

Care South

Talbot View

Inspection report

66 Ensbury Avenue
Ensbury Park
Bournemouth
Dorset
BH10 4HG

Tel: 01202537571

Website: www.care-south.co.uk

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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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 3 and 8 June 2016. At the last inspection completed in April 2015 we found the provider had breached four regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider sent us an action plan confirming what they would do to meet the legal requirements in regulation to the breaches. At this inspection we found the provider had made the necessary improvements and was meeting the regulations.

Talbot View is registered to provide personal care and accommodation for up to 59 people. These are mainly older people who are living with dementia. There were 46 people living in the home during our inspection.

Accommodation is arranged over four living units. 'Highmore' is for older people and the other three living units are called 'Warehams', 'Lollipop Lane' and 'Butlers Brook' and accommodate people who are living with dementia. Nursing care is not provided at Talbot View.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed before they moved into the home and during their time there. Areas of risk were assessed such as, skin integrity, falls and mobility and nutrition. Regular reviews were completed to ensure people's needs were continually assessed.

People received personal care and support in a personalised way. Staff spoke knowledgeably about people and provided care in a kind and caring way. People's privacy and dignity was maintained and people could receive visitors whenever they wished.

Records were accurate and up to date. Where people had particular nutrition and hydration needs, food and fluid intake was recorded, monitored and followed up so that any necessary action was taken.

There were robust medicine management systems in place. People received their prescribed medicines when they needed them and appropriate arrangements were in place for the storage and disposal of medicines.

Equipment such as hoists, wheelchairs and pressure cushions were readily available, maintained correctly and used safely by staff in accordance with people's care records.

The provider was in the process of recruiting further staff. There was a system in place to ensure people were cared for, or supported by sufficient numbers of suitably qualified and experienced staff. The provider had good recruitment and selection procedures in place and staff were supported in their roles with ongoing training and supervision.

The manager was aware of their responsibilities in regard to The Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

People were supported to make decisions and where people did not have the capacity, decisions were made in their best interest.

There was a varied and full schedule of activities for people to take part in if they wished. The provider employed dedicated activity staff who provided a full programme of activities for people.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

There were systems in place to monitor and improve the quality of the service provided.

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. Staff knew how to recognise and respond to abuse and understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

People were supported by sufficient staff who had the skills and knowledge to meet their individual needs.

Risks were assessed and managed so that people remained safe.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills.

People were offered a choice of food. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People's rights were protected because staff sought their consent to their care. Where people lacked the mental capacity to give consent to particular aspects of their care, staff made best interests decisions on their behalf in accordance with the Mental Capacity Act 2005.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The home was caring. People and relatives spoke positively regarding the service they received from staff.

Staff had developed good relationships with people which created a calm atmosphere.

People and their relatives were involved in making decisions about their care and staff took into account people's needs and preferences.

People's privacy and dignity was respected. People were treated with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

There was a complaints procedure in place and people knew how to complain and felt confident any complaints or concerns would be addressed.

Is the service well-led?

Good ●

The service was well-led. Staff felt supported by the management team and were confident to raise concerns if needed and felt they would be listened to.

Observations and feedback from people, staff, relatives and professionals showed us the service had an open and honest culture.

There were systems in place to monitor the safety and quality of the service and drive continuous improvement.

Talbot View

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 checked 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 comprehensive unannounced inspection took place on 3 & 8 June 2016. One CQC inspector visited the home on both days. We met with all of the people living in the home and spoke to those who were able to speak with us. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four relatives, the registered manager, the operations manager, the deputy manager, four members of care staff, the cook and a visiting GP. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

We looked at five people's care and support records, and care monitoring records, the homes electronic medicine administration system and a selection of documents about how the service was managed. These included three staff training files, three staff recruitment files, three weeks of staffing rota's, meeting minutes, premises maintenance records and quality assurance records and a selection of audits and policies the home had implemented.

The provider had completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make.

Is the service safe?

Our findings

People told us they felt safe living at Talbot View. Relatives spoke positively about the service their relative received, when asked if they felt safe living at Talbot View, people replied "Oh yes" and "Of course".

At our previous inspection in April 2015 we found shortfalls in the monitoring and mitigation of risks to people's health, safety and welfare.

At this inspection we found the provider was meeting this regulation. There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. People had health needs assessed for areas of risk such as falls, moving and handling, use of the hoists, nutrition and pressure area care. Care records were reviewed each month or more regularly if people's needs changed.

