Barchester Healthcare Homes Limited

# Ritson Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

Ritson Lodge is a nursing home that provides nursing care, support and accommodation for up to 60 older people, some of whom are living with dementia. At the time of our inspection there were 37 people living in the home.

The home had a registered manager in post. 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.

Our previous inspection of September 2014 identified concerns that people were not fully protected from the risks of unsafe or inappropriate care and support

# Summary of findings

because some of the care planning records held incomplete information and had not been reviewed. During this inspection we found that improvements had been made.

Our previous inspection of September 2014 also identified concerns that there were not always enough staff on duty to meet people's needs. This was because not all staff absences had been covered. During this inspection we saw that improvements had been made to the consistency of staffing levels.

Appropriate recruitment procedures were followed with criminal record checks being carried out and suitable references obtained before people started working in the home.

Clear information regarding what constituted a safeguarding issue and directions on how to contact the safeguarding team were available for people and staff. Staff had regular training and updates on this subject. Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Identified risks to people's safety were recorded on an individual basis, with guidance for staff to be able to know how to support people safely and effectively.

As Ritson Lodge was a new and purpose built home, a number of potential risks to people's safety had been considered during its construction, to ensure the premises were as safe as possible.

The nurses were proficient with regard to the safe handling and administration of people's medicines and people were able to safely take their medicines as prescribed. Staff were well supported and training was provided regularly. Staff could also attend additional courses, if they identified a need. Staff had the skills to assist and encourage people who may challenge the support offered.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

DoLS were being applied appropriately and mental capacity assessments had been completed for people living in the home. The appropriate procedures were being followed for people who were being deprived of their liberty and regular reviews were carried out to ensure the deprivation authorisation was still relevant.

People had sufficient amounts to eat and drink in the home and people who required support to eat were encouraged and supported appropriately by staff. Where needed, people's weights were monitored, together with their intake of food and drink. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive and call bells were answered promptly. People were treated with respect and staff preserved people's dignity. Relatives could come and go as and when they wished and were welcome to stay for meals if they chose. People were also able to follow pastimes of their choice, as well as joining in with group entertainment, events or activities.

Assessments were completed prior to admission, to ensure people's needs could be met and people were actively involved in compiling their care plans. Where people were unable to do this, their relatives or other appropriate people had contributed either with them or on their behalf. Care plans and assessments were clear and detailed and gave a full description of need, relevant for each person. Risk assessments detailed what action was required or had been carried out to remove or reduce the risk.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Improvements were evident since the new manager had been in post and consistency and communication was much better throughout the service. The manager and deputy manager were hands on and approachable and operated an open door policy. 'Resident and Relatives' meetings were being held more often.

There were a number of effective systems in place to regularly monitor the quality of the service being provided for people and a number of different methods were used throughout the year, to obtain people's feedback regarding their thoughts on the quality of the service they were receiving.

# 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?**
The service was safe.

Improvements had been made to the consistency of staffing levels

Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

People were supported to safely take their medicines as prescribed.

Good

**Is the service effective?**
The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

Deprivation of Liberty Safeguards (DoLS) were being applied appropriately and mental capacity assessments were completed for people living in the home.

People had sufficient amounts to eat and drink in the home and prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Good

**Is the service caring?**
The service was caring.

Staff in the home were caring and attentive and call bells were answered promptly.

People were treated with respect and staff preserved people's dignity.

Relatives could come and go as and when they wished and were welcome to stay for meals if they chose.

Good

**Is the service responsive?**
The service was responsive.

People and their relatives were involved in the planning of their care. Assessments were completed prior to admission and care plans were personalised.

People were able to choose what they wanted to do and where they wanted to spend their time.

People could voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Good

**Is the service well-led?**
The service was well led.

Records were complete and up to date.

Good

# Summary of findings

There was visible leadership within the home. The manager and deputy manager were hands on and approachable and operated an open door policy.

