Nazareth Care Charitable Trust

# Nazareth House - Plymouth

## Inspection report

Durnford Street
Stonehouse
Plymouth
Devon
PL1 3QR

Tel: 01752660943

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This unannounced comprehensive inspection took place on 2 August 2016. The last inspection of Nazareth House took place on 8 May 2014. The service was meeting the requirements of the regulations at that time.

Nazareth House is a care home which offers nursing care and support for up to 44 predominantly older people. At the time of the inspection there were 42 people living at the service. Some of these people were living with dementia. The service occupies a detatched building over three floors.

The service had 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.

We looked at how medicines were managed and administered. We found it was mostly possible to establish if people had received their medicine as prescribed. There were some gaps in the medicine administration records (MAR) and records were not always completed when prescribed creams were applied by staff. People told us they did receive their prescribed medicines appropriately. Regular medicines audits were consistently identifying when errors occurred. The audit outcomes were raised at staff meetings and at supervision with individual staff. However, this had not been entirely effective in addressing this concern. The registered manager assured us that this issue would be closely monitored over the coming weeks and the individual staff who were not always completing medicine records would be identified and supported to improve.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. There were no malodours experienced throughout the service at the time of this inspection.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People and staff told us they felt there were enough staff to meet their needs. Consent was sought from each person before care was provided. People who were not able to consent had their rights protected, by staff who were knowledgeable about their responsibilities as laid down in the Mental Capacity Act 2005 legislation.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided. For example, care of people living with dementia. Staff meetings were held regularly. These allowed staff and management to communicate information and air any concerns or suggestions they had regarding the running of the service.

People's views on the food provided at the service were varied. People were offered a choice in line with their dietary requirements and preferences. However, some people we spoke with had raised issues about the food with the kitchen staff. We saw these had been listened to and changes had been made. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were held electronically. However, the service also held a paper copy for people and their families, if appropriate, to review and sign in agreement with the contents. The care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded.

Activities were provided by an activity co ordinator who worked at the service Monday to Friday. The care staff were supported to provide relevant activities for people at the weekends. People who wished to take part told us they enjoyed the activities. People who either chose to remain in their bedrooms or were cared for in bed due to their healthcare needs, were visited regularly and one to one activities were provided.

The registered manager was supported by two deputy managers, a team of nurses, senior carers, care and ancillary staff. The staff team were all committed to providing a caring and supportive environment for people living at Nazareth House.

## 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. The recording of some people's prescribed medicines was not always robust. However, the service had identified this and was taking action to address this issue prior to this inspection.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

### Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

## Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team.

# Nazareth House - Plymouth

**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.

The inspection took place on 2 August 2015. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. 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 improvements they plan to make.

We spoke with five people who lived at Nazareth House. Not everyone we met who was living at was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with seven staff as well as the registered manager and the regional manager.

We looked at care documentation for three people living at Nazareth House, medicines records for 16 people, five staff files, training records and other records relating to the management of the service.

Prior to this inspection visit we contacted five healthcare professionals who worked with the service. All were positive about the care and support provided at the service.

After the inspection visit we spoke with two families of people who lived at the service. Their comments were positive and all felt good effective care and support was provided by kind staff.

Good

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at Nazareth House. Comments included; "Oh yes I am quite safe here" and "It is perfectly safe." Healthcare professionals who visited the service were confident the service was safe.

Staff were confident of the action to take, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area.

The service held personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they wished to purchase. The money was managed by the administrator. We checked the money held for people against the records kept at the service and both tallied. Some people held money on deposit at the bank and detailed statements were held for each person's finances. The money held by the service on people's behalf was externally audited. No issues had been raised by the auditors.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

We checked the medicine administration records (MAR) and it was clear that most people received their medicines as prescribed. However, there were occasional gaps in the MAR where staff had administered the medicine but not signed to confirm this. Some people were prescribed creams and staff were provided with details of where and when to apply such creams. However, staff did not always document when this had been done. Gaps in medicine records had been identified by the service through regular audits. The results of such audits were circulated to staff and this concern was discussed at staff meetings and in supervision meetings. However, the action taken by the service so far had not effectively addressed this issue and some gaps remained in medicine records at this inspection. The registered manager assured us that this issue would be closely monitored over the coming weeks and the individual staff who were not always completing records would be identified and supported to improve.