Care records and risk assessments were clearly written and gave straightforward guidance for staff to follow. For example, if people needed to be hoisted to mobilise from their bed to their chair the records gave clear written instruction. Guidance included how many care staff were needed to hoist the person, which sling to use and which colour coded loops to use to attach the sling to the hoist.

We checked care records for people who were at a high risk of skin breakdown; they each had a correctly inflated pressure-relieving mattress in place to reduce their risk of developing a pressure ulcer.

Staff were aware of the different types of abuse and the signs that may indicate that someone was being abused. Staff told us they had received safeguarding adults training and were knowledgeable about the processes to report any signs of abuse. Staff were aware of the provider's whistleblowing policy and knew how to raise concerns if they needed to.

At the previous inspection in April 2015 we found there were shortfalls in the proper and safe management of medicines. At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

There were appropriate systems in place for the safe management of medicines. Care staff had received training in medication administration and an electronic medicine management system had been implemented since the inspection in April 2015. Staff showed us how the system worked and told us they had found the system to be easy and safe to use. The system required each member of staff to login with a protected identity, this ensured a clear audit trail was recorded to show which staff member had administered the medicine. The system used a barcode to match the medicines with each person and continually provided an update on stock levels, ordered medicines directly from the pharmacy and advised staff when people's medicines were due and how many to give. The system had in built safety checks to ensure medicines were not administered incorrectly and had the facility to print paper copies of medicine administration records should the electronic handheld devices fail for any reason.

The electronic system contained all the required safety processes that would normally be seen in a paper

based system, these included, photographs of people and allergy information. If people were on PRN 'as required' medicines, the system ensured all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines. The provider used a recognised pain assessment tool which meant staff would be able to identify if people were in pain and needed pain relieving medicine.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register. The provider had a medicine fridge to store medicines that required low temperature storage. The fridge temperatures were recorded daily with clear guidance displayed on what the correct temperature range should be.

We reviewed the records for three people who were receiving their medicines covertly. Medicine is given covertly when it is disguised in food or a drink. Records showed the pharmacist and their GP had been consulted and guidance and instruction followed to ensure covert medicines were administered safely.

We checked the records for one person who had a diagnosis of epilepsy. Staff were knowledgeable about what action to take should the person have an epileptic seizure and information was included in the person's care plan guiding staff on what actions to take and when.

The provider had a robust system in place to ensure the premises were maintained safely. Maintenance staff were employed to ensure the premises were well maintained. Maintenance records were up to date, orderly and showed regular checks were completed for a wide range of premises issues such as; fire safety equipment, gas safety, lifts and hoists, electrical testing and water systems. Regular fire drills took place and staff had completed training courses about the actions to take in the event of a fire.

The provider had made arrangements to deal with emergencies. People had personal evacuation plans completed for them. These gave staff clear guidance on how to safely evacuate the person in an emergency.

There was a clear system in place for recording, analysing and reviewing incidents and accidents. Incidents and accidents were well documented, with analysis and notes of any trends recorded. Learning from incidents and accidents had occurred. For example if people were experiencing a high number of falls, they were referred to a health professional and action taken to reduce the risk of harm from falls such as, placing an alarm mat by their bed to inform staff when they were getting out of bed.

There were sufficient numbers of staff to support people safely. During our visit staff did not appear rushed and call bells were answered in a timely way. People told us they did not usually have to wait for lengthy periods if they needed assistance.

The provider used an independent staffing dependency tool to calculate the amount of staff needed for each shift to ensure people's needs were met safely. The system took into account people's changing needs and the amount of staff on each shift would be amended as required. We reviewed the staffing rota's for a three week period leading up to the inspection, these reflected the staffing levels the manager had described.

We reviewed three staff recruitment files. Records showed recruitment practices were safe and that the relevant employment checks, such as criminal record checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable.

Is the service effective?

Our findings

At our previous inspection in April 2015 we found shortfalls in staff training with significant gaps in the providers training programme. At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

We asked staff how they had found the training they received from the provider. Staff said, "It's really good, practical and useful" and "It keeps me up to date, because things always change". A significant change in the training schedule since the previous inspection completed in April 2015 regarded staffs completion of Mental Capacity Act 2005 (MCA) training. Staff gave positive views on the MCA training they had received and said, "It is really helpful, it's common sense but really useful to know we are doing it right".

Staff said they felt supported to effectively carry out their roles. They told us they received regular meetings and there was always someone available to ask for further support or guidance if they needed it. Staff said they received regular supervision sessions and had appraisals once a year. We reviewed three staff files and saw annual appraisals were completed and some supervisions had been conducted. The registered manager told us they were in the process of completing all staff supervisions and some had been carried out but not typed up. We saw records that showed this was the case.

