Cotswold Spa Retirement Hotels Limited

Dolphin View Care Home

Inspection report

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Ratings

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

Overall summary

The unannounced inspection took place on 2 June 2015 with a further announced day on the 3 June 2015. We last inspected the service in August 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Dolphin View Care Home provides residential and nursing care for up to 42 people, some of whom are living with dementia. At the time of our inspection there were 29 people living at the service.

The service had a new manager in post who had applied to become the 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 about how the service is run.

Summary of findings

Staff knew about safeguarding procedures and what to do if they had any concerns. We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were generally managed appropriately, although we found the raised temperature in the medicines room needed to be addressed and we have made a recommendation.

People's human rights were upheld and we saw evidence of this, for example the right to vote.

Risk assessments were in place and these were regularly reviewed and updated as changes occurred. The service had emergency contingency plans in place. The plans detailed what staff would do in particular emergencies. Accidents and incidents were recorded and monitored for trends and discussed at regular health and safety meetings. We found thickeners were not always stored securely and this was addressed by the manager. Thickeners are usually powders added to foods and liquids to bring them to the right consistency/texture for people with swallowing difficulties

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

Staff had the skills and training required to adequately support the people in their care. Staff felt supported and received suitable and regular supervision and yearly appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required. We observed people consenting before support was commenced.

People told us they enjoyed the food and refreshments at the service. People received enough support if they needed it and special diets were available for the people who required them.

Access and appointments to healthcare professionals were made available to people who asked or for those who needed additional support.

People and their relatives and visitors told us staff were very caring. We observed warmth and kindness shown to people throughout our inspection.

People's dignity, privacy and respect were maintained by staff. We saw staff being discreet and remembering to speak quietly when asking people about supporting them with personal care when in the company of others.

Care was planned and regularly reviewed to ensure it met people's needs.

A good and varied programme of activities was available for people to choose from should they wish to participate. The home had an activity coordinator who was passionate about providing a full range of different entertainment.

We saw a copy of the provider's complaints policy and procedure and people knew how to make a complaint if they needed to. The provider had also received many compliments about the support provided by the staff to people in their care. People had a choice of what they had to eat or what they wanted to do.

Meetings were held for people and their relatives and also for staff and all concerned had a chance to air their views and improve quality. Surveys were also completed and the provider was in the process of implementing a new system to support this.

The provider had systems and procedures in place to monitor the quality of the service provided. When issues or shortfalls were identified, corrective actions were taken.

We made one recommendation, that the provider considers best practice guidelines on storing medicines in care homes.

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 not always safe.

Medicines were not always stored at a safe temperature and we have made a recommendation. Thickeners were not kept secure at all times.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored and risks had been assessed appropriately.

Emergency procedures were in place to keep people safe.

There was enough staff to respond to the needs of people and robust recruitment procedures were in place to ensure suitable staff were employed.

Requires improvement

Is the service effective?
The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager.

The manager and staff were aware of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards and worked within legal guidelines.

People were supported with a healthy diet and to remain hydrated, with special diets being prepared for those that needed them.

Good

Is the service caring?
The service was caring.

People and relatives felt staff were caring and we observed warmth and kindness being shown to people. People were treated as individuals with respect and dignity.

People and their relatives felt involved in the service and information on advocacy services was available.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved with people's care needs and choice was given in people's day to day lives.

There was an activities coordinator employed at the service to provide a range of varied and stimulating activities and events for people to enjoy.

The provider's complaints procedure was available and people and their relatives were aware of how to complain.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service had a manager who was in the process of registering with the CQC. Staff told us the manager was supportive and could be approached at any time for advice.

Meetings and surveys were completed with people, relatives and staff to improve the running of the service.

The provider had a quality assurance programme and actions were made, monitored and followed through to completion.

Dolphin View Care 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.