The service had effective systems in place to regularly monitor the quality of the service being provided for people.

# Ritson Lodge

**Detailed findings**

## Background to this inspection

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

This inspection was carried out by two inspectors on 20 May 2015 and was unannounced.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Return (PIR) had also been received. 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.

During this inspection we met and spoke with 11 people living in the home and five relatives. We also spoke with the manager, deputy manager, training coordinator, activities coordinator, three nurses, five care staff and one member of domestic staff.

Some people were living with dementia and not able to tell us in detail about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for five people and a selection of medical and health related records.

We also looked at the records for three members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Good

# Is the service safe?

## Our findings

Our previous inspection of September 2014 identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that there were not always enough staff on duty to meet people's needs. This was because not all staff absences had been covered.

During this inspection we saw that improvements had been made and therefore determined that the provider was no longer in breach of this regulation.

For example, one person we spoke with said, “There always seem to be enough staff around – I don’t need a lot from them but they’re always there when I do. I know they can get busy at times, some people have higher needs and can be a bit more demanding than others”. Four other people also gave positive responses when we asked if there were always enough staff on duty.

We looked at the rotas for the last four weeks and saw that improvements had been made to the consistency of staffing levels. The manager told us that the staffing levels for the care required had been increased by one staff member in the morning and the deployment of staff in the afternoon had been reviewed to try and ensure that at least one member of staff was always visibly available in the upstairs communal areas. This also helped address some previous concerns that had been raised by family members who said that on occasions staff had ‘not been visible, due to being busy with other individuals in their rooms’.

In addition to care and nursing staff, we saw that there were a number of other staff employed in the home on a daily basis, such as domestic staff, kitchen staff, a meals and drinks ‘host’ and an activities coordinator, which meant that people mostly had constant access to a member of staff.

There was an hour of ‘double cover’ before the morning and afternoon shifts changed over. For example, the morning staff worked from 7am until 2pm and the afternoon staff worked from 1pm until 8pm. This meant that there were more staff working at this time in order to support people effectively with serving the meals and drinks, providing assistance with eating and drinking and supporting people with their personal care requirements.

We determined that the home had enough staff to care and support the 37 people currently living in the home. All the call bells we heard during the course of our inspection were answered promptly and we did not observe anyone being kept waiting for support or attention.

The manager told us in the pre-inspection information they sent to us that the home had recently completed a dependency assessment for the people currently living in the home, to ensure they maintained appropriate staffing levels. The manager also said that the home recruited more staff than their budgeted contracted hours, in order to accommodate annual leave, sickness and training, which helped to ensure the use of agency staff was kept to a minimum.

Records seen, together with discussions we had with staff and the manager confirmed that appropriate recruitment procedures were followed. We saw that before people started working in the home, criminal record checks were carried out and suitable references were obtained. Any unexplained gaps in people’s employment history were also followed up to ensure that people living in the home were supported by staff who were suitable to work with vulnerable people.

Everyone we spoke with told us they felt safe. One person said, “They’re all very good staff, I feel quite safe here thank you”. Another person told us that they had once experienced a situation in which they had felt their safety was compromised by another person living in the home. However, they went on to say that they had been able to talk to staff about this and that the other person had since moved. They said that they believed the staff did their best to make sure that everyone was kept safe in the home.

We saw that clear information regarding what constituted a safeguarding issue and directions on how to contact the safeguarding team were available to everyone on the notice boards throughout the home. Staff told us that they had regular training and updates on this subject and the training officer confirmed that safeguarding was part of the induction training programme as well as ensuring staff received regular updates.

We saw that where risks to people’s safety had been identified, these were recorded on an individual basis, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed on a

Good

# Is the service safe?

regular basis. For example, we noted that one person had been identified as being at risk of falling, due to their wish to walk around the home independently. As a result, the person wore 'hip protectors' to minimise the risk of injury if they fell.

Other assessments of risk we saw included eating and drinking, weights, pressure ulcers, the use of bed rails and mobility.

