

The Manor Trust Bedhampton

The Lodge Retirement Home

Inspection report

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Bedhampton
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Date of inspection visit:
06 September 2016

Date of publication:
04 October 2016

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

The Lodge Retirement Home is registered to provide accommodation for 14 older people who require assistance with everyday living. Nursing care is not provided. The home provides accommodation over two floors and there is a stair lift available to access the first floor. On the day of our visit there were 12 people living at The Lodge Retirement Home, which is set in its own grounds and is situated in a quiet area of Bedhampton.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People told us they felt safe with the home's staff. Relatives we spoke with had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were in place to protect people from any identified risks and help keep them safe. There were also risk assessments in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. There were sufficient numbers of staff to meet people's needs safely. People told us there were enough staff on duty and records and staff confirmed this.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, we found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet people's needs. Staff received an induction and regular supervision including monitoring of staff performance. Staff were supported to develop their skills through additional training such as National Vocational Qualification (NVQ) or care diplomas. All staff completed an induction before working unsupervised. People were well supported and relatives said staff were

knowledgeable about their family member's care needs.

People told us the food at the home was good and they were offered a choice at mealtimes.

People's privacy and dignity were respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

People were involved as much as possible in planning their care. The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported in accordance with their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. The registered manager and deputy manager monitored the delivery of care. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback was encouraged.

There was a clear complaints policy and people knew how to make a complaint if necessary.

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.

People told us they felt safe. There were enough staff to support people and staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Is the service effective?

Good ●

The service was effective.

People told us staff were skilled and knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people. Staff supported people to maintain regular contact with their families.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together.

People were supported by staff who were kind, caring and respectful of their right to privacy.

Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. These plans were regularly reviewed and updated to reflect people's changing preferences and needs. People were supported to participate in activities of their choice.

There was an effective complaints procedure and people, and their relatives, knew how to make a complaint if they needed to.

Good ●

Is the service well-led?

The service was well-led.

The registered manager was approachable and communicated well with people, staff and outside professionals.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary. Staff were aware of their roles and responsibilities.

There were quality assurance systems in place to measure the quality of the service delivered and to drive improvement.

Good ●

The Lodge 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 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.

This inspection took place on 6 September 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with five people and one relative on the day of our visit to ask them their views of the service provided. We also spoke to the registered manager, the deputy manager and three members of staff.

The last inspection was carried out in February 2014 and no issues were identified.

Is the service safe?

Our findings

People felt safe at the home. They confirmed there were enough staff to provide support. Comments from people included, "I feel safe day and night", "I am well looked after, it does not get any better than this," and, "I am safe and secure here". One relative told us they were confident the management and staff would deal with any safeguarding concerns appropriately.

The provider had an up to date copy of the local authority safeguarding procedures, which included guidance for the staff on how to deal with safeguarding issues. The registered manager and staff understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs of abuse and knew what to do if they were concerned about someone's safety.

Risk assessments were in place for people, which gave staff the guidance they needed to help keep people safe. For example, one person who had a sight impairment had difficulty navigating around the home without staff support. The risk assessment informed staff to ensure that the person had their call alarm with them at all times and to encourage the person to use the call alarm if they wished to move around the home so that staff could support the person. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

The manager told us that regular maintenance checks of the building were carried out. Any defects were recorded in a log and reported to the providers head office. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

We looked at recruitment records for three members of staff, one of whom had recently started work at the home. We found that recruitment records contained all of the required information including two references, one of which was from their previous employer, an application form and Criminal Record Bureau (CRB) checks or Disclosure and Barring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a member of staff who told us their recruitment had been thorough.

The home's staffing rota showed there were three members of care staff on duty between 8am and 2pm, from 2pm to 8pm there were two members of care staff on duty. The registered manager told us that she or the deputy manager worked at the home most days and carried out care duties to assist staff on duty as and when required. At night between 8pm and 8am there were two members of care staff on duty who were awake throughout the night. In addition to care staff the provider employed one member of domestic staff who carried out cleaning duties, three cooks, a gardener and a maintenance person who all worked flexibly to meet people's needs. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Observations showed that there were sufficient staff on duty with the skills required to meet

people's needs. The registered manager told us that staffing levels were based on people's needs. The provider did not have a dependency tool to help in assessing staffing levels but the registered manager said that staff knew people well and responded to changes in people's care needs by adjusting staffing levels as and when needed. The registered manager and staff said there were enough staff on duty to meet people's needs. Relatives said whenever they visited the home there were always enough staff on duty.

The home kept an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

Staff supported people to take their medicines safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. We saw that medicines were kept within their recommended temperature ranges and most medicines were stored securely. However, we identified that controlled drugs, which are medicines that require a higher level of security, were stored in a cupboard that was not compliant with relevant legislation. When we informed the registered manager of this she immediately ordered a replacement cupboard which complied with legislation. The day following our visit the registered manager informed us in writing that the new cupboard was now in place and had been securely fitted. Medicines Administration Records (MAR) were up to date with no gaps or errors, which documented that people received their medicines as prescribed. Staff completed training in the safe administration of medicines and staff confirmed this.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. One person said, "The staff give me all the help I need, I only have to ask". Another told us, "I am very satisfied, everything is first class". People told us staff arranged healthcare appointments for them and supported them to attend appointments if they asked them to. Relatives said people were supported by staff who were trained and knew what they were doing. People told us the food provided was good and that they were offered choice at meal times.

Each person had an individual plan of care. These gave staff the information they needed to provide effective care and support to people and guided staff on how to ensure people were involved and supported. Each person had signed a 'consent to care' document giving staff permission to provide them with the support they needed.

A training and development plan enabled staff and management to identify their training needs and skills development and monitor their progress. Training was provided through two accredited training organisations. These helped staff to obtain the skills and knowledge required to support people effectively. Following the successful completion of a training course a certificate was awarded to evidence staff had achieved the required standard. The registered manager said if anyone did not reach the required standard they would have to complete the training again. The registered manager and deputy manager worked alongside staff to enable them to observe staff practice. This was documented and discussed with staff in supervision sessions and at annual appraisals. She was confident that staff had the skills and knowledge to support people effectively.

Training records showed staff had completed training in the following areas: fire, first aid, manual handling, nutrition, food hygiene, safe handling of medicines, care practices, health and safety, safeguarding, MCA & DoLS and equality and diversity. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff members were enrolled on the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 23 care staff. Of the 23 staff, all had completed or were in the process of completing additional qualifications such as care diplomas up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards achieved through assessment and training. To achieve these awards candidates must prove they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. One staff member said, "Training is good and helps me give good support to people".

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. We checked whether the service was working within the principles of the MCA. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They knew that, if a person lacked capacity, relevant people needed to be involved to ensure decisions were made in the person's best interest. The registered manager told us all people at the home had capacity to make their own decisions and these decisions were respected by staff. Staff confirmed they received training in this area, which helped them to ensure they acted in accordance with the legal requirements. 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). The registered manager and staff understood their responsibilities in this area. The registered manager told us no-one living at the home was subject to DoLS.

Staff received regular supervision every four weeks and records were up to date. The registered manager told us that each staff member received regular supervision and staff also had an annual appraisal. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or deputy manager. Staff said communication was good with everyone and that everyone worked together as a team.

People were supported to eat and drink enough and to maintain a balanced diet. We saw drinks were freely available throughout the day. Staff asked people if they wanted a drink at various intervals throughout the day. Care plans clearly documented people's food likes and dislikes and there was a list in the kitchen detailing people's preferences. For example, one care plan explained how one person was at risk of choking as they had issues in the past when eating. This person was referred to a Speech and Language Therapist (SALT) who advised a fork mashable diet with difficult textures such as meat to be pureed. The SALT also recommended stage one thickened fluids. The person's care plan explained this and it was noted that the person was fully aware of the discussions with the SALT had signed a declaration that they understood the advice given but at present they felt that thickened fluids were not required. They stated that this would be considered if circumstances changed. The cook showed us a list which was kept in the kitchen of people's preferences and dislikes, together with a list of those people who required their food prepared in specific ways such as a soft diet, mashed or pureed. The cook told us there was good communication with the care staff so they were kept up to date about people's dietary requirements.

