Prime Residential Care Limited

Glebe House Retirement 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

Summary of findings

Overall summary

Glebe House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Glebe House Retirement Home accommodates up to 19 adults.

There were 15 older people, some living with dementia, living in the service when we inspected on 15 May 2018. This was an unannounced comprehensive inspection.

This service had previously been owned by another provider, it was registered under the current provider in May 2017. This was the service's first inspection under the new provider.

There was a registered manager in place. 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.

There were systems in place to provide people with a safe service. Staff were trained and understood how to safeguard people from abuse. Risks to people were assessed and staff were provided with guidance about how to minimise risks. There were enough staff to meet people's needs and this was kept under review. Recruitment processes were robust to check that prospective staff were suitable to work in the service. Medicines were managed safely. There were infection control systems in place to reduce the risk of cross contamination. The service learned from incidents and used them to drive improvement.

Staff worked with other professionals involved in people's care to provide people with an effective and consistent service. People had access to health professionals when needed. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was appropriate for people using the service. Staff were trained and supported to meet people's needs effectively.

People were treated with care and compassion by the staff. People's privacy and independence was promoted and respected. People's preferences and views were listened to and valued.

People's care was assessed, planned for and met. Care records guided staff in how people's preferences and needs were met. People had access to social activities to reduce the risks of isolation and boredom. Where people had made decisions about their end of life care, this was documented. There was a complaints procedure in place and people's complaints were addressed and used to improve the service.

The service had systems in place to monitor and improve the service provided to people. The quality

assurance systems helped the provider and the registered manager to independently identify and address shortfalls in the service. The views of people, staff and visitors were valued and used to improve the service. As a result the service continued to improve.

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 minimise risks to people and to keep them safe from abuse.

Staffing levels were kept under review to ensure there were enough staff to meet people's needs. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and safely.

The service had infection control policies and procedures which were designed to reduce risks to people.

Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People had access to healthcare professionals which ensured they received ongoing healthcare support.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

The environment was suitable for the people who used the service.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented. People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Good

The service was well-led.

The service's quality assurance systems supported the provider and registered manager to identify shortfalls, and address and learn from them.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

Glebe House Retirement 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 unannounced comprehensive inspection took place on 15 May 2018 and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with five people who used the service and one relative. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to four people's care. We spoke with two of the provider's directors, the registered manager and five members of staff, including the deputy manager, care staff, catering and domestic staff. We looked at records relating to the management of the service, three recruitment files, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe." A person's relative told us, "[Family member] is safe living here."

Staff had received safeguarding training and understood their responsibilities in keeping people safe from abuse. Where a safeguarding concern arose, the service had taken action to seek guidance from the local authority safeguarding team and investigate. There had been no safeguarding concerns about this service in the last 12 months.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals and the use of pressure relief equipment.

Where people were at risk of falls actions were taken to reduce future risks. This included risk assessments which guided staff on how risks were reduced, such as referrals to health professionals to obtain guidance and the use of equipment to alert staff if a person was attempting to stand without assistance. Incidents and accidents, including falls, were checked for any patterns and actions were taken to reduce any future risks. This identified that the service had systems in place to learn when things went wrong and use them to improve the service.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service need evacuating.

Window restrictors were in place to prevent them being opened wide enough for a person to fall or jump out of. However, there was one window which opened onto part of the roof which did not have a restrictor. Once this was pointed out to the registered manger, a restrictor was ordered. We saw some pipes that were exposed in the dining room and bathrooms, we felt these but they were not hot to touch. The registered manager and directors assured us that they would check these, for example when the heating was on, to ensure that they were not a risk to people burning themselves, and take action, including blocking them in to reduce the risks. At the end of each dining room table there was a part which people could hit their legs on. We told staff about this and one said that they always checked before they assisted people to sit at the tables and we saw them doing this, they assisted people to position so the part was not in contact with their legs. We told the registered manager and directors about this potential risk, who said they would assess this.

People told us that they felt that there were enough staff in the service to support them. One person's

relative said, "There is always a carer around, I never think there are not enough." We saw that staff were attentive to people's needs and requests for assistance were responded to promptly.

