

Weston-super-Mare Free Church Housing Association Limited

Gough House

Inspection report

13 Ellenborough Park North
Weston Super Mare
Somerset
BS23 1XH

Tel: 01934622019
Website: www.abbeycare.co.uk

Date of inspection visit:
06 December 2016

Date of publication:
11 January 2017

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

Gough House is a care home registered to provide personal care and accommodation for up to 16 older people. A number of people who lived in Gough House were in the early stages of dementia.

We carried out a previous inspection of this service on 15 and 16 October 2015 where we found improvements were required in relation to staff's understanding and implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We also found the auditing systems in place had failed to identify the concerns we had found. At this inspection on 6 December 2016 we found action had been taken to respond to our concerns and improvements had been made.

This inspection took place on 6 December 2016 and was unannounced. At the time of our inspection there were 13 people living in Gough House. People had a range of needs, with some people living with dementia.

The service did not have a registered manager. The registered manager for this service had left but had not yet deregistered. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A new manager had started at the service five weeks prior to our inspection but had not yet registered with the CQC. Since the manager had started at the service they had made a number of improvements in relation to the standard of care being provided, the activities offered to people and the management of records.

Staff had the competencies and information they required in order to meet people's needs. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

The manager was in the process of introducing new care plans for people which contained more detailed information about their histories, individual needs, preferences and interests. The manager was then using this information to develop more comprehensive and personalised activity plans for people to ensure they had stimulation and activities that met their desires, interests and needs.

Staff treated people with kindness and respect. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and provided people with affection and humour. Staff spent time with people individually and knew people's needs, preferences, likes and dislikes. Staff understood people's preferred communication methods and used these to involve people in their care and support them to make choices.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report any concerns. Safeguarding information and contact numbers for the relevant bodies were accessible to staff and people who lived in Gough House.

Recruitment procedures were in place to ensure people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable. Staffing numbers at Gough House were sufficient to meet people's needs and provide them with individual support.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs. People spoke highly of the food. Where people had specific needs relating to their diet these were responded to.

There was open and effective management at Gough House. People spoke highly of the manager who led by example to ensure best practice was followed. People, relatives and staff were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

We found that although the manager had taken steps to enhance the environment for people with dementia at the home, by putting up some signage and visual stimulation, some further improvements were required. We found that the living room and hallways had highly patterned carpets and signage around the home needed improving in order to better enable people to be as independent as possible.

We recommend the provider seek advice on how to best create an environment in the home which encourages and enables people's independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and action had been taken to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

Improvements to the environment were required in order to meet the needs of people living with dementia. The manager was taking steps to achieve this.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People were supported to make choices about their meals and these met their preferences.

Is the service caring?

Good ●

The service was caring.

People, relatives and healthcare professionals were positive about the caring attitude of staff.

People were treated with dignity and respect.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their preferences and histories well.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these were reviewed regularly.

People benefited from meaningful activities which reflected their preferences.

People were encouraged to make complaints where appropriate and these were acted on.

Is the service well-led?

Good ●

The service was well-led.

The new manager had made improvements. Staff, people and relatives spoke highly of the manager.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

There was an open culture where people and staff were encouraged to provide feedback which was used to improve the service.

Gough 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 was 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 6 December 2016 and was unannounced. One social care inspector carried out this inspection. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with or spent time with almost all of the 13 people who lived in Gough House. We also spoke with one relative, two healthcare professionals, three members of staff and the manager.

Some people who lived in the home were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. We therefore conducted a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also used the principles of SOFI when carrying out observations in the service.

We looked at the way people were being supported, looked at the way in which medicines were recorded, stored and administered, and looked at the way in which meals were prepared and served. We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for three members of staff and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in Gough House. People made comments which included "You're in good hands here". People's relatives and healthcare professionals also felt care people received in the home was safe and made comments including "I feel that (my relative) is safe here" and "They know what they're doing".

