

Mr & Mrs P G Dowell

# The Mains Nursing And Residential Home

## Inspection report

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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

The inspection visit took place on the 1 July 2015 and was unannounced which meant the staff and provider did not know we were visiting.

The Mains Nursing and Residential Home is registered to provide personal care for up to 48 people. It caters for people with residential care needs only and is situated in Redmarshall, close to Stockton on Tees. At the time of our visit there were 14 people who used the service.

We last inspected the service on 21 February 2014 and found the service was compliant with regulations at that time.

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

# Summary of findings

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. We spoke with staff about DoLS and not everyone knew exactly who had a DoLS in place and exactly what this meant for the person. We discussed this with the manager to perhaps undertake further training or discussion in this area to ensure all staff were aware of what the implications were for people affected.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The service had a very consistent staff team most of who had worked at the home in excess of eight years.

People told us they felt safe at the service, and we witnessed people being reassured during a violent thunder and lightning storm which affected the power supply to the service for a short period. We spoke with staff who were knowledgeable about procedures to follow if they suspected abuse and there was information about this displayed around the service. People told us there were enough staff and we witnessed people being supported to attend hospital appointments with care staff. The staff team were supportive of the registered manager, owners and each other.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace. People's healthcare and access to it were well monitored and staff supported people to attend appointments.

There was a regular programme of staff supervision in place and records of these were detailed and showed the

service worked with staff to identify their personal and professional development. Staff also received mandatory training and training to meet the needs of the people who used the service. Recent training staff had undertaken included dementia and end of life care. We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well.

We saw people's care plans were personalised and people had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved the person where they were able. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and although the service did not have a dedicated activities staff member, care staff told us about the types of activities they offered.

The service undertook questionnaires with people who lived at the home and their family to seek the views on the care and service provided. Relatives we spoke with praised the home and staff highly and told us the communication was very good. We also saw that there was a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks. Risks were also clearly recorded both for people using the service and the environment and these showed regular review

The service had a range of audits in place to check the quality and safety of the service and equipment at The Mains.

# 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

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

People told us that there were enough staff and it was provided by staff who had worked at the service for several years.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular supervision and training to meet the needs of the service.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities. We discussed that care staff knowledge on DoLS could be improved with further training or discussion.

Good



### Is the service caring?

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service and they were involved in its development and review.

The service provided a choice of activities and people's choices were respected.

Good



# Summary of findings

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

## Is the service well-led?

The service was well-led.

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

People and staff all said they could raise any issue with the registered manager or proprietors.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

**Good**



# The Mains Nursing And Residential Home

## 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.

The inspection visit took place over one day on 1 July 2015. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector.

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 reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we spoke with six people who lived in the home, three visitors, three care staff, two ancillary staff, a senior carer, the registered manager and one of the proprietors. We observed care and support in communal areas and spoke with people in private. We also looked at care records of four people to see if their records matched with the care needs they said they had or staff told us about. We also looked at records that related to how the service was managed.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service.

# Is the service safe?

## Our findings

People we spoke with had an understanding of abuse. We asked people if they felt safe at the service, they told us; “Oh yes definitely,” and “Yes, I feel safe.” Another person said; “Yes, they are always careful when they move me.” One relative told us; “I’ve had three relatives here, it’s very caring, they are never nasty and always gentle. If I wasn’t happy my relative wouldn’t be here.” Another relative said; “I would be happy to raise concerns with anyone but there is not a single staff member here who I don’t think is kind and caring.”

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us, “If you think anyone is in danger or harm then I’d report it straight away to the senior, manager or owner and if I had concerns about them we have a list of contact numbers to ring to take it further.” Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. We found that the registered manager had discussed any relevant issues with the Care Quality Commission.

We found the service to be clean and pleasant. One visitor told us; “Yes it’s always clean and his bed is made nicely.” We spoke with three people who told us they found the service to be clean. One person said, “Yes it’s always clean.” The proprietor was onsite during our inspection and told us that any maintenance work was actioned by them or passed on to the appropriate contractor.