A new call bell system had been purchased by the providers. This enabled them and the registered manager to monitor the times that it took staff to respond to call bells and which staff had responded to them.

The registered manager told us how the service was staffed to meet people's needs. This was confirmed in our observations and records. The registered manager told us that they did not currently use a system to calculate the required numbers of staff to meet people's dependency needs. They told us that they planned to speak with the care consultants used by the service about a suitable dependency tool they could use. However, they were able to tell us about changes in staffing levels they had made to ensure people's needs were met by the staffing numbers. This included the introduction of a more staff during busier times. If people's needs increased the staffing would be adjusted. The directors and registered manager said that they were aware that when the service was to capacity they would reassess the staffing levels.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "The carers bring them without fail."

Records showed that staff who were responsible for administering medicines had received training in medicines and checks in their competency in handling medicines safely were undertaken. Staff who were responsible for giving people their medicines did this safely. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's records included information about their prescribed medicines and the support they required to take them.

Where people were prescribed medicines to be taken as required (PRN). Records included protocols which guided staff when these PRN medicines were to be administered. Some people required their medicines to be provided to them at specific times relating to their condition. We saw that staff did this as required and records confirmed the times they were to have their medicines. In addition people's care records identified foods and drinks that they should avoid when they were prescribed specific medicines.

Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular audits were undertaken which supported the registered manager to identify discrepancies and take action to address them.

People told us that the service was regularly cleaned. One person said, "They come up and clean my room."

There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. These were available throughout the service to allow access.

The service was clean throughout. Cleaning schedules identified when areas in the service were cleaned and deep cleaned, including commodes. During our tour of the building we saw two beds that had been stripped ready for new bed linen, we saw that the mattresses were clean with no stains. A member of the domestic staff told us that one of the mattresses had been cleaned that day. Records identified that cleaning of the

service was completed, including mattresses. Infection control audits were undertaken to ensure that the risks of cross contamination were reduced. Staff had received training in infection control and food hygiene. The service had achieved the highest rating in their recent food hygiene inspection by the local authority.

New laundry equipment had been purchase by the new provider's, which had recently been installed. A staff member told us that the new washing machines were better and had a sluice programme which allowed soiled clothing to be cleaned more effectively. We saw that the laundry had clean and dirty areas to reduce the risk of cross contamination. The directors said that they would look at the floor and wall covering in place to ensure that they could be cleaned effectively.

Good

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. Discussions with the registered manager and staff, and records showed that the service worked with other professionals involved in people's care to ensure they received a consistent and effective service. This included the commissioners for services and health care professionals.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "They will always get the doctor in to see me."

Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice and treatment was recorded. Where people moved between services, for example if they required hospital admission, care records included important information about the person that was transferred to hospital with them, including if they wished to be resuscitated.

People told us that they were provided with choices of food and that the quality of the food was good. One person said, "We always get something nice to eat, whatever we want." People's relatives told us how they felt that their family members were provided with a diet which met their needs. One person's relative told us that their family member was not eating when they moved into the service. They said, "They couldn't get [family member] to eat at first. They did a few forkfuls here and there and now [family member] is eating, you can really see the difference in [family member]."

Lunch was a positive social experience for people. We saw that staff offered encouragement to eat and staff were available to assist those that needed help. People chose where they wanted to eat and before any assistance was provided people's consent was gained. People ate at their own pace. One person was slow to eat their main meal and were still eating when other people had received their dessert. Staff offered assistance at various points and checked the person was alright, the person's plate was only collected when the person said they had finished eating.

We saw that there were snacks available for people throughout our inspection. This included chocolate, cheese biscuits, fruit and biscuits during the morning and banana bread and cheese scones in the afternoon. In addition there were crisps in the dining room that people could help themselves to.

People told us that they got plenty to drink to reduce the risks of dehydration. One person said, "They tell me to drink, and they always bring me a drink."

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of choking or malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team.