The people who lived in Gough House had specific needs relating to their mobility, their nutrition, hydration, skin integrity, health conditions and behaviours. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, one person displayed behaviours which could cause harm to others. Staff had identified potential triggers to these behaviours, had sought advice from mental health professionals and had put in place intervention strategies. There was clear guidance for staff to follow in order to ensure this person was always in line of sight and control measures included staff talking to them respectfully and distracting them. During our inspection we observed staff following this specific guidance to ensure people were protected.

There were sufficient staff available to meet people's needs. During the day there were three care staff, one senior care staff, one cook, a cleaner and the manager working. During the night there were two members of waking care staff working. During our inspection we observed staff responding to call bells quickly and saw people's needs were met by staff in an unhurried manner. One person said "I have support whenever I need it". Staff also spent time chatting to people and supported people at their own pace.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories; this protected people from the risks associated with employing unsuitable staff.

People at Gough House were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and staff told us they knew where to access information should they need it. Safeguarding information and relevant contact numbers were displayed in the staff room and the manager's office for staff to use. A poster in the dining room also provided people living in the home with safeguarding information and useful contact numbers should they wish to report any concerns. The manager told us safeguarding was regularly discussed with staff during handovers and staff meetings.

All the people who lived in the home required support from staff to take their medicines. Staff told us they were confident people received their medicines as prescribed by their doctor. People and their relatives told us they were happy with the ways in which the staff managed their medicines. Records showed, and staff told us they had been trained to administer medicines safely and had their competencies checked by the

manager. Senior staff carried out daily medicine audits to ensure people had received their medicines and any errors were picked up without delay. For example, on the day of our inspection the senior on duty in the morning had identified a gap in the recording of medicines for the day before. Action had been taken immediately to ensure the person whose records had gaps had indeed received their medicines and were safe from potential risks.

Where accidents and incidents had taken place, the manager had reviewed these to ensure the risks to people were minimised. For example, two people had displayed behaviours which could pose risks when they were together. Details of the incidents as well as actions taken following these incidents were recorded. Staff had discussed these behaviours and the potential risks these could pose. They had sought guidance from professionals and had created an action plan to minimise the risk of these reoccurring. The manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. This detailed how people needed to be supported in the event of an emergency evacuation from the home. The premises and equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's food and personal care.

Is the service effective?

Our findings

Following our previous inspection in October 2015 this domain had been rated as Requires Improvement. This is because we had identified concerns with people's rights not being respected with regards to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. At this inspection in December 2016 we found action had been taken to improve staff understanding of these areas and we did not identify any concerns.

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. We checked whether Gough House was working within the principles of the MCA.

The manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded where required. For example, one person had been assessed as being at risk of falls. In order to protect this person and minimise their risks of falling without restricting their freedoms unnecessarily, staff had proposed to install a pressure mat in their bedroom to alert staff should they try to mobilise on their own. A best interests discussion and decision took place in which staff, the person's relatives and the manager were involved. This ensured the person's rights were respected where they were unable to make decisions for themselves.

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 any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. Some of these were still awaiting authorisation. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe.

People, their relatives and healthcare professionals told us staff knew people's needs well and how best to meet these. Comments from people included "They know me too well now". Comments from relatives included "They've got a list of (my relative's) needs and go through it with me regularly. They understand all that. They've got to really know (my relative) and understand what she needs and doesn't need". One healthcare professional stated "They seem to know people very well".

A number of people who lived in Gough House were living with a form of dementia and could walk around the home independently. The manager was taking steps to improve the environment in the home in order to make it more 'dementia friendly' and improve people's independence. They had organised for the highly patterned carpet in the dining room to be changed in the upcoming weeks and had installed some signage

around the home to help people find their way around.

We found that a large number of communal areas had highly patterned carpets which did not support people's independence, as these can be difficult for people with dementia or people with vision problems to navigate. We also identified that further signage was needed to enable people to move around the home freely. During our inspection we heard saw one person getting lost when trying to find the lounge and needing to ask a member of staff for help after a few minutes. We saw there was no signage in the area the person had been to help them find other parts of the home. We raised these issues with the manager who assured us they would implement improvements in these areas.

Staff had undertaken training in areas which included safeguarding adults, first aid, fire safety, moving and handling, food safety, infection control and dementia awareness. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff training needs were regularly reviewed and the manager discussed these with staff. Staff told us they could ask for more training if they wanted it. One staff member said "If I wanted any training they would organise it".

Staff were encouraged to work towards further qualifications and all staff at the home either already had, or were working towards, a diploma in care.

Staff told us they felt supported by the manager. The manager had started working in the home five weeks before our inspection and was in the process of implementing a new appraisal and supervision system. This system included observation of staff practice. During supervision and appraisal staff had the opportunity to sit down in a one to one sessions with their direct line manager to talk about their job role and discuss any issues they may have.

People were supported to have enough to eat and drink. There was a full time cook at the home who catered to people's individual tastes and preferences. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. We saw staff encouraging people to make choices and offering people alternatives. For example, staff noticed one person was not eating their meal and offered them a soup as an alternative. This was provided and the person was thankful and enjoyed their soup.

People ate their meals in the dining room or in their bedrooms according to their wishes. On the day of our inspection we observed the breakfast and lunchtime meals. People's meals were presented in ways which met their individual needs and all meals looked appetizing. Where people needed help with eating their meals or needed them to be presented in a specific way, this was done with respect and consideration. For example, one person needed staff to cut their food up for them. This person's care plan instructed staff to cut this person's food up before it came to the table so as to ensure other people did not see staff helping them and therefore maintain their dignity.

People spoke highly of the food at Gough House with comments including "The meals are very varied and home cooked" and "I recommend it. It's very nice". People were regularly weighed and where required, people were provided with specialised diets to meet their needs. During both meal times we observed people chatting amongst themselves, staff eating alongside people, and people being offered more food in order to ensure they had eaten enough to satisfy them. Throughout the day people were provided with a selection of drinks and snacks.

People were supported by staff to see healthcare professionals such as GPs, social workers, district nurses, chiropodists, occupational health practitioners, opticians and dentists. Healthcare professionals we spoke

with confirmed they were contacted without delay and the advice they provided was listened to by staff and used to plan people's care. Healthcare professionals said "I'm always contacted appropriately" and "Working with them is fine. They're engaging and they're listening".

We recommend the provider seek advice on how to best create an environment in the home which encourages and enables people's independence.

Is the service caring?

Our findings

People, their relatives and healthcare professionals spoke highly of the staff at the home. Comments from people included "The staff always have a laugh with you, they're nice" and "They've got a very good sense of humour". A recent questionnaire completed by people contained the following comments: "They are all amazing" and "The staff are very attentive with the personal touch". Relative comments made during the inspection and also within a recent questionnaire included "They are kind and thoughtful and give (my relative) the best possible care" and "They're always friendly".

During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff regularly held hands with people to comfort them and give them affection. We saw one person holding hands with staff, smiling at them and saying "We love each other don't we". Staff told us how much they cared for the people who lived in Gough House and spoke about them with affection. Staff used every opportunity they had to speak with people and spend time with them. We saw staff never walked past people without acknowledging them and finding moments to share a joke or a chat with them.

Staff treated people with kindness and respect. Staff cared about people's well-being and worked hard towards reducing people's anxieties. For example, we saw one person having an interaction with another person which started to make them anxious. Staff identified this immediately and skilfully distracted both people away from each other. Both people then took part in activities which they enjoyed and were both seen smiling and laughing.

Staff were imaginative in their desire to make people feel accomplished, proud and fulfilled. For example, one person enjoyed helping staff with tasks like laying the tables, folding napkins etc. In order to ensure this person felt pride in the work they had been doing and show appreciation from staff, the manager had thanked them and given them a china doll as a prize for all their hard work. The manager told us the person was 'ecstatic' and talked about their prize and accomplishments with people and staff all day.