This inspection took place on 2 and 3 June and the first day was unannounced. The inspection was carried out by two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed data we held about the service, including information we had received from the provider about deprivation of liberty applications, deaths and serious injuries. We contacted the local authority commissioners for the service, the local authority safeguarding team and the local Healthwatch. **Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service, six family members and two other visitors. We also spoke with the regional manager, the manager, two nurses, a senior care worker, the activities coordinator, the cook, one domestic, one staff member working in the laundry, the administrator and five other members of care staff. We observed how staff interacted with people and looked at a range of records which included the care records for six people and medicines records for the 29 people living at the service. We also looked at six staff personnel files, health and safety information and other documents related to the management and safe running of the service.

Requires improvement

Is the service safe?

Our findings

People's comments about their safety included, "Yes dear, I feel very safe living here" and "Very safe, they [staff] make sure of that. The girls are very good." All of the relatives and visitors that we spoke with thought that the people living at the service were safe and well cared for.

After lunch we noticed that 'thickeners' had been left on one of the dining room tables. Thickening agents can be added to foods and liquids to bring them to the right consistency or texture so they can be safely swallowed by people at risk of choking. Earlier this year an alert had been issued to care homes due to the death of one person in relation to thickeners. We removed the thickener and gave it to a staff member. We spoke with the manager about this and she told us that thickeners were stored securely and she was fully aware of the alert. We explained what we had found and she said she would look into the matter.

On the day of our inspection, a member of staff answered the door to us and showed us through into the main building without asking for identification. We discussed this with the manager who was surprised this had happened as staff (she told us) were aware of the importance of security. She confirmed she would follow this up with staff. The service had an administrator whose office acted as a reception point to people visiting the service. We observed that all visitors would sign in on arrival and then be allowed access to the internal building via a coded door. Procedures were in place for night checks to be made. For example, all doors were checked, closed and alarms activated. Overall, we considered that our 'unchecked credentials' was not a regular occurrence and that people were protected from uninvited visitors.

People had their human rights respected. For example people had completed 'right to vote' information on their records and the activity coordinator told us they organised for the local councillors to visit the service at the recent general election. One person confirmed their visit and told us, "I asked them lots questions." We also confirmed that people were given the right to follow their religious beliefs. One person confirmed that a priest visited them regularly and we saw that church services were listed on the display boards around the service.

Staff were able to describe what safeguarding people meant to them and what to do if they had any concerns regarding the welfare of an individual. Staff also knew about how to use whistleblowing procedures should they need to. Information was available on notice boards for staff, people and their visitors regarding safeguarding procedures and the provider had policies and procedures in place to support the manager or the staff if they needed to follow that course of action. A previous safeguarding concern had been dealt with effectively and additional measures had been put in place to safeguard people at the service. Although it was noted that the staff member involved was no longer employed by the organisation and had been referred to the relevant authorities.

We checked people's finances where these were held by the provider. We found safe practices in place with care plans and risk assessments drawn up, and all monies were accounted for in the sample that we checked. We noted that the manager monitored this area and the service had regular calls from the provider's senior administrator who incorporated finance checks into their visits.

People told us they always received their medicines appropriately, and at a time that suited them. They told us staff stayed with them until they had taken it. Staff were trained in the administration of medicines, and we found that assessments had been undertaken in the form of written tests and observations completed by senior staff.

We observed medicines being given to people and found that it was done appropriately and in line with good practice. People's records were completed correctly and contained detailed information, for example, on how people should receive their medicines. The member of staff who gave out medicines during our observation knew people very well and explained that one person preferred their medicines placed on the bed so that they could pick them up and take them independently. We watched them do this and confirmed this procedure with information held on the person's records.

We noted that the temperature in the medicines room was very warm throughout our inspection. We confirmed that it regularly reached over 27 degrees Celsius. Medicines stored over 25 degrees Celsius may lose there effectiveness. We brought this to the attention of the manager and the regional manager who told us they would contact the estates department and arrange for air conditioning to be purchased.

Requires improvement

Is the service safe?