Staff spoken with, including the catering staff, understood people's specific dietary needs and how they were met. This included people who required a softer diet and those who needed a fortified diet and drinks to boost their calories and maintain a healthy weight. The catering staff told us how they spoke with people and staff regularly to receive feedback about the menu and if any changes were needed. They told us that if people did not want what was on the menu they could have something else. During our discussion a person said to the cook, "Thank you it [lunch] was lovely."

There were systems in place to ensure that staff were provided with training, support and the opportunity to achieve qualifications relevant to their role. Staff told us that they were provided with the training that they needed to do their job. This included training in safeguarding, medicines, and moving and handling. The registered manager told us they were in the process of updating training, including providing face to face group training as well as on-line training. Training in dementia was booked for all staff the week after our inspection and fire safety training was booked for June 2018. They were looking at providing end of life training for all staff and one had recently attended this training.

New staff were provided with an induction, which included shadowing existing staff before they worked alone. This was confirmed by a staff member who was shadowing during our inspection. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to.

Records showed that staff were provided with one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Staff had received training in the MCA and DoLS. We saw staff asking for people's consent, for example during lunch people were asked if staff could assist people to put on aprons to prevent their clothing from being soiled.

Care records included information about if people had capacity to make decisions and consent documents and contracts of terms and conditions had been signed by people. The records included best interest DoLS assessments, which stated if people required to have DoLS in place and any best interest decisions required. People's records identified that where people may not have capacity for some decisions, they had capacity to make others, including what they wanted to wear and eat.

People were complimentary about the environment and how it met their needs and choices. One person said, "I chose this room, I am very happy here."

Records showed that safety checks were undertaken as required, including electrical and gas safety. People's bedrooms included items of their personal memorabilia which reflected their choices and individuality. There was signage in the service such as toilets and bathrooms, and people who had chosen to had boxes on their bedrooms doors with pictures of things that were meaningful to them. This supported people to navigate themselves around the service and be able to find the rooms they were looking for.

The environment had communal areas that people could use, including lounge, conservatory and dining area. There were areas in the service where people could see their visitors in private if they wished. We saw that a person was in the conservatory with their visitor looking at holiday photographs.

Improvements had been made, since the new provider had taken over, and these were ongoing. New chair lifts had been purchased. The registered manager showed us these and said that they were safer than the previous ones in place. The chairs turned, which made it easier for people to get on and off them. We saw one person using the chair lift, they did this easily. There was also a passenger lift in place for people who were unable to use the stairs. The conservatory had previously been accessed by a step; this had been covered with a ramp with grab rails which allowed people to mobilise easier and safer into and out of this area. The directors told us that they were planning to relocate the boiler and were looking at environmentally friendly systems.

There was further ongoing work being done in the service. The flooring in part of the conservatory was being replaced and one of the directors met with a representative of an organisation to discuss fencing in the garden. The directors and the registered manager told us how, they were planning to put a fence around the garden because trees currently surrounded it and people could access the main road through these. There was a pond in the garden and there were plans in place to remove this and replace it with raised beds so people could do gardening. We saw a staff member and person discussing this and the person was already considering what they were going to plant.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said about a staff member who they had been chatting with, "I do like [staff member], we really get on," they laughed and said, "But you wouldn't think it the way we tease each other. I like them all really. All of them are very kind." Another person commented, "They are all friendly, one kissed me goodnight, on my cheek, that's lovely isn't it?"

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about and with people in a caring and respectful way. This included positioning themselves at people's eye level to engage in effective communication, this included kneeling in front of people when they were sitting. We saw that the staff used appropriate physical contact to aid their communication and show people that they mattered, such as stroking their arm and back.

There was a good atmosphere with lots of laughter. There was lots of one to one time spent with people which gave them quality time. We observed that the interaction with people staff demonstrated that they knew people well and what was important to them. All interactions were done with compassion and kindness. Staff demonstrated they understood people living with dementia, for example when staff were offering people cakes one person said, "I can't pay." The staff member responded by saying, "That's okay [person's name] they are complimentary for everyone, what would you like?" This response reassured the person and they chose their cake.

