Dr Pepper Care Corporation Limited

Vicarage Residential 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 inspection was carried out on the 7 and 8 May 2015 and was unannounced. We previously inspected the service on 22 April 2014 where we found concerns in relation to the safe administration of medicines. We reviewed this on the 15 July 2014 and found our concerns had been addressed.

Vicarage Residential Home is registered to accommodate a maximum of 35 older persons. They provide residential care without nursing. Nursing is provided from the community nursing team as required. There were 34 people living at the service when we visited however, one person was in hospital.

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

People told us there were issues with staffing since January 2015 which had led them to be concerned. People said there had been a high turnover of staff and staff were very busy. They stated their care needs had been met but two people said they had issues with so many new faces and trying to remember staff names. Records, staff and the registered manager confirmed there had been issues with high staff sickness rates and retaining staff during this time. Staff told us they had worked extra shifts. The registered manager and deputy manager had taken on care roles during this time. This

Summary of findings

had a direct impact on being able to ensure some records such as people's care plans and risk assessments were up to date. Also, supervisions and appraisals of staff had been postponed as meeting people's care needs were prioritised. We saw on inspection that more staff had been recruited and people and existing staff confirmed this had improved. The registered manager and deputy manager had plans in place to address the shortfall in records and staff supervision and appraisals.

People's prescribed medicines were largely administered as prescribed. However, we identified concerns about how people's prescribed creams were being administered and monitored. The recordings on some people's medicine administration records were difficult to read. We have had contact with the registered manager since the inspection who has advised that all these issues have been addressed. We have however recommended they read the current NICE (National Institute for Health and Care Excellence) guidance to ensure the practice of administering medicines is in line with current standards.

People felt in control of their care and deciding how they wanted their needs to be met. People had risk assessments and care plans in place which were person centred and reflected their needs. However, as identified above, some of these required updating to reflect people's current status. During the inspection, we saw this had been identified and was being addressed. Records showed and people confirmed that people had their nutrition and health needs met. Other professionals were requested to assess and give guidance to staff if there were any concerns. Records showed these were followed and staff confirmed staff handovers between shifts gave them the information they needed to meet people's needs. The health professionals we spoke with confirmed they were impressed by the level of knowledge staff had of people's needs even if they had only lived there for a short time.

Staff treated people with kindness and respect. We observed staff treating people with patience and supporting people in their own time. People were complimentary about staff and how they treated them. Any issues were related to the staffing issues which had been identified. They also confirmed staff always asked for their consent before commencing any care. Staff always protected their dignity while delivering personal care. People unable to consent to their care were being assessed in line with the Mental Capacity Act 2005.

Staff were recruited safely and underwent training to ensure they could effectively meet people's needs. New staff underwent a detailed induction and shadowed experienced staff. Staff were knowledgeable about identifying safeguarding concerns and understood how to raise concerns. All staff we spoke with stated they would raise these with the registered manager and felt they would be addressed. If not, they felt able to whistle blow and knew who to contact if this was required.

People and staff felt they could raise any concerns or issues about the standard of care or suggest changes to the service. The registered manager had systems in place to pick up on people's concerns or complaints. People were spoken with about this and whether they were happy with the outcome which was clearly documented to show they were.

The provider and registered manager regularly checked the quality of the service to ensure standards were being maintained to an appropriate level. A number of audits were completed to measure this. People and staff were asked for their view.

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?

Requires Improvement

The service was not always safe. People's medicines were generally administered safely and as prescribed. However, we identified some concerns in relation to the administration of prescribed creams and how the service managed some recordings of medicine administration. We have been advised these have been addressed. We have recommended the registered persons update themselves with the most recent guidance.

People told us there had been a shortage of staff in recent months. We found there had been concerns but this had now been resolved and there were enough staff to meets people's needs safely.

Staff were recruited safely and monitored to ensure they continued to be appropriate to work with vulnerable adults.

People were protected by staff trained in safeguarding people in their care and who demonstrated how they would report this.

There were risk assessments in place to support people to live at the service safely.

Is the service effective?

Good

The service was effective. People were supported by staff who were trained to meet their needs effectively. Staff were updated to reflect current practice.

People were being assessed in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards as required.

People's health and nutritional needs were being met.