Prescribed tubes of cream in people's bedrooms had mostly been dated upon opening. However, large pump dispensers of creams had not always been dated in this way. The stock held in the medicine rooms and trolleys were regularly checked to help ensure there were no out of date medicines held. However, liquid medicines were found in one medicine trolley which had not been dated upon opening. The registered manager assured us that at the next delivery, which was two days after this inspection, all creams, liquids and pumps dispensers would be removed and replaced with clearly dated ones. This meant staff would be aware of the expiration of the item when the cream would no longer be safe to use.

The service held medicines that required stricter controls by law. We checked the stock held against the

records kept for four medicines and they tallied. However, where stock had been clearly marked as returned to the pharmacy or transferred to another place, staff had not amended the balance held to show as zero. This was addressed at the time of the inspection.

Staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and ensured people always received their medicines safely.

The service were storing medicines that required cold storage, there were medicine refrigerators on each floor at the service. There were records that showed medicine refrigerator temperatures were monitored There were no gaps in these recordings. This meant that the service would be alerted to any fault in the refrigerator and the safe cold storage of medicines could be assured. Staff training records showed all staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction.

Some people living at Nazareth House wished to administer their own medicines, and held them securely in their bedroom. An assessment had been carried out to help ensure the person was capable and competent to administer their own medicines, along with regular stock checks and balances to ensure they were taking them as prescribed.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling, nutirional needs and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, where people required walking aids in order to move around independently, these were clearly detailed for staff. Where people were at risk of developing pressure damage to their skin, there was clear direction for staff on when and how and when to reposition them to reduce this risk. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Nazareth House was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. Long standing staff had their DBS checks renewed every three years to ensure the information held by the service remained current and accurate.

The service was recruiting for one nurse post at the time of this inspection. Although this inspection took place during the holiday season the rota was fully covered, using agency nurses and care staff where needed. An agency nurse was on duty on the day of this inspection. During the inspection visit we saw people's needs were met quickly. We heard people's call bells ringing during the inspection and these were

responded to effectively. We saw from the staff rota there were four senior carers and four care staff who mostly worked 12 hour shifts from 8 am to 8 pm. Each shift was supported by a nurse. There were three care staff and a nurse who worked at night.  Each shift had access to management support with the registered manager working during the week. At weekends and out of working hours the staff could always access management support via the on call system covered by the registered manager and the two deputy managers. Staff told us they felt morale was good and they were a good team who worked well together.
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Good

# Is the service effective?

## Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. People told us they found the staff to be capable and skilled in meeting their needs.

Healthcare professionals comments included, "Staff have seemed open to ideas and suggestions and been willing to implement them. Also they are keen to offer their view," "Staff actioned what was asked and more and communicated this back to me without me chasing them. I found this reassuring" and "The staff are proactive and if I were to have a concern I know the manager there, who from previous communications, is helpful and professional."

The premises were purpose built and in good order. There was no malodours throughout the service at the time of this inspection. The service was bright and airy with views across the water from most rooms. Some bedrooms had open access to an outside patio area which was accessible by wheelchair where necessary. People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel. One person proudly showed us their embroidery and craftwork which was displayed on the walls of their bedroom.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "I am doing my NVQ at the moment, its good."

Training records showed staff were provided with regular training and updates in mandatory areas such as moving and handling and safeguarding adults. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care.

Each member of staff was allocated a supervisor, head of their department, who was responsible for providing them with regular planned and recorded support meetings. However, the service was not providing formal supervision in accordance with their own policy which stated staff should receive supervision bi-monthly. We were sent the supervision matrix following the inspection visit. It showed that staff received supervision between two and seven monthly. Most staff had an annual appraisal. Staff told us they felt well supported by the management team and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work.This included training identified as necessary for the service and familiarisation with the service policies and procedures. The service had not yet adopted the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. However, the induction programme used at Nazareth House was robust and incorporated a period of working alongside more experienced staff until

such a time as the staff member felt confident to work alone. New staff told us they had completed or were working towards completing their induction programme and had shadowed other workers before they started to work on their own. One new member of staff told us, "Best induction I have had at any care home in the area."