We spoke to a member of the cleaning staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service which would reduce the risk of infection spread. We spoke with the laundry person who also told us about the

management of dirty linen and we noted that the laundry area was clean, tidy and well organised. We saw policies in relation to areas of health and safety such as food hygiene, hazards and infection control had been reviewed in January 2015. The service had a “policy of the week” programme so that all staff could read each policy and sign it to confirm they were aware of it.

The training information we looked at also showed staff had completed other training which enabled them to work in ways that were safe. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. During the course of the inspection there was a severe thunder and lightning storm. We witnessed staff going from room to room and reassuring people as the lights were affected. We noted that the emergency lighting and fire doors were activated properly when the power was temporarily interrupted.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at the service had been carried out. Most of the staff had worked at the service for a number of years including the registered manager. The senior carer we spoke with had worked at the service for 24 years. One relative told us; “It’s nice they’ve all been here a long time, it’s good to see the same faces and it gives you confidence.”

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff’s identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. The registered manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was a registered manager, one senior carer and three other care staff on duty for 14 people. The proprietor was also at the service

## Is the service safe?

and took one person and a staff member to a hospital appointment. We looked at the staff rota and confirmed that there were usually one senior (which may include the registered manager) and two care staff on duty during the day and a two staff at night time. Staff told us that staffing levels would be reviewed if numbers increased and that the staff worked together to cover shifts for sickness and holidays so that agency staff were not utilised. People who used the service said their needs were met promptly although one person said “Sometimes they could do with more staff around.”

A senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training chart provided by the registered manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. One person told us; “Yes I get them on time and I know what they are all for.”

We discussed the ordering, receipt and storage of medicines with one of the senior carers who was responsible for administering medicines on the day of our visit. They showed us the revised medicines policy from January 2015 that all staff who administered had signed to show they had read. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. The senior carer told us they had a good relationship with the local GP, they said, “They are very responsive.” And they also said the local pharmacy were, “Brilliant, we’ve recently done some medicines training with them.”

One person self-administered their own medicines and we saw there was a policy and clear risk assessment and care

plan in place for this. Staff told us they stored this person’s controlled medicines but they kept the others securely in their room. This meant that people were enabled to keep their independence in this way if they wished to do so. We saw that temperatures in the treatment room were recorded daily but we mentioned that excess medicines that were stored in the general office were not monitored and the registered manager and proprietor agreed to provide a thermometer with immediate effect. The most recent audit carried out by the North East Commissioning Service in 2014 on medicines found that ‘Generally meds room was clean, tidy and well organised. MAR forms neat and filled out correctly. Ordering and receiving well organised.’

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. We viewed current certificates for gas safety, water services, fire equipment and electrical and saw that all servicing had been carried out by appropriate contractors.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The four care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. We witnessed the senior carer filling out an accident form with a member of staff who had tripped over during the morning shift although she had no ill effects. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.



# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “Yes, they have mainly been here a long time.” One relative told us; “They are all nice people, on a Friday and Sunday they invite me to have lunch with my relative.”

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. They told us they had attended an external course the previous day on palliative care. We saw staff had received training in health and safety, infection control, moving and handling, emergency first aid, respect and dignity, safeguarding, nutrition, dementia and detecting depression. One staff member told us, “I did a course yesterday in Hartlepool on end of life care, it was very interesting, and the dementia course was good, we all enjoyed it. It’s given us a better insight into the people who live here.” We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. We saw that a formal induction programme was undertaken by the provider. We saw that one relatively newly recruited staff member had received standard induction training as well as training on nutrition, continence care, pressure care, detecting depression, safeguarding, dementia, end of life care and further fire safety training. The registered manager showed us this person’s supervision records and we saw that this was detailed and records showed the person’s role and confidence in performing tasks was discussed as well as how they felt they were performing in the role. This showed new staff were supported with training and supervision when they started at the service. During the course of the inspection we observed all staff, the registered manager and the proprietor engaging in positive and informal conversations with people who used the service and each other.

All staff we spoke with said they had regular supervisions with the registered manager. This is usually a 1 to 1 meeting where a staff and their supervisor discuss their work performance and any issues and training needs. Every staff member we spoke with said they felt able to raise any

issues or concerns with the registered manager or proprietor. One member of staff told us, “I feel able to go to the manager with any concerns, we are one team here, we are like a family.”