Is the service caring?

Good

The service was caring. People were very positive about the staff and how they treated them. Staff were observed speaking to people with kindness and respect.

People felt in control of their care and were able to make suggestions on how their needs were to be met. They were encouraged to remain as independent as possible for as long as they could. People advised their dignity was always maintained by staff.

People told us their visitors could come at any time and were always welcomed.

Summary of findings

Is the service responsive?

Good

The service was responsive to people's changing needs. People had care plans in place that reflected their needs and which they were involved in designing and agreeing to. Some of these needed updating but this had been recognised and was being progressed.

People felt comfortable raising concerns and complaints. The registered manager ensured systems were in place to address these and check the person was agreeable with the outcome.

Activities were provided for people on a one to one and group basis. Staff supported people to remain active.

Is the service well-led?

Good

The service was well-led. There was clear evidence of governance and leadership in place. Staff felt they could suggest changes to how the service was run and these would be listened to and adopted where possible.

People and staff identified the registered manager as being in charge and felt they were approachable.

People were asked their view of the service and action was taken on any suggestions made.

The registered manager ensured they monitored the quality of the service and used a number audits to do this. Learning from events was taken forward to ensure everyone's care was improved.

Vicarage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 7 and 8 May 2015 and was unannounced.

The inspection team was made up of two inspectors. Prior to the inspection we reviewed all the information held by the Care Quality Commission (CQC) on the service including previous inspection reports and notifications we require registered persons to send us about significant events that have happened.

During the inspection we spoke with eight people living at the service and one relative. We observed how staff interacted with and delivered care to people. We read seven care records and spoke to these people where we could about their care. We reviewed five staff personnel files and all training records. We interviewed seven staff and the registered manager. We spoke with two health care workers while at the home. We were supported through the inspection by the registered manager and deputy manager. The providers also attended the home while we were there.

Other records we reviewed were the policies and practices, records of how the registered persons ensured the quality of the service and people's care and records of people's complaints.

Requires Improvement

Is the service safe?

Our findings

People felt staff administered their medicines safely. People told us they were happy for staff to administer their medicines because of memory problems they now had, for example. Where people administered their own medicines, risk assessments were in place and people were encouraged to be involved with the administration of their medicines. For example, two people told us they had discussed their medicines with staff, with one telling us some were being discontinued by their GP as a result. Records also showed that staff kept people's medicines under review, contacting GPs when individuals requested changes or declined to take prescribed medicines for example.

Of four people's administration of prescribed creams, we found the recordings were inconsistent, unclear, not filled in correctly or were missing from people's records. We also found their creams did not have dates on them when they were opened and multiple creams were in use at the one time. Some of the tubes were also sticky to the touch. This meant there was a potential of an infection control risk as it questioned whether staff were following safe administration techniques. Also in the case of two people we saw that the creams recorded in the Medicine Administration Record (MAR), care plan and what was observed in the room did not match. For example, one person's records in the room detailed two creams should be administered by staff however, only one different cream was in their room and the person confirmed this was the only one now in use. Another person had creams on their MAR which their care plan stated had been advised to be stopped by the community nurse. The registered manager has advised issues in relation to the administration of people's prescribed creams have been reviewed to ensure the person's care plan, available creams and MAR match. Also, opened medicines have been removed and new ones put in place. Staff have received further guidance on the safe administration of people's creams and the importance of infection control.

People's medicines were supplied in pre-dosed packaging supplied by the pharmacist. These medicines were ordered in a timely way and when delivered were checked by two staff to ensure they were accurate. The majority of MARs showed these had been administered as prescribed. Where there were issues, these had been picked up in an audit by the deputy manager and addressed with individual staff. The handwriting on some MARs made them difficult to read and therefore could not ensure good communication about a person's medicines as a key factor in preventing errors. Staff accounted for most medicines to ensure there was sufficient stock however, they were not always accounting for medicines which were self-administered. For example, staff were not amending records for insulin they were storing in the medicines fridge on behalf of two people who administered their own insulin. However, there was a risk that it might not be known if medicines were misappropriated. We discussed this with the registered manager who agreed to review with staff the accounting for medicines which were self-administered and the quality of handwritten MARs.