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. Capacity assessments were considered in care records where appropriate. Consent was sought by staff from people, for all care and support provision.

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 service policy for DoLS did not clearly set out the current criteria for staff, about when a person should be considered for an application to be made for an authorisation of a potentially restrictive care plan. However, the registered manager showed us their access to the local authority website which clearly showed the two questions which needed to be considered for anyone living at the service who did not have capacity to make decisions about where they lived. Appropriate authorisations had been applied for although none had been granted at the time of this inspection.

Each floor was served their meals by the care staff in their own dining room or in people's bedrooms. We observed the lunch time period in one of the dining rooms. The menus on the tables showed a choice of food was offered to people. People's views and experiences of the food provided at the service was varied. Some people spoke highly of the food and others had raised specific concerns to the kitchen staff which we saw had been recorded and some had already been addressed. For example, processed peas had been removed from the menu and more milk puddings had been provided. Some people needed to have their meals pureed due to swallowing difficulties. Such meals had recently been improved to have a more visually appealing look with each component of the meal being pureed separately and put into individual moulds. This presented the person with a plate of different coloured foods which was more attractive than the previous method of pureeing the whole meal together. This improvement had been prompted by a member of staff who was keen to improve such meals and we were told now "Looked amazing."

The chef was knowledgeable about people's individual needs and likes and dislikes. The chef spoke with people every day about their views on the food. Where possible they tried to cater for individuals' specific preferences.  Each floor had their own kitchenette where breakfasts and simple snacks could be prepared.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Such monitoring charts were totalled each 24 hours and monitored to help ensure the person received an adequate intake.

The service benefitted from the fund raising efforts of a large group of people, the Friends of Nazareth House. About 70 people supported the service by raising money from Fete's and bingo sessions etc., which benefitted the people living at the service. The Friends of Nazareth House were made up of families and friends of people, both existing and past, who had benefitted from the care and support provided at the

service.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. District nurses who visited documented in a specific diary when they had seen a person and when they would return.

Good

# Is the service caring?

## Our findings

People told us the staff and management were very kind and caring. Relatives comments included, "They (staff) are fabulous" and "It is 100% better than the other homes we have dealt with, lovely staff who communicate with you."

Visiting healthcare professionals comments included, "They (staff) certainly promote a person's dignity," "I feel their standards are well above that of others within my locality" and "I consider Nazareth House to be a safe and caring institution."

During the day of the inspection visit we spent time in the communal areas of the service. We observed many positive interactions between people, care staff and management. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

Bedrooms were decorated and furnished to reflect people's personal tastes. Some people felt it important to have things around them which were reminiscent of their past, as it helped give their bedrooms a familiar feel.

People's dignity was respected. For example moving and handling equipment such as slings were not shared and were named for individuals use only. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us they found working at the service was like being part of a big family.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The service had held residents meetings in order to seek the views and experiences of people who lived at

Nazareth House. The minutes of these meetings showed that where issues were raised action was taken to address the matter. For example, people could not reach the notice boards where minutes of meetings and planned activities were held. The service had lowered the notice boards so that people could independently remove information take it back to their room to read and then return it.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Staff were clear on how people preferred to be addressed. For example, using their full name such as Mr, Mrs or Sister, or by their first name. We heard staff speaking with people using their preferred form of address.

Good

# Is the service responsive?

## Our findings

People told us, "On the whole they (staff) are excellent" and "Sometimes we have to wait a while for staff but that is when they are busy with someone else. They (staff) always come and let you know what's happening though."

Relatives told us, "The staff are fantastic" and "Really communicate well with you."

Visiting healthcare professionals comments included, "I am always able to locate a member of staff who actually knows what is going on for the patient or able to locate another person who does or find out in the communication book etc. without me having to ask" and "When new items of specialist equipment are added they(staff) are eager to participate in learning its use and continue to use appropriately."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatted knowledgeably to them about their family member.

