been involved in the decision making process. We spoke with a relative who told us, "I do get invited to meetings & they do involve me in day to day care".

We looked at records and spoke with people who used the service, their relatives and staff about activities and saw how the service celebrated special occasions. For example, two people had just returned from a holiday in Haggerston Castle and staff were making arrangements for a person's 50th birthday. People we spoke with told us, "I like going to the day centre", "I like having my nails painted purple", I like going to football", "I like going to St. James Park" and "I like going to the pub, to the Toby carvery".

We looked at a copy of the easy read service user handbook in the entrance hall which provided information on the organisations aims and objectives, philosophy of care, services provided, house rules and complaints. There was also a folder which contained information in an easy read format about Darlington Healthwatch, the Food Standards Agency and food allergens, Darlington

Good

Is the service caring?

Association on Disability, the Care Act, CQC's how to complain about a health service or social care service and the Tees, Esk and Wear Valley's your health and social care notes.

Good

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for three people who used the service. Care records and assessments were of a good standard and well maintained. Personal and immediate information was easy to locate in the records including for example details of reasons for admission and underlying health issues.

We saw that the home operated a keyworker system. A keyworker is a member of staff, who with a person's consent and agreement, takes a key role in co-ordinating a person's care and promoting continuity, ensuring a person knows who to access for information and advice.

All resident information was stored on an electronic care record system. A paper based system was also in place and kept in individual folders. The individual care folders contained 'All About Me' and 'Living Well' profiles and a personal easy to read history and review record that staff could complete with individual residents. The 'All About Me' and 'Living Well' documents contained social and anecdotal historical records and photographs of individual people enjoying social activities. At the time of our visit these were being compiled in conjunction with people who used the service and their relatives.

The care records were personalised and began with a 'one page profile' which had been developed with the person or their relative. A one page profile is a short introduction to a person, which captures key information on a single page and details what is important to that person including people's individual needs, interests, preferences, likes and dislikes and how best to support them. This meant the service enabled staff and health and social care professionals to see the person as an individual and deliver person-centred care that was tailored specifically to their individual needs.

The records included, for example, 'what makes me upset', 'what makes me happy', 'what would be a not so good day' and 'how best to support me'. They also included 'what my day looks like' which indicated the time of getting out of bed, wash, make my own bed' and continued in detail over the day. There was a staff signature sheet in each person's folder to indicate that they had read the day plan.

Records contained a clear, detailed assessment of needs including physical healthcare needs and the action to be taken by staff actions in relation to individual medical problems, for example, one person had asthma and there was a clear process outlined for dealing with this at various stages, up to ringing an emergency ambulance.

We saw people's care records had detailed hospital passports completed. A hospital passport is designed to help people with a learning disability to communicate their needs to doctors, nurses and other healthcare professionals. It provides a picture of the whole person by including information that isn't only about illness or health. For example, it can include lists of what people like or dislike from physical contact to their favourite type of drink. This will help hospital staff know how to make the person feel comfortable. This meant that people's needs could be met should they need to transfer to hospital. A visiting professional told us, "[Name] was recently admitted to hospital following a fall and his Hospital Passport accompanied him. It was well completed and informative".

There was evidence the locality learning disability team had been involved in the assessment as well as ensuring physical health needs were assessed through the health facilitation team (learning disability service). This team works with individuals in a range of health promotion and healthy living plans in, for example, smoking cessation, healthy eating, oral hygiene and meaningful activities. One person's record indicated an extended multi-disciplinary involvement in formulating a plan to manage their challenging behaviour.

Care plans were in place that acknowledged individual sexual needs including support plans for those who may be vulnerable.

Daily care entries were made directly onto the electronic care system by staff using a laptop computer. For example, we saw a detailed account of one person who had become distressed and hostile on the second day of our visit. The record provided a clear account of staff actions taken and the outcome; with the resident being much calmer and happier. Entries were made regularly during the day and provided a detailed account of people's day. Entries were signed and dated.

One person had a clear care plan detailing activities that they could undertake, without supervision of staff, and away from Firtree House. This involved visiting friends and social groups. There were clearly defined timescales and action to be taken by staff in the event of failure to return in

Good

Is the service responsive?

the form of a missing person's protocol. Each person's care plan we looked at had been agreed with and signed by the person using the service or their relatives. People we spoke with told us "I like going out in the car", "I like bowling" and "I like going horse riding".

There were clearly identified plans for community access and participation, taking into account any potential issues related to DoLS. These plans also took into account staff resource requirements. Risk plans were detailed and indicated a positive risk taking attitude and environment, with clearly identified organisational actions to manage these risks. Each care plan and risk assessment was reviewed and evaluated regularly.

We saw a copy of the provider's complaints policy and procedure and discussed complaints with the registered manager. We looked at the complaints file, which contained information for staff including a complaints flow chart for guidance and saw there had been no complaints about the service since 2013. We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. There was an easy read version of the complaints procedure on display in the entrance to the home and each person who used the service had their own individual copy. People and their relatives, we spoke with were aware of the complaints policy. The registered manager told us, "We address issues as they arise". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. A relative we spoke with said they were very happy with the present manager, they told us "We had issues about two years ago but they were resolved. I have no concerns at the moment. The manager rings about lots of decisions, new furniture, holidays, over and above what I would expect really. The contact with this manager is very different from the one eighteen months ago. [Name] is looking well and seems happy. We are more than pleased".

We spoke with the registered manager about the improvements they intended to make. She told us about the homes refurbishment programme which included replacing carpets, redecoration, a new fitted kitchen and landscaping the garden.

We looked at what the registered manager did to check the quality of the service. We saw that the home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency in December 2013. We looked at the provider's audit files, which included audits of care plans, risk assessments, health and safety, medicines, first aid, infection control, quality assurance and maintenance (electrical appliances, gas safety, water safety, fire alarm, extinguishers and emergency lighting. All of these were up to date and included action plans for any identified issues.

We looked at what the registered manager did to seek people's views about the service. We saw staff meetings took place regularly. We saw a record of a meeting dated 9 April 2015. Discussion items included managers meeting feedback, changes to induction training, policies and procedures, rotas, transfer of staff, team work, decorating and maintenance, record keeping, handovers and supporting people who use the service. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns.

We discussed processes for obtaining the views of people who used the service, their relatives and stakeholders with the registered manager. We saw the registered manager had implemented monthly "empowerment meetings" which gave the people using the service a chance to make requests and detail their implementation. We saw a record of a meeting dated 23 April 2015. Discussion items included menu feedback, personalisation of the home and bedrooms, activities, complaints and holidays. Residents signed to show they agreed and their comments were recorded. One person had asked for a kettle for their room and we saw this had been actioned.

We looked at the responses from the most recent quality assurance survey completed in 2014 which included an action plan for any identified issues. The questionnaires asked people how satisfied they were with the service, activities, staff support, diet and nutrition, receiving visitors, safety and security, external support and participation. Responses received were positive and were suggestions were made there was evidence the provider had acted upon them. For example, one suggestion for diet and nutrition was to hold weekly house meetings and menu planning. We saw from the records this had been implemented. We spoke with a visiting professional who told us, "I can see the improvements in the décor and with the activities".

This meant that the provider gathered information about the quality of their service from a variety of sources and had systems in place to promote continuous improvement.

We saw a copy of the provider's business continuity management plan. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises.

Care assessments and records were of a high standard, person centred, with evidence of positive risk management.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. We spoke with a visiting professional who told us, "The manager is good for the place and has made positive changes". This meant the service ensured people's wider healthcare needs were being met through partnership working.