People's records identified how people's privacy was to be respected. We saw that staff knocked on bedroom and bathroom doors before entering. One person said that the staff, "Never just walk in, knock first," this was confirmed when two staff members knocked on their bedroom door and waited until the person gave permission for them to enter.

People told us how their independence was promoted and respected. One person said, "I like to do what I can myself." People's records included information about the areas of their care that they could attend to independently and where they needed support of staff. We saw compassionate care during lunch, which respected people's independence and recognised how their dementia had an impact on eating. During lunch, a person had started to eat with their fingers and a staff member sat with them and placed the fork in their hand and guided it to the food, saying, "Try this." The person then ate with their fork. Another person did not start to eat their meal, a staff member sat with them and talked about the meal, then said, "Shall we try?" They gave the person some food in their mouth and advised the person to chew it. Once the person started chewing their food, they placed the fork in the person's hands and they started to eat. The staff member returned a few times after this and did the same.

Staff told us how they laundered people's clothing to ensure they were not ruined in the process. This included hand washing people's woollen garments. They had hung people's washing outside and said that the people liked the smell of the fresh laundry. This demonstrated that as well as the caring interaction we saw, people's belongings were treated with care that showed people they mattered.

Catering staff told us that they made birthday cakes for people and they did this with people's input. They listened to people's choices of the type of cake they wanted and how they wanted it to look. It was a person's birthday on the day of our inspection, we saw that their flowers were arranged at the table where they sat during lunch. They had received a birthday card through the post, staff gave it to them and they chatted about the cards they had received. The person asked if the staff member would open the card and read it to them, which was done. The staff member said, "That's nice, shall we put it with your others?" The card was then placed with the other cards alongside the flowers.

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. One person said, "I do what I want, I like staying in here [their bedroom], no one tells me I can't do what I want." People's care records included step by step guidance about how their needs were to be met including their preferences and usual routines. One person told us, "If you want to do anything they will let you."

People told us that they could have visitors when they wanted them. Records included information about the relationships that people maintained which were important to them. We saw people entertaining their friends and visitors during our inspection.

Good

Is the service responsive?

Our findings

People told us that they felt that they were cared for and their needs were met. One person said, "I'm very happy here." Another person commented, "You won't find any problems here, we are all looked after."

Staff were responsive to people's needs to improve their wellbeing. One person's relative told us how they felt that their family member had improved since moving into the service. They said, "[Family member] looks much better, I could not want better care for [family member]. It is all due to the carers here." When we later saw the relative with their family member they said, "Look at how well [family member] looks."

People's care records detailed how their specific care needs were assessed, planned for and met. They provided staff with guidance on how people's needs and preferences were to be met. This included information about people's specific conditions, how they affected them on a daily basis and the actions that staff were to take to meet their needs. For example, one person's condition affected their speech in the morning and staff were advised to give them time to communicate. The care records included guidance for staff on things such as food and drink that people should avoid for their wellbeing relating to their conditions or prescribed medicines.

We saw good interactions from staff which demonstrated that they knew people and responded to their needs and choices. For example, one person refused their medicines at lunch time, this was respected by staff but they returned later to ask the person if they wanted their medicines again the person refused. Another staff member who had been chatting with the person, spoke with them and they agreed to take their medicines from this staff member. This demonstrated good team work by the staff and an understanding of the person. They ensured the person received their prescribed medicines safely whilst respecting their choice.

People told us that there were social events that they could participate in, both in a group and one to one basis. One person said, "We do lots of things, if you want time on your own you can or if you want to join in the games you can." Another person said, "We have been to the shops [local to the service]."

We saw people undertaking activities, in groups and individually, which provided people with quality time with staff. This included a game of skittles and a quiz. There was lots of clapping, laughter and fun being had by those taking part. In the afternoon a company visited the service who were selling shoes and bags. We were with one person in their bedroom when two staff arrived with a range of bags. They showed the person, who said, "I needed a new bag," they then looked at the ones on offer. Staff moved around the service and all people received interaction from staff to reduce the risk of people being isolated. This included going to visit people who chose to remain in their bedrooms. Staff spoke with people on a one to one basis about their interests and family, which evidenced that they knew them well.