All staff completed a full induction process and were competency assessed by senior members of the staff team. All new care staff were completing the Care Certificate training and were also supported to undertake additional specialist training courses such as, additional dementia care, mental health and managing challenging behaviour. Training was delivered by in house trainers that conducted the training course on site on a practical face to face basis.

At the previous inspection in April 2015 we found shortfalls regarding staff's lack of awareness of the code of practice and principles of the MCA 2005 and the lack of mental capacity assessments and best interest decisions for people. At this inspection we found the provider had made the necessary improvements and was compliant with the regulation.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals.

Records showed where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005 including making best interest decisions. Staff were knowledgeable about the procedures to follow where a person lacked the capacity to consent to their care and treatment. We checked records for people that were having medicine administered to them covertly. Best interest decisions had been completed for people who were having their medicines given to them covertly. Best interest decisions had also been completed for people who had any type of restriction placed upon them such as the use of bed rails or pressure alarm mats.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. There was a clear system in place to ensure people who had DoLS were reviewed accordingly and were not unlawfully deprived of their liberty. The manager told us the responsibility for applying to authorise deprivations of liberty rested with them and their deputy. We reviewed all of the DoLS applications, two people had conditions attached to their DoLS. We reviewed the conditions and found that one person's care records had not consistently been completed as stated in their DoLS conditions. We discussed this with the manager who confirmed they would raise this with the staff and ensure consistent recording was completed. This was an area for improvement for the provider.

At the previous inspection in April 2015 we found shortfalls in the assessment, planning, monitoring of and meeting people's care needs as well as shortfalls in meeting people's preferences in relation to nutrition and hydration. At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

People who were identified as at risk of malnutrition or weight loss were having their food and fluid intake monitored. This meant staff would be able to ensure people were receiving adequate hydration and nutrition. Fluid records were reviewed and totalled each day which enabled staff to monitor how much food and fluid people were receiving.

The provider had recognised a shortfall in their fluid recording system. The records did not routinely record a daily fluid intake target, this meant staff were writing the target on manually each day and on occasions this did not get completed. The provider had developed a new hydration tool which was due to be implemented later in June 2016. The tool would be included in people's care plans wherever people required their fluid to be monitored.

The manager and cook told us about a 'Nutrition Project Team' the provider had recently implemented. The Nutrition Team would be looking at methods to enhance and improve the whole dining experience for people, this would include meeting nutritional requirements. They told us they would be looking into the use of coloured glasses to indicate specific times of the day when cold fluids had been offered in addition to the usual hot drink choices. This approach would promote people's dignity and would provide a more person centred approach to ensuring people received adequate hydration, instead of resorting to numbered mugs. Additional examples of providing a more person centred meal time experience for people were the use of lipped plates. These plates had a return lip facility which meant people would be able to continue to eat independently without the need for plate guards. The manager said they were also looking at expanding the crockery to include coloured plates which would benefit people with restricted vision and those people living with dementia.

The cook spoke knowledgeably about people's dietary preferences and what they enjoyed eating. They told us, "It's really important people enjoy their food...often their mealtime experience is the highlight of their day, we aim to make their food as tasty and nutritious as possible". People's dietary needs were assessed, with people having their food prepared for them in a way which was safe for them to eat, for example, a 'soft' diet or fortified meals with added cream or cheese.

The provider ran a four weekly menu cycle which coincided with the seasons to ensure people received appropriate nutrition. Food was supplied fresh from independent suppliers and there was a choice of starter, main course and dessert for people.

We observed the main lunchtime on the first day of the inspection. People were offered a choice of food and

drink and the dining area was well laid out to accommodate people during their mealtime. Staff assisted people sat at their level and in a calm and friendly way. People told us they enjoyed their food, they said, "There's plenty of it...we can always have more" and "It's tasty, nice and hot, I'm not left hungry". Drinks and snacks were served mid-morning and in the afternoon, people had a choice of drinks throughout the day. The kitchen had been assessed by the local environmental health authority and had been awarded a 'five point' rating, this was the highest level of rating achievable.