There were sufficient staff to meet people's needs while on the inspection. Each person's individual needs were taken into account by the registered manager to ensure there were enough staff to meet people's needs safely. However, when we were speaking to people comments were made that there were not sufficient staff at all times. One person also told us: "I think they have a staffing problem and have for a while" and another, "The staff don't seem to stay very long" but that this did not have a negative effect on their care, adding "It goes along alright. They're nice staff." Although stressing their needs were met, people stated that since January 2015 there had been a high turnover of staff and staff had come and gone. People were also concerned about how the weekends had been staffed at times. For people who were independent in their care we received little concerning information. They felt staff would support them when required. However, for those dependent on staff to meet some or all of their needs we received far more comments. For example, two people who had short term memory issues stressed this was difficult for them as they struggled to remember who staff were.

We discussed staffing with staff and the registered manager. Staff told us there had always been enough staff on duty with them working extra shifts to cover staff that had left. The registered manager and deputy managers had also taken on care roles to ensure people's needs were met. The registered manager confirmed there had been issues with maintaining staff levels but this had now been resolved.

Staff were recruited safely through a formal application and interview process. Checks were made in relation to their

Requires Improvement

Is the service safe?

history to ensure they were suitable to work with vulnerable adults. All staff underwent a three month probationary period with regular checks by the registered manager to ensure they continued to be suitable to work within the service. We saw that, if there were concerns at the end of the three months, this could be extended or their employment ceased if they were not suitable.

People were protected by staff trained in safeguarding vulnerable adults and who demonstrated they understood the importance of reporting any concerns. All staff we spoke with felt any concerns would be listened to by the registered manager and deputy manager and action would be taken. Where this was not the case all staff understood the importance of blowing the whistle and understood the role the local authority and CQC played in relation to this. The registered manager had also attended specific training for managers on how to alert the local authority of safeguarding issues. They had developed policies and practices for staff to reflect this. Contact details were available for staff and family so they knew how to raise a concern about the service. However, these needed updating or adding to the relevant policies. Action was taken by the registered manager to address this during the inspection.

People had risk assessments in place to measure any areas of concerns that might impact on their living at the service. These were reviewed and were linked to people's care plans. Where people had individual risks these had been assessed and guidance given to staff. Recently, we saw some risk assessments needed updating or had been updated and did not always match the care plan. We checked these people's status to ensure they had been supplied the necessary equipment and staff were following the most recent assessment and they were. Staff confirmed they were informed of people's risks and any changes were managed through the shift handovers. We discussed this with the registered manager who advised this was due to the issues in relation to staffing. Now the staffing issues had been resolved, they explained that the deputy manager and they were expecting to have the risk assessments updated during the month following the inspection.

We recommend that the registered persons review the NICE (National Institute for Health and Care Excellence) guidelines in respect of the management of medicines.

Good

Is the service effective?

Our findings

The majority of people living at the service were independent and able to consent to their own care and treatment. Other people who could consent but required staff support told us staff always sought their consent before commencing any care support. They confirmed staff always respected their choice and would come back later if they requested this. One person explained they had some days when they did not feel as well as others and explained staff would always check with them what they would like them to do for them that day. We observed staff also sought people's consent before supporting people in communal areas and gave people time to respond to the offer of support.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Also, people had been assessed as required. For example, one person had a DoLS in place which had been authorised by the correct authority and their family had been involved in this process. However, when there was a question as to whether a person's ability to consent to their care had reduced, MCA assessments were not always being clearly recorded and accounted for in people's care records. The registered manager confirmed neither they nor other staff had undertaken any training in this area. The registered manager and deputy manager advised they had not understood that they could assess people's mental capacity; they believed that only other health professionals could do this. They demonstrated referrals had been made to GPs and other health and social care professionals to ensure people's mental capacity was assessed however, this was being delayed due to the pressures on these other professionals. This meant there was a delay in decisions being made in a person's best interest when the person no longer was able to consent to their own care and treatment. We discussed this with the registered manager during and immediately following the inspection. They detailed the changes they had put in place to ensure they had the right systems in place to assess people's capacity themselves. Both the registered manager and deputy manager had reviewed their training and put systems in place to assess people's capacity.