As Ritson Lodge was a new and purpose built home, we saw that a number of potential risks to people's safety had been considered during its construction, to ensure the premises were as safe as possible. Regular fire tests were carried out and staff knew what they had to do if the fire alarm sounded. We also saw that fire tests, drills, emergency lighting, system servicing and personal evacuation plans were included in the overall fire risk assessment for the service. We noted that there was a health and safety 'lead person' within the home and that health and safety meetings were being held quarterly. This meant that people could be assured that the home was safe for them to live in.

We observed people, both upstairs and downstairs, having their medicines administered shortly before lunchtime and we saw that the nurses showed proficiency with regard to the safe handling and administration of people's medicines. For example, they gave people good explanations of what they were doing before giving them their medicine and checked that the medicine had been taken properly.

The nurses demonstrated that they had a clear understanding about the medicines people took, such as what, when and how they should be taken. We also saw that the nurses spoke with people in a friendly manner and treated people with respect and dignity when giving them their medicine. When one person was shown their tablets and told what they were for, they nodded and smiled at the nurse in acknowledgement and said, "yes, that's right". This showed us that, where possible, people knew about their medicines and were involved in their administration.

Each person's medicine was kept inside a lockable cupboard in their bedrooms and people's medical records contained clear and detailed information, including the person's photograph, date of birth and details of any allergies. The Medicine Administration Records (MAR) we looked at had all been completed appropriately.

The manager told us that, although only the qualified nurses currently administered medicines, the service was in the process of training the team leaders in 'medication competency' in order that they could act as proficient observers and second signatories when required.

Good

# Is the service effective?

## Our findings

Staff told us that they felt well supported and one person said, "There were big issues in the early days but there is now a good team and things are definitely getting better". Another staff member told us, "Support and supervision is much better now – everything's much better now. There is loads of training and it's really good. I used to avoid management but it's so much better now".

Staff told us that training was provided regularly and said they could attend additional courses, if a need was identified. The training officer described the induction process in detail and explained how they prioritised training updates. They also told us how they kept their own skills up to date, in order to be able to cascade certain training to the staff, as and when required. The manager showed us a training planner that also helped to ensure that staff had relevant and up to date skills to do the job required. Staff working on 'Memory Lane' (the upstairs accommodation designated to support people living with dementia) were also working on and involved in extra training for dementia care.

Through our observations we saw that staff had the skills to assist and encourage people who may challenge the support offered. Books and leaflets about dementia were available and staff were using these to help build on their learning. Relatives we spoke with also felt that staff had the skills to do the job required.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

DoLS were being applied appropriately and mental capacity assessments had been completed for people living in the home. The appropriate procedures were being followed for people who were being deprived of their liberty and regular reviews were carried out to ensure the deprivation authorisation was still relevant. For example, the people living on Memory Lane had varying degrees of dementia and limited capacity, which meant that this area needed to be secured by way of a key pad system to keep people safe and prevent them from leaving the service unsupervised. The manager confirmed that the appropriate procedures had been followed with regard to the application of DoLS for the people who lived in this part of the home.

Staff we spoke with were clear about how they supported people who may require care but were unable to consent. We observed staff supporting people with making choices and involving people with decision making that was relevant for them.

Where Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were seen in people's care plans, we noted that where people had capacity these had been completed and signed with the person's consent and the GP's involvement. Where people lacked capacity, best interest decisions were made following a capacity assessment and the involvement of the GP and the person's next of kin, where appropriate.

People told us that they enjoyed the food at Ritson Lodge and that there was always plenty to eat and drink. One person said, "It's excellent food all the time". Another person told us, "I like a jelly after my meal and then I like to have a proper pudding".

We joined people and observed the lunchtime meals both upstairs and downstairs during this inspection and saw that 'plated' visual choices were shown to people, prior to the meal being served. If people changed their mind, we saw that they were quickly offered an alternative. Drinks, including sherry, wine, beer, juice and water were also offered for people to have with their dinner.