There was a fish tank with large fish in it in the hall of the service. We heard a staff member and a person choosing which fish they were going to eat from the tank. Another staff member arrived and told them they could not eat the fish, which made the person laugh.

There was no activities staff working in the service. The registered manager and directors told us activities were being done by care staff. However, as occupancy levels increased they had already discussed the need to employ a staff member to coordinate activities. The registered manager told us about activities that took place in the service. This included visiting entertainers, a local group who did arts and crafts with people, and in house activities including games. The service had developed a relationship with a local school and every other week groups of different age groups of children visited people in the service. They did things such as reading and going into the garden. One person told us about how they particularly enjoyed the visits from the children, "It is so much fun, there is not one of them [children] I didn't take to." A student who was doing a Duke of Edinburgh award visited the service on Saturdays to read and do things such as jigsaws with people. This was confirmed by notices in the service with dates when the children and student would be attending.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure.

The service had a policy and procedure in place for the provision of end of life care. The registered manager told us that no people currently living in the service were receiving end of life care. People's records included their decisions about the care they wanted to receive at the end of their life, such as if they wanted to be resuscitated. One person had a living will in place which they had completed that identified their decisions. The registered manager told us that they were going to include more information in the care records when people agreed to discuss their end of life decisions.

Good

Is the service well-led?

Our findings

This service had previously been owned by another provider, it was registered under the current provider in May 2017. This was the service's first inspection under the new provider.

The directors told us how they had worked hard to improve the service and they were committed to ensure people received good quality care at all times. The directors told us that they employed the service of an external consultant, who had provided guidance, support to improve the service and advised on any changes in the care industry that they needed to implement. They assisted with advising on the care planning documentation, undertook checks in the service similar to CQC inspections and did one to one supervision with the registered manager. The directors and the registered manager said that these consultants were supportive and made themselves available if they needed advice. The directors also used an organisation to advise on health and safety and human resources. The local authority contracts team had also visited the service and the directors said that they were developing a good working relationship with the commissioners. In addition the directors were part of care organisations including a local organisation for independent providers. This identified that they had accessed services in the community to improve their service.

Staff told us that the directors were visible in the service and they could speak with them if they needed to. One staff member said about the service, "It is fabulous, they [directors] have really turned it around. It feels like home." We asked the staff member if the directors provided them with equipment and items they needed to provide a service to people and they said, "There is no limit."

The registered manager told us that they felt supported by the provider's directors who visited the service once or twice a week and they spoke on the telephone daily. The registered manager was supported in their role by a deputy manager. Both the registered manager and the deputy manager understood their roles and responsibilities in providing good quality care.

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires and meetings. Action plans were in place to address people's comments. A notice board in the service had a section stating 'you said' and 'we did', in response to people's comments. Actions taken included new armchairs, laundry baskets, the ramp in the conservatory, a travel bag for hospital, and a staff photograph board. This showed that people's views were valued and used to improve the service.

A notice board in the service held a note reminding people, staff and visitors that the registered manager held a surgery the first Tuesday of every month. The registered manager said that they had an open door policy where anyone could speak with them when needed. No one had yet used the opportunity to use the surgery but they would continue to offer this service. There was also a suggestion box that people, staff and visitors could write in, anonymously if they chose to. We saw records where this had been regularly checked. We saw that when comments were received they were addresses. Staff had commented that they did not want to be known as juniors, as they had been, but care staff, this was changed on the staff rota. This

showed that staff's comments were respected and valued. Staff could also share their views of the service and make suggestions to improve in meetings.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were complimentary about the service and how it was led. One staff member said, "I love my job." Another staff member told us how they had been supported to progress in their career.

The provider and registered manager had systems in place to monitor and assess the service provided to people. These included audits and checks in care records, infection control, people's dining experience and medicines. Where shortfalls were identified actions were taken to address them, such as providing training for staff. Falls and incidents were analysed for trends and these were used to identify if any improvements were needed.

The service's Provider Information Return (PIR) detailed what the service did well and the improvements that were intended in the next 12 months. There were action plans in place about how the service continued to improve.