People were supported by staff who undertook regular training. The registered manager had systems in place to ensure training was updated as required and extra training sessions put in place to meet people's specific needs such as care of people living with dementia and catheter care. People told us they felt staff were well trained to meet their needs; people recognised some staff were new however and needed to learn. People stated new staff were always supported by an experienced member of staff until they had learned how to care for them by themselves. We saw that new staff undertook a detailed three month induction training programme which was linked to regular supervision, observations of their practice and their probationary period to ensure they were able to carry out their role effectively. The registered manager had started to introduce the new Care Certificate for all staff. New staff who joined after the 1 April 2015 had already started to complete this.

Staff confirmed there was clear communication from the registered manager about training and when their training needed updating. Staff told us they could request training in areas they were unsure of or wanted to know more about. For example, one staff member advised they wanted to learn more about caring for people living with dementia and this was provided which they found helpful as it had provided specific information they could use in their practice.

Records showed staff had undertaken supervision however, staff told us this had not been as often in 2015. Staff however, told us that they felt they could speak to the senior carers, registered manager and deputy manager at any time and any guidance and support would be provided as necessary. The registered manager stated recent staffing issues had impacted on the ability to provide formal supervision. However, as they had been working closely with staff delivering care, they had used this opportunity to observe how they carried out their role. This had been to give positive feedback as well as discuss areas for development. The registered manager demonstrated plans were now in place to ensure all staff undertook regular supervision and an annual appraisal for 2015-2016. Some staff had already started this process in April and May 2015.

People had their nutritional needs met while living at the service. People who could told us how they had been involved in planning how to meet any nutritional needs where this had been a concern. Assessments were requested of the person's GP if there were concerns. Advice from other professionals was carefully followed which

Good

Is the service effective?

meant people received food supplements and their food prepared as required. People also had their need for food and hydration monitored when needed. There were clear systems of communication in place to ensure the chefs and staff understood how to meet people's nutritional needs. People on a restricted diet were provided with a good selection of alternatives. For example, people requiring none or low sugar diets were provided with a range of puddings they could eat. People could request snacks and drinks throughout the day and night. One person told us "The staff say, 'What would you like?' and if they've got it you have it. That goes for every meal."

People were positive about the quality of the food. One comment we received was: "It is like posh café food". Another person told us: "The food is lovely." Everyone felt the portion sizes were sufficient and they could ask for more if needed.

We observed lunch during the inspection and saw staff sat with and supported people in their own time. Staff spoke with people and explained what they were eating. Staff asked people where they wanted to sit in the dining room and lunch was a sociable event. People were asked the day before what they would like to eat but this was amended in line with the person's choice on the day if they changed their mind. People could eat in their rooms, lounge or dining room.

People had their health needs met. Records showed people could access their GP or other health professionals as required. People saw an optician, dentist and podiatrist as required. People told us they felt comfortable discussing their health needs with staff and any issues would be resolved with their full involvement. The health professionals we spoke with were very complimentary about the discussions they had with staff about the person they had come to review. They stated that staff were very knowledgeable about the person's needs despite them only having been there for such a short time.

Good

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff and the atmosphere in the home. Staff and people showed a genuine concern and interest in each other. There was a calm atmosphere and people appeared comfortable in the company of staff. Lots of appropriate humour and supportive conversations were observed throughout the two days we were at the service.

Comments included: "It's very good here"; "I told my family this is the only place for me"; "Staff will do anything and everything you want them to" and "The staff are always polite." One person concerned about the staffing levels recently was at pains to tell us: "Staff are kind and considerate with any issues minor; they go the extra mile even though they have been thin on the ground." They added they were not concerned about the minor issues as they felt this was not usual for any of the staff but down to any pressures they faced at that time.

Staff were observed treating people with kindness and respect. Staff supported people who had become confused with gentleness. For example, one person walking down the corridor was met by a member of staff who asked if they could help them. The person was confused as to what time of the day it was and what would happen next. The staff member joined them in their walk and asked if they would like to come with them to the dining room as it was nearly tea time or maybe they would like to go to the lounge. The person asked where everyone else was and the staff member said people were in the dining room. They gently suggested they could join the others if they would like these people's company.

Staff told us they felt there was a strong ethos of care required by the registered manager and deputy manager. Staff demonstrated in conversation with us that they understood and cared for the people they were looking after. One member of staff told us: "I thoroughly enjoy my job; I would recommend the home to my Nan."