We saw that people who required support to eat were encouraged and supported appropriately by staff, who sat with them and talked about the meal as they gave assistance. One person upstairs on Memory Lane required full monitoring with their eating and drinking and also needed to have some of their medicines administered during their meal. We saw that this was done calmly and compassionately by the nurse, who ensured that this person was supported appropriately. We also heard staff speaking kindly to people with comments such as "Do you like your dinner?" "Would you prefer your vegetables first?" And, "Am I going too fast for you?"

No one appeared rushed and, although we were informed by relatives that the plates were cleared away too quickly

Good

# Is the service effective?

on Memory Lane, this was not noted during this inspection. People were also provided with adapted crockery and cutlery where needed, to support their independence. We noted that some plates were specially designed, with a lip around the edge, so people could eat their meal without a plate guard if they wished.

Finger foods were easily accessible throughout the day and fruit was on tables for people to help themselves. Although no one upstairs was on a special diet, the manager told us that any diet would be catered for and people's preferences would be respected. One person told us the meals were, "Fantastic" and said they had a cooked breakfast in the morning, a three course dinner and a light tea.

We looked at three people's weight charts and saw that each person had been weighed monthly, with little difference in the weights recorded. Where some people needed to have their intake of food and drink monitored, food and fluid sheets were completed, which showed clear measures of the amounts people had actually eaten, drank, or refused. This information was also audited, so that prompt action could be taken when people were not eating or drinking sufficient amounts.

The manager and staff spoken with confirmed that whenever there were any concerns with people's weight or ability to eat and drink safely, referrals to the dietician or the speech and language team, were made promptly. For example, we saw that when one person had been identified as having swallowing problems, a referral to the speech and language team had been made, who recommended a thickener was added to the person's drinks. We also saw that staff worked in accordance with guidance provided by external professionals.

People were also supported by other health professionals to promote and maintain their individual health care needs. For example, on the day of this inspection a physiotherapist was visiting to support a person whose mobility had deteriorated. Another person was escorted by a member of staff to attend a doctors' appointment and we noted that a referral to the 'falls team' had been made for another person who had been identified as being at risk of falling.

Staff told us that the service had a very good relationship with the GP, who visited every Monday, as well as other days if needed. We also noted positive working relationships with other professionals such as the Clinical Commissioning Group (CCG), district nurses and the chiropodist.

Good

# Is the service caring?

## Our findings

People told us that the staff in the service were caring. One person said, “The staff are wonderful, I love living here”. Another person told us, “Every one of the staff are great. I cannot fault them.” Family members told us that staff were kind and that they had only witnessed good care practice and appropriate, professional behaviour.

Staff were attentive and we observed that call bells were answered promptly. Staff and people living in the home told us that the staff team had improved and that there was now more consistency and continuity of carers. One person said to us, “Best thing I did was to move here”.

Throughout the day we heard many kind and caring words from staff to people living in the home. For example, we heard a member of staff ask a person, “Are you comfortable or would you like another cushion?” We also heard a member of the domestic staff ask if it was suitable for the person’s room to be cleaned, saying, “Is it okay to clean your room or shall I come back later?” We consistently heard respectful conversation and laughter between people living in the home and the staff, throughout the course of this inspection.

The manager told us that people were treated equally and we were given examples of how people were supported in ways that met their individual needs. One person who was deaf had initially been provided with appropriate support and flashing lights in their room, so they would know if someone was at their door. However, this was found to distress them, so other more suitable methods of alerting them were being explored for that person. The same person also had a flashing light so that they would know if and when the fire alarm was sounded.

The care plans we looked at were clear and detailed and gave a good insight to each person as an individual. We saw that people had been actively involved in compiling their care plans and, where people had been unable to do this, we saw that their relatives or other appropriate people had contributed either with them or on their behalf. One person told us, “Oh, very much. We’ve agreed what support I need and I’ll speak to the manager if that changes. I chose to come and live here and I arranged things myself”.

The manager told us that a ‘resident of the day’ system had recently been introduced. Each day one person would be specifically focussed upon and visited throughout the day by each ‘head of department’ to listen to and discuss with that person, their needs, choices and preferences and respond appropriately to any requests or changes. For example, the chef would review the person’s diet and meal choices, domestic staff would check aspects of the person’s room and care staff and nurses would check that personal support and care needs were being met appropriately. The manager also told us that family were included in this where possible.

Through observations we saw that people were treated with respect and that staff preserved people’s dignity. For example, doors were knocked upon before staff entered and people were assisted to their own room or bathroom when they needed supporting with their personal care needs. We heard one member of staff ask a person, “Are you ready for me to help you or shall I come back later?” Each person had their own room, with en-suite facilities. Relatives could come and go as and when they wished, with a number of areas that could be used in private as and when required. People also told us that their friends or relatives could stay for meals if they wanted, which we observed to be the case during this inspection.

We also saw that people were encouraged and supported to be as independent as possible. For example, by making drinks, maintaining their own rooms, making their own bed, helping themselves to food and joining in the activities they wanted to. One person liked to walk to the local shop and collect their paper each day and we saw that this had been carefully planned, to ensure their safety and wellbeing, whilst respecting the person’s independence.

Good

# Is the service responsive?

## Our findings

In the care plans we looked through, we saw that, prior to admission, each person completed an assessment with either the registered manager or the deputy, to ensure their needs could be met within the home. We also noted that these assessments were used to form the basis of people's care plans and risk assessments, before they moved in.

The contents of the care plans were personalised and gave a full description of need, relevant for each person. For example, we saw changes recorded in one care plan, due to a person's needs being different, following their discharge from hospital. The night care plan was written in a way for staff to follow that would ensure the person had the correct support through the night, such as when to be turned, where best to have their pillow placed and how often to check them.

We also saw that assessments of risk were recorded in people's care plans, which detailed what action was required or had been carried out to remove or reduce the risk. For example, we noted where concerns upon a person's discharge from hospital had been quickly acted upon, the up to date records showed how the person had improved since admission to the home. We also discussed with a member of staff, the risks identified for a person with concerns around acquiring pressure ulcers. The staff explained what action had been taken and we noted that this person no longer had a pressure ulcer, following successful treatment.

Although the care plans were personalised and gave a clear picture of people's individual care needs, information that could further help to support people with their preferences and social interests and activities, such as personal histories, hobbies and lifestyles was not so evident.

All the records we looked at, including bed rail checks, repositioning charts and food and fluid monitoring records were found to be complete and up to date. All the care plans we saw contained details and descriptions that matched the people we met and spoke with, including those for a person who had recently moved in for a few weeks' respite.

One person we met had a left side weakness and we noted that this was documented appropriately in their care plan, together with guidance for staff to know how to support the person when required. We observed during the lunch time meal that this person was happily chatting with other people at their table and that they appeared comfortable eating independently by using their right hand to cut the food, then swapping the knife with the fork to eat. Part way through their meal, we noted that staff politely asked whether they would like any help with cutting some of their food, to which the person replied with a smile, "Yes please". This showed that staff were observant and respectful of people's wishes, whilst responding to their needs without compromising their dignity or independence.

We noted that people were able to follow pastimes of their choice, as well as joining in with group entertainment, events or activities. During this inspection we saw that some people were cheerfully engaged in a ball game in one of the downstairs lounges, some were socialising around the downstairs coffee shop area, some were baking cakes upstairs on Memory Lane and some people went out to day clubs or were out socialising with their friends or family. In addition, we noted there was a trip out in the home's minibus planned for people in the afternoon of this inspection or flower arranging in the home.