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a monthly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. We saw from care plans appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded.

We observed breakfast and saw it was unhurried and relaxed with people coming and going at different times depending on when they got up. One person told us they always had a bacon and mushroom sandwich for breakfast which they enjoyed. One staff member told us, “We have been giving out extra drinks yesterday and today due to the hot weather.”

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. One person said; “Yes there is always an alternative and there is plenty.” Another person said; “The food is good.” Where people needed assistance with their food the staff were very patient with them. Staff spoke nicely to everyone.

Staff told us about how they monitored people’s nutritional needs. One staff member said, “Everyone is on a food and fluid chart for six weeks when they first come here and if they need further monitoring this is carried out.” We saw that these charts were generally well completed. We saw snacks, including fortified snacks were provided to people along with hot and cold drinks throughout the day. One staff told us how they had to sensitively discuss with relatives who were bringing lots of sweet things for their



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diabetic relative and they said; “We just explained the effect this had and that it would be helpful if they tried to bring more appropriate treats for this person.” We saw everyone had a care plan for monitoring their food and nutritional intake.

The registered manager told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager was aware of the process for people with lasting powers of attorney in place. Some staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA but others were unsure of who was affected by this and what the key principles were. We discussed this with the registered manager about providing further training or discussion in this area. Staff we spoke with were aware of anyone who had a Do Not Attempt to Resuscitate order in place.

At the time of the inspection, three people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager was awaiting the

local authorising body to confirm assessment dates for other people. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict people who lack the capacity freedom to leave the care home unless it is in their best interests.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “They’ll call the doctor if you need one.” Staff also showed us that they carried out monthly observations on everyone at the service including blood pressure, respiration and temperatures and they said this helped them see if anyone was needing a GP visit or was perhaps coming down with an infection. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Everyone had a summary of information in place were they to be admitted into hospital. On the day of our visit one person had an outpatient appointment at the hospital and was accompanied by a carer and the service proprietor.

The service was well laid out but communal areas were looking a little “tired” in décor.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and received the following responses, “They are all kind and respectful.” And “They know my routines and how I like things to be done.” A staff member told us; “I love working here, we are like a big family.”

One relative told us; “It is very caring.” Another said; “Everyone is very open and honest.”

Everyone said they got privacy. We saw staff using people’s preferred names and knocking before entering rooms. We asked a staff member about how they maintained people’s privacy and dignity. They explained how the staff said exactly what they were doing with any type of care with people and “We always ask people about everything, what they want to eat, what they want to wear, what they want to do.”

We saw staff interacting with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. We observed one staff member moving someone in a wheelchair and gently asking them to ensure they kept their arms close in case they caught on a door way.

We saw everyone from the kitchen staff to housekeeping staff spend time talking to people and helping them if needed. The proprietor knew everyone well and people were all on first name terms (where they wished to be). One person said; “I love it here, the staff are lovely.” Another person said; “It’s a home from home.”

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and time they would like to go to bed.

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as

independent as much as possible including self-medicating, going out into the community and carrying out tasks such as dressing and washing with staff support if needed. One person told us; “They haven’t tried to take my independence away.” Another said; “I can do what I want when I want.” A staff member told us about one person who was regaining their skills after a hospital admission. The staff told us; “I encouraged her today and cajoled her along with her standing and walking, you have to encourage people but not bully them.”

People told us their relatives and friends were encouraged to visit them within the home at any time and we observed people being offered refreshments. One person told they regularly ate at the service and they enjoyed the mealtimes very much.

We read a very moving letter from a family whose relative had recently passed away that was highly complementary about the care and especially end of life care given to their relative. They said; ‘With your support, dedication and professionalism it was made possible for X to be discharged back to their own home, this gave us great comfort as a family knowing that X would spend their final weeks/months in the place they called home.’

We saw people signed where they were able, to show their consent and involvement in their plan of care and if not a family member who had lasting power of attorney for care and welfare was asked to consent. One person told us, “Yes I have read right through mine”, Another person said; “Oh yes, I’ve signed it.” This showed that people were involved in the planning and delivery of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person.