People told us their dignity was always respected and staff would ensure their privacy at times of delivering personal care. Staff were observed offering discreet support to people in the lounge when suggesting it may be time to go to the toilet. Some people had their room doors open but those we spoke with said they liked this and could close it or ask staff to close the door if required. People who stayed in their rooms told us staff would always check on them and make sure they were alright and would not rush any conversation with them. One person told us: "They're very good. If they're going by, they put their head round the door and ask if you're okay."

People felt in control of their care. People told us how they were encouraged to remain as independent as possible for as long as they could. For example, one person told us how their needs had changed and they were concerned about this. They stated they had started to lose their balance when they stood up suddenly. They told us the registered manager had come to talk to them and discussed how to go about keeping them safe while still allowing them to do as much as they could for themselves. Different options were thought through. They stated they decided on their calling staff to be with them when they needed to stand so this could be observed and support would be available to help them if needed. They stated: "I feel really satisfied with this" and described how this had helped them to keep their confidence. They explained this would be reviewed with them.

Staff supported people when they needed emotional support and reassurance. We saw from records staff introduced themselves to a person who had moved in that day on the following shift and offered reassurance, such as encouraging the person to ring their call bell if they needed anything overnight. We also observed staff reassured another new person when they were tearful about their dependency on others for help now.

Visitors were observed coming and going throughout the time we were at the home and were always welcomed by staff. People told us their relatives were always welcomed and they were kept informed if their family had called the service.

Good

Is the service responsive?

Our findings

People told us they felt they had their needs met and staff were responsive to them when these changed. One person stated: "I am being well looked after; definitely". People felt staff responded to their calls for support in a timely way stating that at busier times they may have to wait longer but this did not affect them unduly. People also told us they could have their care delivered how they wanted and when they wanted. For example, one person stated: "I can go to bed when I choose and get up when I want" and another, said they didn't want any more or different support than they currently received. They added: "It's just routine; they know what day I have my bath."

One person stated their admission to the service was not well handled by staff but when we raised this with the registered manager they explained they had reflected on this and ensured other people's admissions were handled well. They demonstrated people were assessed on coming to stay at the service by the deputy manager. Where possible the initial information was collected promptly on admission. This detailed the person's initial condition, likes and dislikes and care needs so staff were informed. Staff confirmed this would then be discussed at the next shift handover. One person told us they had the opportunity to visit the service and decide it was the right place for them. Another had stayed for a short while and decided it was the place they wanted to stay for good once it was suggested they would not be able to return home.

People were supported by staff who knew how to meet people's needs through carefully designed, person centred care plans. The care described in the care records detailed information about the person's condition, how they liked their care to be delivered and their personal history. These had been reviewed regularly and although not all people could remember whether they or the family had been involved, this was detailed in the records. Care records we read had been signed by individuals initially, showing their involvement. When a review of their care was need they or their representative were involved in this and this was recorded.

We noticed that some of the care plans had not been reviewed as regularly as the monthly expected timetable. For example, one person was described to us by the registered manager as having been quite poorly in the last four to six weeks but had now improved. This was not reflected in the care plan. When we spoke to staff they described how they had met this person's needs in this time and how there had been careful consideration of how to meet their needs in the handover sessions. Records showed they had been reviewed by their GP and guidance followed in the daily records. The staff had requested an occupational therapy visit to reassess their mobility needs and any guidance was followed and clearly recorded in the daily records. We discussed this care record and others where they may not have been up to date. The registered manager advised this was due to the recent staffing issues which had meant the deputy manager and they had been required to ensure the care was delivered as required. With the staffing issues resolved, this had now started to be put right. We observed on both days of the inspection that the deputy manager had prepared a list of care plans that required updating and was working their way through this list.

Group activities were provided for people to take part in. People told us they had their faith needs met at the service. Staff were appointed as 'keyworkers' to support people to remain active while living at the service. People were encouraged to take part in activities on a one to day basis with their keyworker. Staff explained their keyworker role was to spend time talking with people, carrying out activities or supporting them to go the corner shop, for example. The keyworker role also involved linking with people to see if they wanted any toiletries or other items purchased for them where they did not have family who could do this.