Care plans were held electronically. Paper copies of each person's care files were held in dedicated locked rooms on each floor for people and where appropriate for families to review if they wished. The care plans were detailed and informative with clear guidance for staff on how to support people well. The records contained information on a range of aspects of people's support needs including mobility, communication, continence, nutrition and hydration and health. The information was well organised and easy for staff to find. Where people had wound care needs these were clearly detailed about what dressing was to be used and when. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date.

Daily records were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. The daily records were detailed and comprehensive covering people's mood, their social and physical activity and any visitors they may have had.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. The service was in the process of creating Personal Passports for each person at the service. These Passports contained details of the person's life history from information gathered from families and friends, along with medical, personal and social care needs. The Personal Passports were to be used if the person was transferred to another location such as acute hospital settings or other services. The information contained in the Passports enabled staff to have a quick overview of the person and their requirements and prevented the person from having to repeatedly answer the same questions and assessments. Half of the people living at Nazareth House had Person Passports at the time of this inspection.

There was a staff handover meeting at each shift change. We observed handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A handover record was completed to enable staff to refer to this information later in the shift if necessary.
This meant there was a consistent approach between different staff and people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. People were able to access the chapel, the shop and hairdressing salon with the service, as they wished. Some people went out to the local pub. An activities co-ordinator was employed Monday to Friday, with care staff supporting activities at the weekends. An organised programme of events including crossword clubs, jigsaws, musical quizzes and religious services were provided. On the day of the inspection over a dozen people gathered in one lounge to enjoy a quiz about music. This was greatly enjoyed with people talking about it on their way back to their rooms in an animated fashion.

People had access to quiet areas within the service and well maintained patio areas and landscaped area outside the service.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. One to one activites were provided for these people. One person told me they chose not to take part in any activities as they were happy with their own company, the newspaper and the TV.

People who lived at the service were involved in the running of it. There were regular residents meetings held where people could express their views and experiences of receiving care and support. The minutes of these meetings showed that issues raised had been addressed by the service.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. People told us where they had raised a concern it had been addressed. One person told us they had received a written apology from the registered manager following an incident. This meant the service was responding to people's concerns and resolving them effectively.

The service received compliments from families of people who were living or who had lived there. Comments included, "Thank you for your caring patience and fun you bring to (the person)," "You have all truly given (the person) back her smile" and "At last a loving family environment who treat (the person) with respect and love."

Good

# Is the service well-led?

## Our findings

People told us they saw the registered manager most days and could speak with them if needed. Relatives and staff told us the registered manager was approachable and friendly.

Visiting healthcare professionals comments included, "They always request my input is documented in the communication book so as everyone knows what is happening and when to expect me next," and "The management are "open to ideas and suggestions on matters around end of life care."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by two deputy managers, nurses, senior care staff, care staff and a team of ancillary staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "We are working well together, we are all aware of each others capabilities" and "Communication is good here."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. For example, kitchen staff and domestic staff had separate meetings from the care and nursing staff. This helped ensure that relevant information was shared with the appropriate staff. The meetings also gave an opportunity for staff to voice their opinions or concerns regarding any changes and keep up to date with any changes in working practices. The nurses at the service were supported with their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. One nurse had successfully been revalidated recently.

The registered manager worked in the service regularly from Monday to Friday. Supporting staff on a regular basis meant they were aware of the culture of the service at all times. The service had a clear culture and ethos in place that at all times the dignity, respect, rights and choice of people living at the service must be observed. Daily recorded staff handovers provided each shift with a clear picture of every person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Surveys were sent out from the head office of the group of care homes. Responses were also co ordinated by head office and reported back to the relevant managers of each service. The registered manager of Nazareth House also did their own quality assurance checks with the people who lived there. Audits were carried out over a range of areas, for example, premises, medicines and care plans. The regional manager visited regularly to carry out a wide ranging audit of all aspects of the service provision including the views and experiences of the people living there. A comments box was placed in the entrance of the service for people, relatives, visitors and external health and social care providers to place their suggestions for improving the service. This meant that people could contribute to the development of the service without identifying themselves if they wished.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills