Broomhouse Care Limited

Melbury House

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 was unannounced. This meant the provider or staff did not know about our inspection visit.

Melbury House provides accommodation and personal care for up to 34 older people. The home is set in its own grounds in a residential area near to public transport routes, shops and local facilities.

There was a registered manager in place who had been in post at the home for over eight years.

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.

People who used the service, and family members, were extremely complimentary about the standard of care provided. They told us they liked living at the home and that the staff were kind and helped them a lot. We saw

Summary of findings

staff supporting and helping to maintain people's independence. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

The interactions between people and staff that were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There was information about how to make a complaint at the home which was displayed in people's rooms and notice boards around the home. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

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 robust checks when they employed staff to make sure they were suitable to work with vulnerable people.

Staff training records were up to date and staff received regular supervisions, appraisals and a training / development plan was also completed, which meant that staff were properly supported to provide care to people who used the service.

We saw comprehensive medication audits were carried out regularly by the management team to make sure people received the treatment they needed.

The home was clean, spacious and suitably built / adapted for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the provider was following legal requirements in the DoLS.

We saw that the home had an interesting programme of activities in place for people who used the service, including meaningful activities for people living with dementia.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends.

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?

Good

The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

There were sufficient skilled and experienced staff on duty to meet people's needs. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People told us that staff were supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively assisted people with their care needs.

Throughout the visit, staff were engaging people in conversations and these were tailored to individual's preferences. Interesting and fun activities were being provided.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We saw people were encouraged and supported to take part in activities both in the home and the local community.

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff understood the complaint process and the registered manager took all concerns seriously.

Summary of findings

Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Melbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

One adult social care inspector completed this unannounced inspection of Melbury House on 23 and 24 July 2015.

The provider was 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

During the inspection we spoke with eleven people who used the service and six relatives. We also spoke with the registered manager, the deputy manager, three care staff and two senior care staff, one cleaning staff, one laundry staff and both of the providers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at four people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, treatment rooms, all of the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

We asked people who used the service and visiting relatives what they thought about the home and staff. People told us that they found the staff very welcoming and were very confident they or their loved ones would be well cared for and safe. Relatives told us, "I wouldn't let anyone else look after my [relative]. I visit him every day and I know the staff will make sure he's safe and will take care of him like I would at home." People said, "Every little step of the way they're there [staff] just checking you're alright and seeing to you if you need something doing – you couldn't ask for anything more." Staff told us they made sure they always used the correct equipment and did not cut corners; they had risk assessments in place which were 'kept up to date' and 'regular health and safety checks' were made.

We examined the recruitment records of four most recently appointed staff. These showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. All of these checks were used to ensure that those living at the home were supported by staff who were suitable to work with vulnerable people.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines had been trained to safely undertake this task. People we spoke with told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that the registered manager, deputy and senior care staff had been regularly auditing the medication administration records and stock. They had used this information to ensure staff consistently adhered to best practice. We saw that this system promptly identified medication errors and ensured that people received their medicines as prescribed.

The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff outlined to us what they needed to do in the event of a fire or medical emergency. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We looked in a sample of bedrooms, bathrooms and communal rooms and found all of these areas received a routine programme of repair, maintenance and redecoration. At the time of the inspection one of the providers' was on-site and confirmed that he carried out or contracted maintenance staff to carry out emergency and pre-planned works at the home. There had been a large extension recently completed which significantly enhanced and improved the communal areas and individual bedrooms. The registered manager told us that there was a process, which she regularly checked, to make sure known faults and areas that required improvement were immediately notified and action taken to make sure they were repaired. Minor repairs issues which were drawn to the attention of the provider and registered manager, were attended to by external contractors whilst the inspection was taking place.

The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond to any concerns. Staff also told us that they felt confident in whistleblowing (telling someone) if they had any worries which they were unable to resolve with the homes manager or provider. The home had a safeguarding policy that had been reviewed within the last 12 months.

Good

Is the service safe?

Although there had been no recent safeguarding concerns, we were confident that the registered manager and provider would take appropriate action to raise issues with the relevant agencies if this was needed.

Staff told us that they had received safeguarding training and completed refresher training on a regular basis. We saw that staff had completed e-learning safeguarding training this year. Staff had also completed a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies.

The registered manager had appointed an infection control champion and we saw examples of regular checks being carried out to make sure the home remained clean and hygienic. We saw that infection control practices at the home were routinely taking place and activities such as routine and deep cleaning of all areas supported service users' health and wellbeing.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed five people's care records and saw that staff had assessed risks to each person's safety. Risk assessments had been personalised to each individual and covered areas such as falls, pressure care and mobilising. The accompanying support plans ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with could discuss the contents of the plans and the actions that needed to be taken to minimise risks.

Through our observations and discussions with the registered manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Melbury House. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's needs. She was able to show examples of where staffing had been increased in anticipation of changes in people's needs. For example when people returned from hospital treatment or when they had periods of ill health and needed more staff support. The provider confirmed that the registered manager was authorised to increase staffing levels at the home at any time should this be required. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe.

Good

Is the service effective?

Our findings

We spoke with people who used the service and relatives told us they had confidence in the staff's abilities to provide a good care service. People said, "The staff are excellent, they know what they're doing," "It's like the care you'd get from your family." Relatives described the home as, "Well managed," and "A genuine caring regime." Staff told us that the home was effective because of the team work between themselves and carers / families and other professionals to 'ensure residents are comfortable and happy in their home.' Staff said they were 'effective in meeting people's needs' because they had 'effective, structured routines throughout the day.' We saw these taking place throughout our inspection. A visiting liaison nurse told us, "All of the (medical) recommendations and treatments are carried out; if anything is needed then it's done."

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had completed such as moving and handling, first aid, and safeguarding. Staff told us they felt able to approach the registered manager or provider if they felt they had additional training needs.

We confirmed from our review of staff records that staff had completed mandatory training and condition specific training such as managing diabetes and other physical health conditions. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for other courses such as Supporting people with Dementia and safeguarding vulnerable adults.

We saw that any staff who had commenced work at the home completed an induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they regularly received supervision sessions and had an annual appraisal. The registered manager told us that she worked alongside staff and was able to discuss any issues or good practices as they arose. The registered manager told us that she and senior staff also carried out supervision with all staff at least five times a year or about every eight weeks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that these had taken place.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. 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 had ensured that where appropriate, Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. 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 their freedom unless it is in their best interests. They were aware of the latest Supreme Court judgement regarding what constituted a deprivation of liberty and told us how they were ensuring applications for authorisation were made.

The service also promoted people to be as independent as possible. The registered manager and providers discussed the actions that had been taken to make the environment more dementia-friendly. We saw that signage had been purchased and best practice recommendations such as using different coloured doors, having toilet seats that markedly contrasted the toilet had been introduced. Also items for rummage boxes, doll therapy items and items for people to independently be engaged in meaningful occupation had been purchased. Areas of the garden and landscaping had also been undertaken with themes which linked the home to the mining background of the local area. This included items such as water hand pumps, mining coal tubs, coloured aggregates (which looked like coal) and other implements. This was relevant to the majority of the people at the home who lived in the surrounding area of Seaham. These were designed so people could see the 'views' from inside the home when they were walking to and from the dining and conservatory areas. One of the providers told us that since these had been put in place it had helped people to find their way to the dining area and had promoted a regular topic of conversation amongst residents and staff.

People who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST), used to monitor whether people's weight is within healthy ranges,

Good

Is the service effective?

were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes; some people had individual menus. People also had the opportunity to eat at other times. All the people we observed appeared to enjoy eating the food.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example if people were at risk of losing weight or where staff were concerned that someone might have had an underlying medical issue.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by external healthcare professionals. We met the visiting nurse practitioner who told us that the local GP had started an initiative whereby they regularly visited all the homes in the area. He was very complimentary about how staff worked at the home and found that they proactively monitored peoples' needs and ensured prompt action was taken if there was deterioration in someone's health. He also told us that they visited daily and found that the staff appropriately referred people so that conditions such as chest infections could be readily and promptly treated. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. One person told us, “They looked after my friend until she died and they did that very well. We were in a concert party together and we sang to her when she passed away; she went to heaven with a song.” One relative told us, “They look after my [relative] better than I could. He’s a lovely gentleman and they treat him like it’s his home. I’m here every day and the family call in all the time. We had our wedding anniversary and they had a big party for us. They care for us so well.”

A nurse practitioner commented, “I wish I could pick up what that they have at this home and give it to the others.” One relative commented, “I think heaven for the angels here that afford my father extreme dignity and respect in a time of his life when he needs it most.”

During the inspection we spent time with people in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We found staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver good quality support for people. Staff showed they had good skills in communicating both verbally and through body language. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example staff anticipated people’s requests and knew how to ensure people did not become anxious. The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing.

We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, where to sit in the lounges or what activities to take part in. The care plans also included information about personal choices such as whether someone preferred a shower or bath and their individual likes and dislikes. The care staff said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people. The deputy manager told us how important it was to make sure the care plans included details of people’s interests and preferences so these could be continued should people become unable to communicate their wishes.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Good

Is the service responsive?

Our findings

From the care records we looked at we found that staff working in the service were responsive to people's changing needs. We saw that pre-admission assessments had been completed, This assessment process identified people's needs and a decision was then made as to whether it was suitable to admit them to the home. This information was then used as a basis of developing a more detailed care plan.

We spoke with two staff, the deputy and the registered manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people was properly cared for and we looked at how this was written in their care plans.

We looked at the care records of people who used the service to see how peoples' needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements. Each person also had a 'One Page Profile' which had headings such as, 'What is important to me,' 'How best to support me,' and 'What others like and admire about me.' We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans.

During the inspection we spoke with staff who were very knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by clinicians and when concerns arose staff made contact with relevant healthcare professionals. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. We saw good examples of other healthcare professionals being involved as needed. This included the staff contacting the local community dieticians, speech and language therapists and continence nurses when changes were noted. It was clear that the staff followed the advice of the visiting professional and the person was cared for and supported appropriately.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote one person's independence and take calculated risks so they could have a more independent lifestyle.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected. There was a strong local identity which was supported by staff at the home. For example many of the people at the home were from the local area and had worked in industries, hospitals or were involved in community life. These were recorded in people's care plans, were referred to in the décor of the home and we saw saff having conversations with people about their lives.

When people used or moved between different services this was properly planned. Where possible people or their

Good

Is the service responsive?

families were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or providers.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for over eight years. 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.

Staff told us, "Our manager is fantastic, she knows the job inside out and is always there to support and guide us." Another said, "She works alongside us which means she always knows what's happening and how people are doing."

A relative told us, "[The manager] always makes a point of talking to you when you visit just to let you know how [their relative] is getting on – it's like we're all being looked after."

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified as a result of this.

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by the providers who both regularly worked at the home.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Melbury House. From our conversations with the registered manager it was clear she knew the needs of the people who used the service. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how she and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. For example, as well as the general environment, health and safety issues such as how infection control was managed, fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at. Audits also included checks on care plans, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.