People living upstairs on Memory Lane had details available to them on the notice boards, with regard to making a complaint but we noted that many people would not be able to read these or understand the content. However, the people we spoke with told us they would talk to staff if they had any concerns and that they believed they would be listened to and action taken. Everyone we spoke with told us they were happy in the home and were positive about living there.

People's relatives told us they knew how to make a complaint when needed. A number of people's relatives had raised some concerns, and we noted that these concerns were being discussed in meetings, that were now being held on a more regular basis. We looked at the minutes and discussed these meetings with the manager, who explained some of the ways they were working with people to try and resolve their concerns.

One person we spoke with told us that they had chosen to move to Ritson Lodge, after their friend had also moved in. This person said that they were happy with the level of care and support provided and added, "I would soon say if I wasn't happy, after all, I am paying for it. I can, and do, speak out – I can have my say and I do feel listened to…"

Good

# Is the service responsive?

The manager told us that within the last 12 months there had been seven formal complaints, of which all had been responded to appropriately. The manager added that they had also received 43 compliments within the last year.

Good

# Is the service well-led?

## Our findings

Our previous inspection of September 2014 identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that people were not fully protected from the risks of unsafe or inappropriate care and support because some of the care planning records held incomplete information and had not been reviewed.

During this inspection we found that improvements had been made and all the records we looked at were complete, accurate and up to date. We therefore concluded that the provider was no longer in breach of this regulation.

Staff we spoke with said that improvements had been made since the new manager had been in post and that consistency and communication was much better. They said meetings were being held where they could voice concerns or make suggestions and that they were listened to and taken into account as appropriate.

We looked at the minutes from the 'Resident and Relatives' meetings that had been held in March, April and May 2015. We saw from these that people living in the home and relatives had been able to raise issues, ask questions and voice any concerns.

The meeting in May was chaired jointly by the registered manager and the regional director of the organisation. This had been held with the aim of focussing on key issues that people had, analysing these and feeding back to people the action that would be taken as a result.

We noted that some of the key themes were based around food, funding for activities and staffing deployment arrangements within the home. The director had recently asked people to complete and return some questionnaires, in order to be able to more fully analyse and address any concerns.

The manager told us about some of the action that had been taken, following analysis of complaints and trends. These included a new head housekeeper being recruited, the implementation of 'resident of the day', improved communication between the housekeeping and nursing staff, a review of menus and hospitality services and the appointment of two 'hosts'. In addition, observational audits were being carried out by the management team to inform decisions regarding staff deployment.

We also saw that discussions about people's needs in the home, together with any concerns or issues, were held at each of the daily meetings, which included the manager, deputy and at least one representative from each department within the home.

The home produced a quarterly newsletter as a way of sharing information with people living in the home, family and friends. People were welcomed and encouraged to contribute to this if they wished and we noted that one person who lived in the home wrote a regular feature in the newsletter.

The manager had been in post for nearly a year and is registered with CQC. The manager told us that they were fully supported by a regional manager and that concerns recently raised by relatives, were being acted upon with senior management support.

Staff told us that both the manager and deputy manager were 'hands on' and approachable and would 'roll up their sleeves' and help out when necessary. One person who lived in the home said that the manager and deputy had become much more visible recently and frequently did 'walk-arounds' in the home to chat with people and oversee how things were running.

There were a number of effective systems in place to regularly monitor the quality of the service being provided for people. For example, in addition to daily checklists, internal audits took place monthly, the registered manager and deputy manager performed 'out-of-hours' unannounced spot-checks and the regional director carried out monthly 'Quality First' visits. The Quality First visits checked specific areas such as medication, care plans and documentation, training and peoples' experience of living in the home. They also used these visits to monitor how well they believed the home was doing in respect of being safe, effective, caring, responsive and well-led.

We also noted that a number of different methods were used throughout the year, to obtain people's feedback regarding their thoughts on the quality of the service they were receiving.

Where room for improvement had been identified in the service, action had been taken or changes were being implemented and monitored as necessary.