

Mr C and Mrs LA Gopaul

# Rainbow Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 26 and 28 June 2017 and the first day was unannounced.

The last inspection took place on 1, 2 and 3 June 2016, when we identified breaches of Regulations relating to person-centred care, safe care and treatment and good governance. Additionally we made three recommendations in relation to the proper and safe management of medicines, access to the kitchen and that people using the service needed to be made aware of changes to policies and procedures, specifically that the front door was no longer locked.

The provider sent us an action plan dated 1 September 2016 detailing how they would address the issues raised at the inspection. During the 26 and 28 June 2017 inspection, we saw improvements to the service had been made.

Rainbow Lodge Nursing Home is registered to provide accommodation for up to 20 people with mental health need who require nursing or personal care. At the time of our inspection there were 13 people living at the service.

The provider is a partnership and one of the partners is the registered manager. 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.

At the inspection on 26 and 28 June 2017, we saw that care workers knew how to raise safeguarding concerns and had received the relevant training on this subject..

Risk assessments and management plans were in place to minimise the risks to people using the service. Since the last inspection, the provider had made improvements to reduce the potential risks caused by people smoking. Incidents and accidents were recorded appropriately and action plans followed up to prevent reoccurrences.

There were a sufficient number of staff to meet the needs of people using the service and safe recruitment procedures had been followed to ensure suitable staff were employed.

Medicines were stored, administered and recorded correctly. Medicines procedures and policies were up to date.

Care workers had the skills and knowledge to meet people's needs and were supported to maintain this through supervisions and appraisals.

Care workers understood they needed to obtain consent from people using the service and the provider followed the principles of the Mental Capacity Act (2005). People were supported to have enough to eat and drink.

People's health needs were recorded and there was evidence they were referred to the appropriate healthcare professionals to maintain good health.

Since the last inspection, the provider had made adaptations to the service to meet peoples' needs and improved the design and decoration of the home.

People we spoke with said they were happy with the care provided and we observed staff had a good knowledge of peoples' needs and how to support them. People felt listened to.

People we spoke with said the staff supporting them respected their privacy and dignity.

People were involved in their care planning and we saw evidence of this in their care plans and reviews. Files were person centred and people's preferences and wishes were recorded. This included individual activity plans.

People using the service knew how to complain and the provider addressed any complaints through the correct complaints procedure.

People using the service and staff found the registered manager and the provider approachable and responsive.

The registered manager had good links with the community and was aware of their responsibility of when to notify relevant bodies including the Care Quality Commission and the local authority of some events and incidents within the service.

The provider had effective quality management systems in place to monitor the quality of the service and reduce risks. Checks and audits were accompanied by action plans where this was necessary to improve service delivery.

## 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 service had procedures and systems in place to protect people from avoidable harm.

Risk assessments and management plans provided guidelines on how to minimise the risks within the service and keep people safe.

There were sufficient staff numbers on duty and safe recruitment policies were followed to employ suitable staff to work with the people using the service.

Medicines were administered in a safe way.

### Is the service effective?

Good 

The service was effective.

People were supported by staff with the appropriate training and skills to meet people's needs.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005). Consent to care was obtained and where necessary best interests decisions had been undertaken.

People's nutritional needs were met and they had access to food and drink when they wanted to.

People's health and wellbeing were maintained and they had access to healthcare professionals to meet their needs as required.

The provider had adapted the environment to meet people's needs.

### Is the service caring?

Good 

The service was caring.

Staff were kind and caring. They were aware of people's

individual needs and responded appropriately.

People's dignity and privacy were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person centred and reflected people's needs and preferences.

Activities were personalised and we saw a range of activities both in the home and externally that people could attend either independently or with support.

People knew who to speak with if they had a complaint and the provider acted on any complaints received.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager and provider were approachable and people using the service and staff felt supported by them.

The staff worked in partnership with other health and social care professionals to improve and maintain people's health and welfare needs.