People were encouraged to remain as independent as possible with regards to everyday skills. For example, one person had been finding it increasingly difficult to drink on their own. The manager had suggested a brightly coloured cup be used to see whether this would help the person see it better. This change had greatly improved this person's ability to drink on their own and therefore helped maintain their skills as well as their dignity and independence. People's care plans contained information about what they were able to do for themselves and how staff should best support them. For example, where people were able to undertake aspects of their own personal care, staff had guidance on how best to encourage people to undertake these tasks independently.

People were involved in all aspects of their care and were asked for their opinions. People had been involved in the decoration of their bedrooms and we saw a number of pieces of art work people had made displayed on the walls in the living room. We saw staff offering people choices in ways they could understand in order to ensure people were involved as much as possible.

The environment was warm and welcoming, with people receiving visitors throughout the day. The home was decorated for Christmas which made it look homely and there was music playing. We saw people chatting with relatives, with staff, or amongst themselves. One relative said "They do seem to care. There's always a friendly, easy going atmosphere".

People's privacy and dignity were respected at all times. People had keys to their bedrooms where they were able to and staff always knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not speak about people in front of others.

Some people who lived in Gough House practices different religions. Staff supported people to express and celebrate their faith. During our inspection a number of religious speakers came to the home, including a chaplain, a priest and a Jehovah witness. These speakers spoke with the people who wished to see them and provided people of those faiths with comfort and support. During the day a choir also came to the home to perform. People enjoyed this.

Is the service responsive?

Our findings

People, staff and relatives told us they were confident people at Gough House were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. People had needs relating to their physical health, their mental health, their dementia and their well-being. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person.

We looked at the care and support plans for four people receiving care. The manager told us they were in the process of changing people's care plans to a newer format. We reviewed an example of the new care plans and found these contained more details about people's specific needs and personal preferences. We found the others, although not as thorough, contained sufficient detail for each person's needs and any risks to be understood by staff. Staff were able to tell us about people's specific needs and how they supported them.

People's care was responsive to their needs. Where people had specific needs relating to their health, mobility, well-being, nutrition or behaviours, these were planned for and responded to by staff. For example, where one person had specific needs relating to their behaviours, specialist healthcare professionals had been consulted and action had been taken to minimise risks and meet the person's needs. The person's care plan contained detailed information about what signs staff should look out for in relation to the person's behaviours and what steps they should take. Staff spoke confidently about this person's needs and how they met them.

Where there had been changes to people's needs, staff had taken action to respond to these. For example, where one person had suffered a fall, staff had organised for the person's GP to conduct a medicine review. Staff had also sought advice from other healthcare professionals such as occupational therapists and had put in place control measures. These included checking on the person regularly, completing a new assessments and monitoring their mobility and near misses. This person had not had any falls since. Healthcare professionals told us staff responded to changing needs well. One healthcare professional told us about a person whose behaviour had recently changed and said "The home called us in to work with them and provide advice. It's been managed really well".

People had varying levels of communication and understanding. Staff communicated with people in the ways most appropriate for each person. For example, one person was not able to verbally express certain needs they had and instead expressed these through their behaviours and body language. Staff had access to detailed information relating to how this person expressed themselves and how to interpret their behaviours and body language. We saw staff communicating with this person and understanding their needs, wants and offering them choices. We also saw that during the lunchtime meal, one person did not understand what type of food they had in front of them. Although staff explained it to them they did not understand. We saw staff write the name of the meal down for them and this enabled this person to understand and thank the member of staff. This demonstrated staff knew the best way for this person to understand certain information was to be able to read it.

A complaints policy was in place at the home. A copy of the complaints procedure was attached to a notice board in the living room to encourage people to make complaints should they wish to. The manager encouraged people and staff to share their views and concerns with them in order to enable them to take action without delay. When the manager had received a complaint they had conducted a thorough investigation, spoken with all parties involved and had used any learning to improve the service provided to people. People and their relatives told us they felt comfortable raising concerns with the manager and confident they would take action. One relative said "I would feel very comfortable complaining. If something wasn't quite right there was something extra I wanted doing I would always tell whoever is in charge that day and they would always do it".

People had access to a range of activities which met their social care needs. The manager told us they had worked hard to increase the number of activities provided to people. They had put up notice boards with pictures and art work on them to provide people with visual stimulation and were in the process of reviewing each person's activities plan in order to improve it. Each person's care plan contained some information about their likes, dislikes, interest but this was limited in most. The manager was working towards creating detailed histories and activity plans for people in order to meet their needs and better understand their personal preferences. For example, one person used to work as a mechanic and loved talking about cars. The manager had used this information to create a book containing photos of car parts and cars that this person enjoyed looking at and telling staff about.

The manager had found ways to introduce activities into everyday tasks. For instance, one person was given support to help staff with filing in the office. One person had recently accompanied staff to the supermarket to help with shopping. This ensured that people were involved in the running of the home, were encouraged to maintain their skills and were provided with stimulation.

People took part in organised activities within the home, such as music therapy, visiting musicians, carol services and quizzes. The home also had a minibus which was used to take people out to external activities such as day trips. Prior to our inspection a number of people had gone on the minibus to visit another of the provider's homes where a slide show was taking place. People also took part in individual activities such as book reading and having their nails painted.

Is the service well-led?

Our findings

During our previous inspection in October 2015 we identified concerns relating to the auditing systems in place not effectively identifying shortfalls in practice. Following this, action was taken to improve the quality assurance systems at the home. At this inspection in December 2016 we found the areas had been addressed.

A new manager had started working at Gough House five weeks prior to our inspection. In this short period of time this manager had worked hard to improve on the care being provided for people and provide staff with strong and approachable leadership.

People told us they felt comfortable approaching the manager and we saw people talking with them throughout the day and discussing their wants and needs with them. The manager told us their objective was to enable people in the home to be as independent as possible whilst leading fulfilling and happy lives. They told us they were taking steps to improve the quality of the care being delivered, the records management, the activities available for people and the culture of staff at the home.

Staff spoke highly of the manager and told us they led by example to ensure staff provided people with a high standard of care. The manager told us they assisted staff by working 'on the floor' when needed in order to contribute to the teamwork at the home. This was confirmed by staff who said of the manager "She is doing her very best, she's been working so hard".

The manager set high standards for themselves and the staff in relation to providing people with high quality care which met their needs. Where they identified practice which fell short of this standard, the manager had taken action. For example, where staff had expressed concern about one person displaying specific behaviours at night, the manager had chosen to work the night shift in order to personally care for this person and identify what the concerns were. They identified that this person only displayed the behaviours if they were rushed and not given the time they needed. They raised this with the staff team in order to ensure staff provided this person with the relaxed approach they needed. Following this the person's behaviours had dramatically reduced.

There was an open culture at the home, led by the manager and the senior staff. The manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. On the day of our inspection the manager was holding a staff team meeting. Prior to this meeting the manager had sent a memo to all staff stating: 'I value your opinions and thoughts. Please bring them to me'. They told us "I value the staff and want them to feel empowered and respected".

People and their relatives were encouraged to give feedback. Yearly questionnaires were sent to people who lived in Gough House and their relatives. Once these surveys were completed and returned, they were analysed and action plans were created to respond to any issues raised. For example, one person had stated on their form that they would like some extra lighting in their room. The manager had arranged for extra lighting to be installed in the person's bedroom. People and their relatives were also encouraged to share

their views with the manager and raise any concerns, ideas or feedback they had. One relative said "If I have any suggestions they are usually implemented".

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the manager took action when areas requiring improvement were highlighted. For example, a recent environmental audit had identified that the top step on a small staircase in the lounge needed fixing. This was organised and completed.

The manager had worked hard towards improving records management at the home. They had spoken with staff about recording and had provided training on note writing as well as guidance. We found records were clear, well organised and up to date. As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.