Oxygen 'in use' signs were displayed when relevant and risk assessments were in place. We observed oxygen tubing stretching across the floor from one person's bedroom to the bathroom opposite. We spoke to the manager and the regional manager about the risk of trips to people living in that vicinity. The manager told us she was aware of this issue but that it was a difficult situation due to bedrooms not having ensuite facilities. We discussed the need to find a solution and both the regional manager and the manager said they would look into this as a priority.

Risk assessments were completed for individuals and for any general risks within the service. For example, people who were at risk of falls, or those at risk of choking or malnutrition. We found risk assessments in place for those people who enjoyed smoking in order to minimise the risk to themselves and others. Risk assessments were reviewed regularly and updated as any changes occurred.

The service had emergency contingency plans in place. The plans detailed what staff would do in particular emergencies, for example in cases of fire, flooding or lack of electricity. The provider had made local arrangements to relocate people should an emergency arise. Each person living at the service had a personal emergency evacuation plan in place to support the emergency services should the need arise to evacuate the building.

Staff were confident in fire and evacuation procedures and knew who was in charge. A care worker said, "We have a weekly fire drill and twice a year we have a practice evacuation. This worked really well when we had a real evacuation a while ago. The training is good and effective and we each have clear roles and responsibilities if there's an emergency."

Accidents and incidents were recorded and monitored for trends, by the manager and the provider to ensure learning was achieved to help reduce the likelihood of similar incidents occurring in the future.

People told us they thought there were enough staff. We looked at the rota for the month before and after our inspection. We saw that a safe level of staffing had been maintained on every shift and that cover had been provided when a member of staff had called in sick. The manager sometimes relied on bank staff to maintain safe staffing levels when holidays or staff absence occurred. The service had their own pool of bank staff, which meant that the same staff members were called upon giving some consistency of care to people. One staff member said. "The bank staff are really well known, there's good consistency with them and people like them a lot."

Safe recruitment procedures were followed and we saw that checks on staff had been obtained before they started working at the service. We checked the PIN numbers of all nurses and these were all in date and valid. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

One member of staff told us, "There's been a big improvement since our new manager came into post. The team seems pretty stable and sickness is low." Staff told us that their new manager was implementing a new rota system and had asked for volunteers to try different shifts from their usual pattern. One care worker said, "This is a great idea. It means you get to work with people you wouldn't normally see such as night shift staff. I'm looking forward to trying it out."

The service was well maintained, clean, and well lit. People told us that any repairs were dealt with quickly. Although one person told us, "Repairs have been taking a bit longer because the repair man has left and one from another home comes here." The manager confirmed this to be the case but also told us that a new maintainance person had been appointed and would be taking up the position soon. One person told us, "I've been here a lot of years, they put new windows and carpets in a couple of years ago and painted the rooms, it's good, it's my home and I like it, I've no complaints."

We recommend that the provider considers best practice guidelines on storing medicines in care homes.

Good

Is the service effective?

Our findings

People thought that the staff were well trained. One person said, "They are able to help me with everything I need and they are always having training. I think there is something going on today."

All staff had undergone an induction programme. We found that this had included an introduction to people individually and a discussion of policies and procedures such as whistleblowing, privacy and dignity and promotion of choice amongst people. A member of care staff said, "New staff are given a personal introduction to each resident, including reading of their personal history. It helps them to care for them as individuals very quickly. When someone first joins, they're buddied up with a more experienced member of staff based on their experience and skills."

Staff had up to date training which the provider deemed as mandatory. The regional manager and manager both told us that the training tracking device they used worked well. The regional manager said, "Staff are all assigned a personal ID in the e-learning system, which sends out a reminder when mandatory training is due to expire within three months. This works really well and gives staff plenty of time to plan to renew their training." Staff had been trained in, for example; moving and handling, nutrition, safeguarding and the safe use of bedrails. A care worker told us that staff were able to access specialist training through Northumberland College, including nutrition and dementia training if a particular need was identified.