People were supported to maintain their health and had access to healthcare professionals when required. There were records of professional visits in all the care records we reviewed. We spoke with a visiting GP who gave positive views on the service people received living at Talbot View. They told us they had no concerns with the home and communication and care given by the staff was of a good standard. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

There were a selection of secure garden areas for people to access which had level paths which would enable people with mobility restrictions easy access to the garden facilities. There were memory boxes outside people's bedroom doors and wide corridors and large bathrooms and toilets which aided people in wheelchairs to independently mobilise around the home. Signs for the lounge, toilets and bathrooms were not in a pictorial format, a pictorial format would make it easier for people living with dementia to orientate themselves around the home. There was a large area on the second floor for people to sit and enjoy various reminiscence memorabilia. The area was laid out in a homely, comfortable style which relatives and people enjoyed using. The area included many objects of interest to people such as vintage typewriters, pictures, soft toys, games, puzzles and vintage soft furnishings which would bring back pleasant memories for people living with dementia.

Is the service caring?

Our findings

People who were able to told us they were happy with the care and support they received. One relative told us, "We have found the home has improved and we are happy that Mum has settled so well, she is well cared for and the staff are very helpful". Another relative told us, "Previously the home appeared short staffed, now it is much improved, the staff are always helpful, caring and friendly". One person told us, "I can't find any fault at all, I couldn't have it any better".

People were supported by staff who knew them well. We observed good interactions between staff and people. People sought staff out to have a chat with them and there was a relaxed, calm atmosphere in the home.

People and their relatives said they enjoyed the company of the staff team and told us staff were kind, caring and friendly. During our inspection we observed staff treated people with patience and gave support and assistance in a friendly and caring way.

Relatives told us they were welcome to visit at any time and were always made to feel welcome.

People were well dressed and appeared content and comfortable. People were treated with consideration and respect by staff. We observed staff supporting people to move around the home and saw staff supported people patiently and gently, offering re-assurance and encouraging their independence.

We asked staff how they respected people's wishes. Staff told us they always asked people what they would prefer to do and made sure they took into account their preferences when giving personal care and support. One member of staff told us, "I'm so passionate about this role, it makes such a difference for people...I enjoy it so much". We observed staff knocked on people's bedroom doors before entering them. People's bedroom doors remained closed when they were receiving personal care and people told us staff treated them with respect and dignity.

Care files and other confidential information about people were kept secured in separate offices on each unit. This ensured that people such as visitors and other people who used the service could not gain access to people's private information without staff being present.

People's care plans had a section titled 'life history'. This section explained the history of the person, their likes and dislikes, what they had achieved in their life, what was important to them and what hobbies they had enjoyed. This meant staff were able to get to know people well and provide activities they would enjoy.

The provider runs a staff star award scheme that promotes staff recognition and we spoke to a member of staff that had been nominated for this award. They demonstrated how they carried out their role with enthusiasm and passion.

Is the service responsive?

Our findings

Relatives told us they were kept informed about changes to the care and support given to their relative. Relatives said, "Staff let me know what's happening, I don't have any complaints".

At the previous inspection in April 2015 we found shortfalls in people's assessments, care plans and delivery of some personal care. At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

People had their needs assessed before they moved in to Talbot View to ensure that the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; skin integrity, weight, manual handling and medicines. The assessments showed relatives had been included and involved in the process and were signed by all parties present, including the people who lived at Talbot View wherever possible.

We reviewed a selection of people's care plans and care records. These were reviewed on a monthly basis and had been updated to reflect changes in people's health needs when required. For example one care plan stated, 'likes to have the small light on by bedside at all time' and 'likes to take their medicines with a glass of water'. We visited this person and saw these wishes were being followed. Care plans gave person centred guidance on how people preferred to be supported, for example; 'likes to wash their own face, if care staff prepare their flannel for them'.

We reviewed people's care records where they needed re-positioning on a regular basis in order to maintain their skin integrity. The records showed people were being re-positioned in accordance with their care plan, at the correct frequency and with the correct number of staff to support them.

Some people were at high risk of skin damage, we checked these people had the correct equipment in place to manage these risks. We saw pressure cushions and equipment such as air mattresses and appropriate slings were readily available, clean and in the case of mattresses, set at the correct setting to ensure the maintenance of their skin integrity. Call bells were available in all rooms and were in easy reach of the beds. Staff responded quickly to call bells and people told us they were not left waiting for lengthy periods.

Staff spoke knowledgeably about people and their individual care needs, they demonstrated a good understanding of how people liked their care to be given and what specific assistance and support they needed to ensure their continuing health care and well-being.

There was a good system for summarising people's care needs. A laminated form called, 'Key Points of Care' was placed on the inside of each person's wardrobe. This form gave clear, detailed guidance for staff on how the person preferred their care to be given. For example, how much support they required for their personal care and how they preferred care to be given. It gave clear guidance for staff should the person require hoisting or if they had any particular preferences, for example if they preferred female members of staff to support and care for them.

Risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were regularly checked, normally at monthly intervals or more frequently, depending on the degree of risk. Records showed that people were referred to their GP or the dietician if there were any concerns about their nutritional intake. People had been prescribed dietary supplements to improve their nutritional intake and food/fluid charts were used to record and monitor what people were eating and drinking. This showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

The provider employed two activities co-ordinators who scheduled a wide variety of activities for people to join in with if they wished. During our inspection visit we observed on-going activities in all four units. Activities were run throughout the day and included a range of different types of activities, such as armchair exercises, manicures, quizzes and reminiscence sessions. People told us they enjoyed the activities and we saw there was a happy, lively atmosphere during one of the exercise sessions we observed. People told us, "We love it here, we're very happy, there is always something to do, something going on...quizzes and exercises, we can't find any fault at all". People who were being cared for in bed received appropriate activities from staff. We spent time with one person who was being cared for in bed, they told us, "I have good days and bad days, the staff are very kind, they are always popping in to see me whenever they can for a chat and to check I have everything I need".

People had detailed life histories recorded and one person showed us their pictorial timeline board that was on display in their bedroom. This enabled staff and any visitors an insight into what the person had done in their life and what they had enjoyed doing. Staff we spoke with demonstrated an understanding of how to keep people living with dementia stimulated and occupied.

The reminiscence area on the second floor had an extensive range of day to day objects, toys, books and puzzles for people to use and enjoy. The area was laid out to resemble an older style living room which gave a warm and comfortable feel which people living with dementia could enjoy and which would add to their overall feeling of well being.

People and their relatives told us they felt comfortable to raise any concerns about the service and felt they would be listened to. The provider's complaints procedure was clearly displayed and gave guidance for people on how to complain and what actions would be taken. Records showed complaints analysis and complaint responses had been carried out each month in accordance with the provider's complaint policy. The manager told us complaints were discussed at team meetings and handovers so that lessons could be learnt from them. We saw a selection of compliment cards that thanked the staff for the care and support they had given.

Is the service well-led?

Our findings

At the previous inspection in April 2015 we found there were shortfalls in the governance of the home and record keeping. At this inspection we found the provider had made the required improvement and was meeting this regulation.

A major improvement in the service had been the scheduling and completion of a full and varied training schedule for all staff. Staff told us they had found the training to be effective and useful. A full review of people's care and risk management plans and mental capacity assessments and the completion of best interest decisions had also been completed. This had resulted in overall improvements in staff's understanding around The Mental Capacity Act 2005 and supporting people living with dementia.

A visiting GP told us communication at the home was good and the staff were well informed and knew people well. Relatives said they found the culture of the home to be open and honest. One relative told us the home had, "Much improved". People and their relatives said they were confident to raise any concerns or issues with the management team and they would be listened to. People, relative and staff said communication in the home was "Very good".

Staff told us, "We are a good team, we all work well together... the management team are generally approachable for advice and guidance if we need them".

Staff told us they had regular team meetings where they felt comfortable to raise any issues or concerns. Meeting minutes were recorded which contained a detailed agenda, staff attendance at the meeting, apologies from those who could not attend and a summary of topics discussed.

We saw records that showed relative and resident meetings were held regularly in each of the four units. Minutes from these meetings were clear and typed so that everyone could see what had been discussed and any actions that had been agreed.

People and relatives were given the opportunity to put forward their views on the service. We saw completed quality assurance questionnaires that were regularly sent out to people, analysed and any appropriate suggestions for improvements taken on board by the provider.

The provider had a system of quality assurance measures in place to monitor the quality of service provided to people to ensure people's care needs were met. Examples of audits completed were, care plan reviews, accidents and incidents, medicine management, call bell monitoring and emergency response. The manager, deputy manager and care team leaders carried out a schedule of monthly audits which were then reviewed by the operations manager. The provider's quality assurance head office team undertake a full comprehensive audit of the home three times each year and review all audits undertaken to ensure continuous improvement. We reviewed a selection of completed audits and found the records were detailed and included, an improvement action plan, area of non-compliance, action required, completion date, actions pending, update on actions and the completed actions percentage rate.

The provider had a wide range of policies and procedures in place. We reviewed a selection of these policies including, complaints, infection control, safeguarding adults, nutrition and hydration and whistleblowing . The policies were detailed and up to date which demonstrated the provider's policies and procedures were current and kept under regular review.