# Is the service responsive?

## Our findings

We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

One person had been admitted to the home the previous day. Staff told us they had supported this personal with personal care straight away as they had been unable to do this very well at home. We also observed staff arranging a dental visit for a person who had a problem with their dentures not enabling them to eat properly. This showed staff dealt with issues promptly to ensure people were comfortable and well cared for.

We asked staff to explain how they would manage someone's changing needs. They explained about consulting with each other and using the daily notes and handover sheets to monitor someone and bringing in other professionals where needed. They also said, "We would have a chat with the person and ask how they were feeling and if anything was wrong. Handovers give us that accountability so we can check on exactly how someone has been and whether they are getting worse, improving or staying stable."

The senior carer told us a range of activities was offered at the service such as cards, indoor bowls, bingo, film afternoons and events such as BBQ's and fairs were also being planned. All staff said structured activities were difficult as people were very much of their own mind and they would do something when they wanted to so things tended to be when people felt like it. There was people who visited to provide a church service and entertainers also regularly attended the service.

People said; "We do different things at different times and if we feel like it."

People told us they would complain to staff or the registered manager. One person said; "Oh yes if I wasn't happy I would say something." All the relatives we spoke with said they felt able to raise any issue or concern with the home's staff or management.

Records we looked at confirmed the service had a clear complaints policy and there was an "open door" system by the registered manager. Information was held in the reception area of the home as well as a copy of the complaint procedure being in each person's room. We looked at the home's record of complaints. There had been one complaint recorded within the last 12 months and there was a clear record of an investigation and outcomes recorded. The registered manager and senior carer stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. One staff member said; "I would try and deal with any concerns raised by anyone if I could but then contact the manager, you need to know what's within your skills to deal with."

People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people's lives prior to moving into The Mains that helped staff build relationships with people. Daily notes were also well completed, for example we noted that on the previous hot day it was recorded that each person had been offered extra fluids.

# Is the service well-led?

## Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager. The registered manager had worked at the service for a number of years as had a lot of the staff members. On the day of our visit the senior carer stated they had worked at the home for 24 years, and the two other carers on duty had worked at the home for 18 and 20 years respectively. The staff team told us how they worked together, and described themselves as “A family.” They explained this meant they covered for each other for sickness and holidays and gave us other examples of how they were committed to the service and the people who lived there. People who used the service said the atmosphere at the service was “Good, it’s friendly and we have a laugh.” And “It’s a home from home.” Staff also told us “We are a good team and I love working here.”

The registered manager and proprietor showed and told us about their values which were communicated to staff and focussed on care being delivered in a way that was individual to each person. People and visitors told us that the registered manager and proprietors were a regular presence at the service and they could discuss anything with them. One person told us, “I would talk to her [registered manager] if I needed anything.” One staff member said; “She [registered manager] is always around and we know we can ring her at any time if she isn’t here.” This meant the registered manager was accessible and listened to the views of people and staff at the service.

We saw that staff meetings did not happen regularly but the team all told us they discussed issues and we saw an established handover sheet system so that any tasks and issues were handed over to the senior taking on the next shift. We saw records of meetings that took place for people living at The Mains and their relatives. The most

recent was in May 2015 and people talked about meals, cleaning, laundry, any issues with staff and activities. People were also offered the opportunity to have a private discussion after the meeting if they so wished.

The service had used a satisfaction survey to gather feedback, although they told us response rates had been poor and we saw from the last survey that any issues identified were immediately actioned by the service and a documented response recorded. This was a comment about meals and a response was recorded by the registered manager.

We saw that policies and procedures were reviewed regularly and were written specifically to the service provided at The Mains, for example; staff had clear directions and numbers to call if there was a lighting or heating problem. The registered manager also had a “Policy of the Week” system and staff were able to tell us that this week the policies they had to read and sign were on safeguarding, harassment and consent.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and The Mains had complied with this regulation.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care plans and housekeeping. In each person’s care plan there was an audit undertaken by the registered manager to check that care plans and risk assessments were up-to-date and had been reviewed. We saw the housekeeper had a daily checklist which again ensured that all areas of the home were cleaned and this was recorded by them as they went around the building. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.