The manager kept a record of staff supervisions. From the previous inspection we found that all staff had received supervision every two months and that everyone had an annual appraisal. Staff told us they felt very supported. One member of care staff said, "The supervisions are used to help us develop. They're also used to discuss attendance and performance but it's always with people in mind. We have a really supportive senior care team in case of incidents, they're always around to help."

We arrived early on the first day of inspection and sat in with the staff handover from night to day shift. The nurse in charge on the night shift went through recorded information on each person living at the home and gave a summary of how they had been through the night, how they were currently and any issues arising. We felt that this gave day staff a very good snapshot of each person before they began their shift.

CQC Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

The MCA is designed to empower and protect people who may not be able to make some decisions for themselves which could be due to living with dementia, a learning disability or a mental health condition. The Alzheimer's Society state, "People should be assessed on whether they have the ability to make a particular decision at a particular time." One person had a DoLS authorisation in place from January 2014 for four months due to particular concerns and staff were aware that this had since ceased. We found the concerns were no longer prevalent and staff told us they would not be applying for an extension to the authorisation at this current time. Four applications to restrict people's liberty had been made to the local authority DoLS team and the service was waiting for decisions to be made. Where a best interest decision had been made, this was appropriately done and documented with involvement from staff, relatives, healthcare professionals and other relevant people.

People confirmed that staff sought their permission before carrying out any treatment or support. One person said "They're very good, very gentle, very polite, but I try to do most things myself."

Comments from people about food at the service included, "This is lovely food, it's what I was looking forward to when I came out of hospital"; "This bread and butter pudding is amazing. I'm glad they changed the puddings." People arrived in a timely manner to the dining room for their lunch and were offered refreshments while they waited for it to be served. When serving drinks we saw staff had a good understanding of each person's dexterity and offered a glass, mug or a cup with handles based on their individual needs. We noted that staff responded quickly when people asked for more to drink.

Good

Is the service effective?

Each person was given a choice of hot meal. One person said, “The food’s great, there is plenty of it and there is a choice. If you don’t fancy what’s on offer you can have an omelette or jacket potato.” We noted that some people needed one-to-one help to eat their lunch and we observed that there were enough staff to support them. Some people had special diets, including pureed and soft food and when we discussed the needs of people at the service with the cook, they were fully aware of this information. The cook stayed in the dining room throughout lunch. We saw that on leaving the dining room, some people approached the cook to tell her how much they had enjoyed lunch.

People told us they had access to GP’s, nurses, chiropodist and dentists if they needed to and said they would speak to staff who would help to organise the appointments. From records viewed we confirmed that people had been supported to make appointments with healthcare professionals and that appointments had been attended with the outcome held for reference.

Bedroom doors had the names of the people who lived there on them. Areas were bright to allow ease of movement around the service for people with poor vision or those living with dementia. We noted that some rooms and areas had wooden floors to ease the movement of wheelchairs and to facilitate better cleaning where this was required. Bannisters were coloured differently to the walls in order to stand out more and aid people who were living with dementia for example or those who had failing vision. Doors were wide enough to fit wheelchairs and other equipment through with ease.

We were told that the RAF was coming in a few weeks to help regenerate the garden areas around the premises. The manager told us that they intended to adapt the garden and have a more secure and private area for people to enjoy.

Good

Is the service caring?

Our findings

One person said, “They’re great, the lasses are great.” One relative said, “Staff are brilliant, if you can do anything you need to get them a pay rise, they do a fantastic job and don’t get paid enough for the work they do.”

We completed a number of observations during the inspection. For example, two in the dining area and another in the communal lounge area. Observations confirmed that staff were attentive and caring and showed genuine consideration and compassion when speaking with and supporting people in their care. Staff spoke to people with familiarity, warmth and kindness. We observed staff listening to people, assisting them to peel fruit, and guiding them from their bedroom to communal lounges or dining room areas if they asked for help. People were able to choose where they sat for lunch and staff helped them sit next to their friends.

We found that meal times were a pleasurable, relaxed social experience, helped by staff who clearly understood the needs and preferences of people. The pace at meal times was appropriate with people not being rushed and they were given plenty time between courses.