We asked people for their views on the food provided and everyone said the food was good and they always had enough to eat and drink. People said they could ask for something to eat or drink at any time. Breakfast was normally cereals and toast but people could request a cooked breakfast if this was what they wanted. Lunch was the main meal of the day. The cook said she went round each morning and informed people what the main choice was for lunch and they told us if this was not to anyone's liking then an alternative would be provided. Supper was normally a snack type meal such as cheese on toast, scrambled eggs, soup or sandwiches. We asked people if they had sufficient choice and they said if the meal on offer was not to their liking then they could always have something else. People were provided with suitable and nutritious food and drink.

People's healthcare needs were met. People were registered with a GP of their choice and some people had their own dentists, opticians and chiropodist. For other people the home arranged regular health checks with GP's and specialist healthcare professionals through GP referrals. One staff member said, "Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns".

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included, "There is always a very friendly and helpful atmosphere", "The kindness and good humour of the staff, make this a lovely place to live" and, "All the staff are so very kind and caring I take my hat off to them". A Relative said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. The commented "Giving up your independence can be hard but the team at The Lodge Residential Home were sympathetic, welcoming and supportive at every step".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, staff would say 'hello' and check if they needed any support. Staff chatted and engaged with people and took time to listen to them. Staff showed kindness, patience and respect to people. This approach helped ensure people were supported in a way which respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people.

Throughout our visit there was frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner. Staff said they enjoyed supporting the people living in the home.

One person told us they liked the fact that the TV was not on all the time and commented, "I can sit in the lounge, relax and read my paper in peace and quiet." Another person said, "I tend to stay in my room in the mornings and I enjoy looking out over the beautiful garden and grounds, but staff call in to see me to see if I need anything or want a drink". People said they had regular visitors and the staff made them most welcome. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

Throughout our visit we observed people spent time in different areas of the home. Staff interacted with people as they moved around the home but allowed them to spend time in their own company or with others if they so wished. One staff member said "It's their home they can do as they please and we are here to support them to do whatever they want". The registered manager said she was proud of the home and the service that it provided for people. She said "We have a small committed staff team who know all the residents and their families. Many of them have been with us for a long time and we all see each other regularly".

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on

about people was passed verbally in private, at staff handovers, put in each individual's care notes or recorded in the communication book. This helped to ensure only people who had a need to know were aware of people's personal information.

Information and leaflets were available about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.

Is the service responsive?

Our findings

People knew they had a plan of care but not all were aware of its contents. One person said, "I know I have a plan, they discuss this with me." Another said, "Yes I know there is one but my daughter deals with it. I am not sure what's in it but I still get all the help and support I need". One person told us, "I like to keep myself to myself but can get involved if I feel like it". Another said, "There is a regular quiz which I enjoy and I enjoy the interesting talks we have"

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives.

The service responded to peoples changing circumstances. One person said they had been well supported when they moved to The Lodge Retirement Home from their own home. They said staff explained everything to them, introduced them to the other residents and took time to be with them to help them settle into the home.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. There was a 'personal profile which contained information about people and asked questions such as: who are the most important people in your life, what do you like to do during the day/night. What makes you angry/happy/sad. And what is your fondest memory. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people's individual needs and preferences.

Each person had an individual plan of care. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. Care plans provided information about people's care needs and included: Moving and handling, mobility, communication, continence, personal care, dressing/undressing and social and emotional needs. There was information in care plans about what each person could do for themselves and what support they required from staff. For example, one care plan stated the person was independent with most aspects of daily living but needed assistance to wash lower back. It stated the person would inform staff what support they needed. Another plan stated the person had a sight impairment, the care plan for dressing stated the person should be given choice of which clothes to wear by staff describing the clothes to them and letting them make their own decision. The plan went on to explain the support the person needed when dressing.

The registered manager and staff told us people were able to make decisions about their own care and these were respected. Staff said people needed different levels of support with care tasks and the care plan gave details of the support each person needed. One staff member said "The care plans are very good, they tell you what you need to know to support people effectively" We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. Staff were able to tell us about the people they cared for, they knew what support they needed, what time they liked to get up,

whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night.

The registered manager told us care plans were reviewed every month or earlier if required to help ensure they reflected each individual's current needs. We saw that changes had been made to people's plans of care as required. For example on the 24/4/16 one person's mobility care plan stated 'walks with a frame and is very independent, will ask for assistance if needed. On the 21/6/16 the carer plan had been amended with updated information and said 'Person can get dizzy at times if they get up from chair too quickly – staff to monitor and encourage person to get up slowly and offer support. This meant staff responded appropriately to people's changing needs.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. On coming staff were given a verbal handover by the off going staff about any information they needed to be aware of and information was also recorded in care plans and in the staff communication book. This ensured staff provided care that reflected people's current needs. Daily records compiled by staff detailed the support people had received throughout the day and this followed the plan of care

The registered manager told us about activities in the home. She told us people living at The Lodge Residential Home enjoyed a range of activities. Some people enjoyed the peace and quiet of the home. People also spent time in their rooms or enjoyed sitting in the lounge reading the paper or listening to music. The home had an attractive garden which people enjoyed and there was a vegetable plot which produced many fresh vegetables for everyone to enjoy. Activities provided included outside entertainers, knitting, scrabble, themed afternoons such as Wimbledon and birthdays, tea parties, themed meals, quiz, arts and crafts and interactive talks. People told us these were very popular, a visiting speaker came in and gave an interactive talk with video or music. Talks included; history of musicals, Hollywood heart throbs, wild life and nature and reminisce sessions about past decades. The provider is a charitable trust and had just gained a lottery grant to have wireless internet connection installed and to purchase some iPads or laptop computers so people can keep in contact with loved ones or use the internet for browsing or shopping.

People, their representatives and staff were asked for their views about their care and treatment through regular meetings and surveys which were sent to them. The registered manager told us they had introduced a 'wish tree' in the lounge where people could hang a note on the wish tree if there was something they would like to see happen in the home. Requests included getting a house cat, which had been thoroughly investigated by the registered manager and 'Bernard the cat' was now a valued resident. Another person requested 'spam fritters' which had been provided by the cook.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. People and relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. We saw there was one complaint recorded which was raised by a neighbour about the security lighting reflecting into their home. This had been quickly resolved by the registered manager to the satisfaction of all concerned. The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with her at any time. A relative confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "I talk with the manager when I visit and over the phone and can meet with the manager whenever I want. The manager and staff are completely open".

The provider is a charitable trust whose philosophy of care was 'To provide all residents with a secure, relaxed and homely environment in which their care and well-being and comfort are of prime importance'.

The registered manager told us she aimed to ensure people were listened to and were treated fairly. She operated an open door policy and welcomed feedback on any aspect of the service. Open communication was encouraged and staff were able to question practice. The registered manager said she would welcome any suggestions and make changes if this benefited people. There was a stable staff team, many of whom had worked at The Lodge Retirement Home for a number of years. The registered manager was confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she had good communication skills and that she was open and transparent and worked well with them.

Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. People and staff confirmed this and said they could discuss issues openly with the registered manager.

The registered manager was able to demonstrate good management and leadership. The registered manager, her deputy and senior care staff regularly worked alongside staff. This enabled them to identify good practice or areas that may need to be improved. Each member of staff was given a job description and this detailed their role and responsibilities so staff knew what was expected of them.

The registered manager showed a commitment to improving the service people received by ensuring their own personal knowledge and skills were up to date. The registered manager completed the same training as the rest of the staff team. They also attended a regular manager's forum and which included other managers and outside speakers. The registered manager told us she also monitored professional websites to keep up to date with best practice. Any relevant information was then passed on to staff so that they, in turn, increased their knowledge.

The registered managers acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider had a policy and procedure for quality assurance. The quality assurance procedures carried out helped the provider and registered managers ensure the service they provided was of a good standard.

They also helped to identify areas where the service could be improved. The registered manager carried out weekly and monthly checks which included: medicines, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. The registered manager also carried out regular audits to see if any trends were developing in areas such as medicines and falls. If audits identified any shortfalls then the registered manager would meet with staff so that improvements could be made.

We asked the registered manager how learning took place from any accidents, incidents or complaints. She told us that any issues were discussed with staff during staff meetings and would not hesitate to make changes if necessary.

Records were kept securely. All care records for people were held in individual files which were locked away when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.