There were systems in place to monitor the quality of the service and action plans were followed through to improve service delivery.

# Rainbow Lodge Nursing Home

## **Detailed findings**

### Background to this inspection

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

The unannounced inspection took place on 26 and 28 June 2017. The inspection team on 26 June 2017 included two inspectors.

Prior to the inspection, we looked at all the information we held about the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team, Safeguarding Team and the Clinical Commissioning Group for their feedback about the service.

During the inspection, we spoke with eight people who used the service and one social care professional. We spoke with the registered manager, deputy manager, a nurse and five care workers.

We observed staff interaction with the people who used the service. We also used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the care plans for five people who used the service. We saw files for six staff which included recruitment records, supervision and appraisals and we looked at training records.

We looked at medicines management for people who used the service. We also looked at the environment, maintenance and servicing checks and audits. After the inspection, we spoke with two relatives.

# Is the service safe?

## Our findings

At the inspection on 1, 2 and 3 June 2016, we found that although the smoking policy and people's individual risk assessments stated smoking was only acceptable in the designated smoking area, we could smell cigarette smoke within the house indicating people smoked in their bedrooms. We referred our concerns to the local authority's Workplace Safety team who inspected the premises on 27 July 2016 and made recommendations, which the provider had complied with at the time of our June 2017 inspection. The Fire Brigade also inspected the service in August 2016, and found them to be meeting the relevant fire legislation. Following the inspection, the provider sent us an action plan and told us they would start conducting more frequent checks of people who were at high risk of smoking inside the home by 19 July 2016.

During the inspection on 26 and 28 June 2017, we saw evidence that the service had put measures in place to protect people from the risk of fire associated with smoking and had updated their smoking policy to reflect the local authority's recommendations. People who smoked in the service had signed a smoking agreement that they would not smoke in their bedrooms. There was evidence in the weekly minutes of residents' meetings that people were reminded smoking was only permitted in the designated smoking area in the garden. Everybody in the service had hourly checks during the day and people who were identified at risk of smoking at night, continued to have checks throughout the night. In addition, an anti-smoking agency had provided training to staff and support to people using the service to cease smoking. People using the service said about smoking, "I can't smoke in my room, the alarm goes off" and "I smoke at the back because that's the only place you're allowed to smoke."

The service undertook weekly fire alarm tests and monthly fire drills. The fire roll call of names had the levels of evacuation each person required and instructions for how to respond if a fire was discovered. The service's smoke detectors and fire extinguishers were regularly serviced and a fire risk assessment was completed quarterly that indicated measures had been taken to minimise risks and protect people from the risk of fire.

At our inspection on 1, 2 and 3 June 2016, we found that medicines were not being managed in a safe way because we could not reconcile some medicines supplies and where a dose of a medicine had been increased by a hospital consultant, this had not been reflected on the medicine administration record (MAR). During that inspection, an action plan to address the findings was drawn up by the provider. At the inspection of 26 and 28 June 2017, we found improvements had been made.

Medicines were ordered on a 28 day cycle. Blister packs we viewed contained a medicines list of each tablet and included administration instructions. We carried out a stock check for nine medicines and found the stocks tallied with the numbers that had been supplied and administered. We checked the MAR charts for all the people using the service. Receipts of medicines were recorded and initialled and all medicines administered had been signed for. When people attended hospital appointments information about changes to medicines was faxed by the hospital staff to the service so they received written confirmation of the changes. The Clinical Commissioning Group's (CCG) pharmacist had completed a medicines audit in

March 2017. They recommended the service update their homely remedies policy, which we saw they had.

Care plans were in place for medical conditions and the medicines associated with each one so staff were informed. There were protocols in place for PRN (as required) medicines to identify what the medicine was for and the frequency of administration. Each person had signed a consent form agreeing to take their medicines and the option to have an annual influenza injection. At the time of inspection everyone living at the service took their medicines as prescribed and no-one was receiving their medicines covertly.

Daily fridge and room temperatures were recorded and we saw these were within recognised safe ranges. Medicines were stored in a locked cupboard in a lockable room. Policies and procedures for medicines management were in place and were reviewed annually to keep the information up to date. The above reassured us people received their medicines in a safe way.

When we asked people using the service if they felt safe, people told us they did. We saw the service's procedures for protecting people from the risk of abuse and avoidable harm included safeguarding and whistle blowing policies updated in July 2016. The care workers we spoke with, had all completed safeguarding training, could identify various types of abuse and knew how to respond if they had concerns. Comments included, "I would report to my managers. If they're not listening I will go to CQC or the council" and "I would go to the nurse on duty and then to the managers. I could tell the safeguarding team in Ealing."

Risks to people's safety and wellbeing were assessed and action taken to minimise the risk. People's files contained risk assessments with a brief summary and an action plan on how to minimise risks. These were signed, dated and reviewed monthly. There were further, more detailed 'resident risk assessments' and risk management plans that included clear guidance for care workers on how to manage the identified risks. Areas assessed including smoking, noncompliance with medicines, moving and handling assessments and falls risk assessments. There was also a separate record and audit of the risk assessments and a management review which was being undertaken monthly to inform service delivery.

Care workers were aware of the procedure for recording incidents and accidents. We saw incidents had attached action plans and that the registered manager completed an audit of incidents and accidents and noted any patterns. For example as the result of the audit, a care plan review was held for one individual and action was taken to refer them to the appropriate healthcare professional to try to minimise the risk of falls.

The service had a business continuity plan dated April 2017 and there were checks to ensure the environment was safe. We saw checks had been carried out for the fire alarm system, emergency lights, gas safety, electrical safety and legionella. The local authority had awarded a five star food and hygiene rating in February 2017. Fridge and freezer temperatures were recorded daily.

The service did not manage peoples' finances, however people could keep their petty cash in the safe and sign the amount in and out. A record of transactions was kept in people's finance books and we saw the records reconciled against the money being held in the safe. This reassured us people's money was being managed safely.

We observed there were sufficient numbers of staff to keep people safe and meet their needs. The service had a stable staff team of 17, and there had been no recruitment since the last inspection. The service was staffed 24 hours per day and there was always a nurse working with the care workers. The service did not employ agency staff. The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and criminal record checks.



## Is the service effective?

### Our findings

At the inspection on 1, 2 and 3 June 2016 people who used the service were unaware of a change in policy that they were free to leave and the front door was not locked. Following the inspection, the provider sent us an action plan which indicated they would discuss changes to the service at weekly residents' meetings. At the inspection on 26 and 28 June 2017, people were aware the door was open and we saw this was asked as a specific question in the customer satisfaction surveys. The open door policy was discussed in residents' meetings. People said, "I can go out when I want to. The door is unlocked" and "I feel I can do what I like here. I have more freedom here. I can go out when I want."

At the inspection on 1, 2 and 3 June 2016, we observed people could not always enter the kitchen and at night it was locked. Following the inspection, the provider sent us an action plan indicating the kitchen was now open 24 hours a day, staff would be available to supervise any kitchen activity and risk plans would be in place by 3 July 2016. During the inspection on 26 and 28 June 2017, we saw individual risk assessments for people using the kitchen and the provider had created a kitchenette outside the main kitchen. We observed people helping themselves to drinks and snacks when they wanted and we saw that the main kitchen remained opened at all times.

Staff had the required skills and knowledge to meet the needs of the people using the service. Supervisions were undertaken every three months by the registered manager. We saw up to date supervision notes for 21 staff members. Topics of discussion included performance, policies, and knowledge and skills. About supervision care workers said, "You can see what you're doing. I can report anything to the staff nurse" and "We talk about where we need to improve and what we need to be doing with the patients." We also saw 17 staff appraisals completed for last year.

The service had a record of mandatory training and a projection chart with planned training dates for the year. Training including safeguarding adults, challenging behaviour, Mental Capacity Act (2005) training and mental health awareness was up to date. Medicines training was undertaken on a yearly basis and the provider had implemented new medicines competency testing to be carried out once a year unless there was an identified need for further testing.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The service had a mental capacity and consent policy and procedure that noted capacity could fluctuate and provided guidance for best interests decisions. Care workers we spoke with had completed Mental Capacity Act (2005) training and understood the principles around consent to care and deprivation of liberty safeguards. They told us, "They [people using the service] may have capacity but can't tell you. Don't think they don't know anything. You have to listen. Sometimes they do have capacity and sometimes they don't have capacity" and "We ask them what they want. Like food, we have different tastes and cultures, so we ask them what they want." The service had a DoLS policy and the registered manager had made appropriate DoLS applications and followed these up as required. We saw one person had a mental capacity assessment for the use of bed rails and a further best interests decision to agree to their use. In addition, we saw signed agreement records to indicate if people agreed with their care plans, if the service held their petty cash and if they wanted their door locked or open.

Comments from people using the service were generally positive about the food and included, "The food is better here than at the hospital. We get all fresh stuff", "Good menu. Fish and chips, rice and curry. We have pie. All kinds of foods. I prefer liver, potatoes and carrots. I get that. Roast chicken on a Sunday", "The food is not bad. The kitchen is usually open and you can have a choice", "The food is nice" and "I can ask them for what I want [regarding food]". We saw some people helping themselves to drinks and others asking staff to help them.

People's nutritional needs and how to meet them were recorded in their care plan and they were supported to have sufficient to eat and drink. There was a list in the kitchen that identified all food and nutritional needs, for example, it recorded who was diabetic, who was vegetarian and who had a low fat diet. One person needed to gain weight and we saw guidance from the dietician and a record of what the person ate every day. The cook attended the weekly residents' meetings to get feedback and we saw a menu changed as a result of one of these meetings.

People using the service were supported to maintain good health and access health professionals as required. The GP visited the home each week and reviewed any medicines if an issue was identified and they carried out periodic full medicines reviews for each person. People's files contained records of multi-disciplinary meetings that included the date, reason for the visit and action, and a record of referrals to other services. Other professionals involved in supporting people using the service included, the dispensing pharmacist, optician, phlebotomist, psychiatrist, dietician, physiotherapist and social workers.

We saw a number of charts to monitor people's health and wellbeing that were reviewed monthly. Areas monitored included pressure ulcers, blood pressure, continence and nutritional assessments. Weight charts were being completed monthly for all people using the service. We viewed the wound care plan for one person which had a daily record of the nurse's treatment and observations of the wound and of the person. This meant people using the service were receiving appropriate support because their health was being monitored and referrals were made to other healthcare professionals to ensure healthcare needs were being met.

Since the last inspection, the service had undergone a refurbishment and redecoration programme to better meet the needs of people using the service. All the double bedrooms had been converted to single rooms with en-suite bathrooms. Consequently, the service's capacity had been reduced from 20 people to 13 people using the service. On the ground floor, one bedroom was converted and adapted with disabled facilities to meet one person's specific needs and the garden now had wheelchair access. A kitchenette was installed so people could help themselves to drinks and snacks without having to go into the main kitchen. There was also a designated smoking area in the garden with a smoking shelter to prevent smoke going into peoples' bedrooms through open windows.

## Is the service caring?

### Our findings

People using the service had developed positive relationships with the staff and told us, "The staff are good. They help you", "We're mucking about in the garden, laughing and joking [with staff], "They encourage us to eat. They ask us. If you have anything, you can go and talk to the staff if you have any problems", "They're very polite the staff. They look after us." and "Lovely living here." A relative said, "There are some staff who are really, really caring and really good. There is a lot of tolerance."

We observed a good atmosphere in the home and saw care workers knew the people they supported well. People's profile forms recorded people's preferred name as well as their full name, so staff knew how to address them. Interaction with the staff was positive. We saw that, staff were genuine, kind and took the time to listen to people. They were aware of peoples' interests and were able to have conversations based on this knowledge. Care workers said, "Ask people. Talk to them and slowly, slowly, they will tell you" and "Get to know people by the assessment and the care plan and your individual approach. I know most of them and their likes and dislikes but we still look at the care plan because it changes." A social care professional said about the person they supported, "[Person] is getting something [from the service] because he feels more able to interact here."

People's independence was promoted and they told us they had choices. Staff comments included, "Encourage them to do things by themselves. For example, when [person] is eating, you feel like you want to help him but we give him that independence. He eats slowly and we allow that. People can decide when to get up" and "We try to get them to do whatever they can do. For example the food we encourage them to eat on their own. Tidy their room. Most of them can, so we encourage."

Meetings for people who used the service were held weekly and the standing agenda included safeguarding, smoking, menu requests, activities and individual comments. The minutes indicated people using the service contributed to the meeting and an action plan was written up after each meeting. People said, "We have meetings on Tuesdays. They're alright because they give you a chance to say what you want" and "I go to the residents' meetings. We talk about everything and anything." The service user guide was last updated in April 2017 with information about the service including how to make a complaint.

No one using the service had an advocate but there was information with contact details for a local advocacy service available in communal areas that people could access and use.

Care workers told us when they were supporting people with personal care, it was important to, "Knock on the door. Say good morning first and ask them if they are happy to come out from the bed and ask if they want a wash", "We ask them every morning if they want a shower. I am talking with them, what they need" and "knock on the door, talk to them. Tell them what you're doing before you start doing it. Respect their dignity." People using the service said, "People mainly knock on the door or I won't let them in", "Staff knock on the door or the door is open."

## Is the service responsive?

### Our findings

During the inspection of 1, 2 and 3 June 2016, we had found that the activities on offer were not meaningful for people who used the service. Following the inspection, the provider sent us an action plan indicating care workers had undertaken further training on delivering activity provision and all people using the service would have an activity care plan, which would be updated as necessary. At the inspection on 26 and 28 June 2017, we saw activity provision had improved and activities were based on people's individual preferences. People using the service told us, "I watch television. I play the games they have. I sunbathe. I was working in the garden" and "I like to listen to my music. I wouldn't like more activities."

A number of staff undertook activity training in 2016 as part of developing the activity programme. Each person's care plan identified preferred activities and we saw a daily activity log that recorded what activities people did that day. Examples of activities we saw recorded included shopping, being supported to go to a requested area of London, visiting family, attending church, library visits, a visit to Heathrow for a person who liked planes, gardening and wellbeing sessions. In addition, each person had a life skills chart that indicated what life skills they were developing such as tidying their bedroom or making tea independently.

During our visit, we observed a number of people talking with staff and enjoying the garden, two people playing guitar, one person showed us a book on a topic of interest to them and there were various games we saw people participating in. We also saw one person's artwork, some of which was hung in a communal room. People left and returned to the service when they wanted to. We saw evidence of one person being supported to go to a particular place of interest to them and another person attending a day service. A gardening programme was set up based on two peoples' interests. For example we saw garden furniture they had varnished and where they had tidied up the garden.

People using the service were involved in planning their care. Comments included, "I think I do have a care plan", "Yes I have a care plan. I sign it all the time" and "I have a care plan. Keep myself clean and tidy and doing the gardening." People were assessed prior to them starting to use the service and each person's file had an admissions check list. Records we viewed were person centred and recorded people's preferences. The service user profiles provided information about the person's background including their family, occupation, hobbies, skills and food preferences. In addition, there was a one page summary of the person's care needs dated and signed by the person. The 'service user preference record' provided information such as if people wished to have a male or female carer support them with personal care, what their daily routines were, meal preferences and religious needs.