Staff made sure that when people sat in a wheelchair, the footplates were correctly positioned and the person was comfortable. When a person had slouched in their chair, a member of staff noticed and helped them to sit up more comfortably. Staff were overheard speaking with people about the fun run staff were doing at the weekend. We were later told that any money raised would go to the ‘residents fund’ to be spent on future events or activities.

People told us that their privacy and dignity was respected at all times. Staff knocked on bedroom doors before entering and where personal care was taking place; bedroom or bathroom doors were closed as a matter of formality. We observed staff talking quietly and discreetly to people to check if they had any personal care needs.

People were encouraged to remain independent. One staff member told us, “We all have a focus of helping people to be as independent as they can be. We have someone living here who is over 100 years old and they still want to be able to dress themselves, so we find ways to make sure they can try this safely.”

Relatives told us that they were contacted by the staff at the service if any issues arose. One relative said, “The staff always keep in touch and let us know if something happens to them [person’s name]. It’s very reassuring.” People and relatives confirmed that visits could be made to the service at any time and that visitors were made to feel welcome.

People were aware of their care plans and relatives told us that they were involved in the care planning process and felt part of their relatives care reviews. We saw that people and their relatives had signed to agree their involvement.

Advocacy information was available at the service and we were told that no one was currently this type of service. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Healthwatch information was also available in the reception area for people and their visitors.

Good

Is the service responsive?

Our findings

One person told us, "The lasses see to everything I need when I ask them, they are great." Another person told us, "I call my bell and the girls come straight away." We saw one person who enjoyed smoking being taken to the smoking area a number of times during the inspection; when they had asked for help to get there.

People had their needs assessed before moving into the service. From these assessments, care plans had been drawn up with any associated risk assessments. These had been completed with the person, their relatives or other people involved in their lives; including healthcare professionals. Records had been regularly reviewed and if any changes to a person's needs occurred, the records were updated with these modifications at the time. For example, one person whose behaviour now challenged the service had their care plans and risk assessments updated to reflect this change. Records included the use of behavioural plans with triggers and detailed interventions that were required by staff.

Monthly evaluations of people's dependency levels were carried out to establish any changes. We noted that one person had required more support with eating and drinking and a referral had been made to the speech and language therapy team (SALT) for further support with this.

We were told by the manager and regional manager that new paperwork was being implemented, including more person centred activity records. We spoke with the activities coordinator about this and she showed us one of the new records. She told us they were more detailed and included information about the person and what their preferences were.

There was a picture on the communal notice board of the activities coordinator and an explanation of her role. People told us they knew who she was and what she did. One person said, "She is a canny [nice] lass. She organises things for us to do."

We heard people excitedly talking during lunch time about activities and particularly about the singer who was coming to the service that afternoon. People told us they had painted t-shirts for the staff to wear at a fun run which was taking place in aid of the 'residents' fund at the weekend.

We spoke with the activities coordinator who explained the range of activities the service had available for people to participate in, including cooking, music, games and pampering sessions. She explained that people were encouraged to join in but nobody was forced to do anything they did not want to do. One person told us that shoe and clothing providers often called at the home and there was soon to be a 'fashion show' held by one of them. They explained they would be able to buy some new shoes if they wanted to as they were offered at a discounted price. Relatives told us they could join in activities if they wanted to.

Newspapers, magazines and books were available for people to read in communal areas and we saw that a set of binoculars had been placed on one of the window sills and were available for people to look out to sea directly from the main lounge.

People were fully involved in activities. One person who had links with Scotland had been asked if he would like to read a poem out to people at the Burns Night celebrations. Pictures of that event, along with pictures of events from past months and years were available for people to view in albums that had been set up by the activities coordinator. These had been placed in one of the main lounge areas.

Each room was person centred and tailored to each person's individual taste. People were able to furnish their rooms with personal items and choose how they wanted them displayed. One person had a computer set up in their room to use at their leisure. Reminiscence pictures were hung on walls in corridors, including those of key times in history. For example, the world cup of 1966 and the assassination of president Kennedy. One person said, "Takes you back. It does not seem that long ago really."