People told us they felt comfortable speaking to staff about any concerns they may have. For example, one person said: "I'm quite happy here. If there's anything I'm not happy with I tell them, and they sort it out. I've not really had occasion to do it but they're quite amenable." People felt they would raise concern for themselves or ask a family member to do this on their behalf. Everyone we spoke with felt they could also ask to speak to the registered manager and any issues they raised would be addressed. One person told us: "The staff are so very good; I can't complain about anything" and another said, "I can speak up for myself if I am not pleased". The registered manager had systems in place to address people's complaints and concerns. We observed these were reviewed with the person to ensure they were happy with the outcome. We also observed that, where there was learning from

Good

Is the service responsive?

incidents which could be applied, this information was reflected on to support changes in the service for everyone. For example, a couple of issues with food had been addressed for the benefit of everyone.

Good

Is the service well-led?

Our findings

Vicarage Residential Home is owned by Dr Pepper's Care Corporation Ltd. This is one of two homes owned by them in the South West. There was a local management structure in place led by the registered manager. One staff member told us: "I think there is good management and leadership. Everyone is clear on what they do and do it." There was also a nominated individual in place, who is someone who takes responsibility at the provider or corporate level. The nominated individual is also one of the providers. There was evidence of communication and involvement by the nominated individual in measuring the quality assurance of the home and service. For example, an audit of the building and the planning of upkeep and maintenance.

People and staff both felt the service was well-led. Some people told us they saw the registered manager often and felt they could talk to them. Others said they did not: "But you can phone down - they'll always come up, if there's queries you want them to know." People also praised the deputy manager who they saw as part of the local management structure.

Two new members of staff told us they were welcomed and staff were prepared for their starting work. They described how this had given them immediate confidence in how the service was managed. They told us they had been mentored by more experienced staff and were never placed in a position where they felt out of their depth. One told us: "I was really welcomed; all the staff were great; the registered manager and deputy manager are brilliant."

Staff told us they felt they could approach either the registered manager or deputy manager and described a system of their being available at all times to answer staff questions and queries. For example, one staff member said: "The office door is always open; they will support me with any issues whether that is work or personal" and another, "They are very approachable management; quite open and I can go to see them at any time." Staff recognised that the registered manager and deputy manager have worked hard and supported them during the recent issues with staffing. One staff member told us: "I don't know where we would have been without them; they have really identified with us and our struggles." They added that the team work had improved and the staff were working well together as a result. Staff also felt they could make suggestions in relation to how the service was run and this would be taken seriously. For example, one staff member told us they had made suggestions about managing people's pain and recording this and discussions with GPs. Each member of staff we spoke with felt they were valued while working at Vicarage Residential Home.

The registered manager had systems in place to ensure the quality of the service and sought staff and people's views about how the service was being run and if there was anything that could be done better. There were regular meetings with senior care staff and staff meetings. People were asked their view of the service. Two people were aware of residents' meetings but told us they chose not to attend. One told us they were given notice of these meetings and received notes from such meetings so they could read what had been discussed. The registered manager confirmed a meeting for people living in the service and their relatives was arranged for the near future. There was also a plan to speak to people about other aspects of the home especially the menu and food. Both of these had not been achieved recently for various reasons. People felt their opinion on how the service ran mattered to the registered manager. People could not think of or suggest any improvements when we asked about this.

Policies were in place to underpin the running of the service and these were updated annually. Within these policies were a number that set the standard of care staff were expected to deliver and people receive. For example, 'How to communicate with residents'; 'Privacy and Dignity', 'Equality' and 'Sexuality'. Staff confirmed they were encouraged to keep up to date with any changes to policies and practice. Also, a number of audits were completed by the registered manager and other senior staff to ensure the service was meeting its requirements. For example, there were audits of people's falls, infection control, COSHH, administration of medicines and people's experience of the dining room and of the food. The registered manager advised they had identified concerns about how staff were managing people's catheter bags so an audit of these was introduced to check this was being carried out correctly.

The registered manager and nominated individual also ensured external contracts were in place to ensure the safe disposal of contaminated waste and all equipment and utilities were safe. The registered manager had informed CQC of all events that they are required to tell us about by way of statutory notifications.