All of the people that we spoke with had not made a complaint but knew how to if they felt it was needed. Notice boards and reception areas had information on how to make a complaint. The provider had policies and procedures in place, copies of which were held in the reception area explaining how complaints were handled and how to make one. One person said, "No need to complain, it's great here." Many compliments had been received at the service. Most of them were from relatives who wanted to pass on their gratitude to the staff for the care they had shown their family member when they lived there.

Good

Is the service well-led?

Our findings

Comments from people included, "I think it's well managed"; "The manager's very good"; "It works well how it is, I can't think of anything that could be done different" and "They [staff] and the manager listen to you and whatever can be done, will be done."

At the time of the inspection there was a manager employed at the service who had been in post since February 2015. We confirmed the new manager was in the process of registering with the CQC. During the inspection we confirmed that the provider had sent us notifications which they are required to do under their registration. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

A member of care staff talked with us about the recent change in management at the home. They said, "The transition between managers has been handled really well. We were without a manager for a while but our new manager has settled in well. She set her expectations immediately and already things are totally different." Another care worker said, "The manager is very approachable, she appreciates how hard we work."

Staff worked well together as a team, for example, when call bells were activated staff spoke with each other to make sure one of them answered it immediately. A senior staff member told us, "Everyone is approachable and we're all comfortable approaching each other."

The provider's regional manager was talking with people during lunch. We noticed that people responded with recognition of them. For example, a person was delighted when they complimented her about her choice of nail polish.

We found that where staff had experienced recurring or protracted periods of sickness, the manager had worked with the individual to put together a support plan that included input from the staff member about how they would like to be supported. This showed openness within the service and staff taking responsibility for their continued return to health.

Staff meetings regularly took place which provided staff with the opportunity to discuss any areas of concern, care provided for people living at the service, health and safety issues and any other business that they felt was important. One staff member told us, "Attending staff meetings is important, it gives us information as a team and gives us the option of asking questions; although we can do that anytime mind."

People and relatives confirmed that meetings took place which they could attend every couple of months. One relative told us, "We have gone in the past, it's a good place to talk things through." Items discussed on the agenda, included menus and activities. We noted that curry was on the menu and a staff member told us, "Curry is back on the menu because people requested it."

Audits on staff records had been completed annually to ensure that appropriate documents were available, such as interview records and current Disclosure and Barring Service checks. Audits and checks were also completed regularly on care plans to check they had correct and up to date information. Other checks included, bed rails, equipment, quality dining, food safety and health and safety information.

'Health and safety and quality governance' meetings took place regularly with representatives of the staff attending. Various issues were discussed, including accidents and incidents, safeguarding issues, and staffing. We asked one of the staff who attended, whether any issues had been addressed because of these meetings. They gave two examples, including a repair issue in the main lounge which was in the process of being addressed and also the use of a hoist for one person.

The provider monitored the service through regular visits. During these visits checks were made on medicines, people's care and wellbeing, food and the day to day running of the service.

When any issues were identified through the audit and checking processes, the provider took action to rectify any issues. For example, the repair of the lounge carpet.

We were told that a new programme called 'Quality of Life Meridian' was going to be 'live' at the end of June. The programme included the ability to allow people and their visitors to record their views of the service in real time through a device located in the reception area and also via an iPad held at the service. We were told this information would then be used to evaluate the quality of the service and support any improvements that needed to be made.

Good

Is the service well-led?

The communal noticeboard contained the results of a laundry survey which had been carried out showing any changes made and provided reasons why some suggestions for change were not practical or appropriate.

Staff had worked in partnership with other healthcare professionals. For example, the staff had worked with the physiotherapy department of a local hospital to produce clear procedures with detailed pictures (including ones with the person) of how to operate splints, hoists, and slings for one particular individual. Staff told us, “You cannot go wrong, those pictures are great.”