Care plans were divided into a number of areas including personal care, medicines, fire evacuation and end of life wishes. There were further specific individual areas identified such as diabetes and mental health needs. Each area had a summary, aim of the care plan and the action required to achieve it so care workers had clear guidelines on how to support people. Care plans were signed by the person using the service and a member of staff. There was a monthly review for each section of the care plan that was signed by the person using the service and indicated that they had been involved in reviewing their care arrangements. The care plans we saw were person centred and up to date with relevant information. We

saw that for one person who had an extended hospital stay, a new initial assessment and care plan were undertaken to reflect the person's changed needs before they returned to the service.

We saw evidence that the service responded to people's changing needs. For example, one person required an adapted room and specialised equipment after a deterioration in their health and this had been provided. There was a daily report for each person that noted tasks performed, activities people undertook and some information about people's mental health needs and mood. The daily reports indicated people were receiving support that reflected their care plans.

We saw the registered manager had undertaken an audit to identify who required one to one key working sessions for specific needs that were part of some people's care plans. In addition to these specific sessions, we saw 11 out of 13 people had key working sessions in June 2017. The standing agenda included care, social, dietary, recreation and cultural needs with what action needed to be taken. For example, for one person who was diabetic, we saw the minutes recorded a discussion around diabetes and food. These sessions gave people the opportunity for one to one time with a care worker where they could raise any concerns and information could be shared by both parties.

The service had an accessible complaints procedure in a communal area which provided contact details for the local authority and the Care Quality Commission. People using the service said, "If I had a problem, I'd go to the staff nurse", "If I wanted to complain, I would talk to the staff nurse" and "I have no complaints to make."

The service had a complaints log and we saw there were three complaints in 2016 and none in 2017. Complaints were addressed appropriately in line with the service's procedures and forms had details of the complaint, the investigation details, the outcome and were signed by the registered manager.

## Is the service well-led?

### Our findings

At the inspection on 1, 2 and 3 June 2016, the systems used to monitor the quality and safety of the service and manage risks to people, were not always effective as demonstrated by the discrepancies in the administration of medicines. Additionally the principles of the Mental Capacity Act (2005) were not always followed regarding consent to care and the least restrictive practice. Following the inspection, the provider sent us an action plan stating the registered manager and provider would oversee an improvement plan of the identified discrepancies and resolve the issues in a timely manner. At the inspection on 26 and 28 June 2017, we saw systems had improved as there were no discrepancies in the administration of medicines. Consent to care was recorded and people were not restricted in their movements.

People using the service and their relatives found the registered manager approachable. Comments included, "[Provider] and [registered manager] are the staff leaders. They're grand" and "Certainly [the provider] is very approachable. The residents can approach him. [The managers] speak to people as people." Care workers also felt supported by the management team and told us, "I think [provider] and [registered manager] are both quite approachable and [deputy manager] is quite approachable too" and "I can go to [provider] and [registered manager] for anything." One professional said of the provider and registered manager, "Their hearts are in the right place. [Provider] seems to get things done."

The management team had good links with the local community and kept up to date through meeting with other professionals. One social care professional told us, "Communication has been pretty good with [provider]." The managers attended the provider care home group in Ealing as part of a mental health forum run by the Clinical Commissioning Group (CCG). They were part of the local registered managers' network and they had good links with the CCG pharmacist, social workers, care coordinators and psychiatrists. Additionally the provider was a member of the Northwest London Care Consortium commitment to raise quality and standards in the social care sector.

The registered manager knew when to report incidents to the local authority and the Care Quality Commission. There had been no safeguarding alerts in the last year and this was confirmed by the local authority. The service had appropriately made other relevant notifications to CQC.

The provider encouraged feedback and service user satisfaction surveys were sent out in May 2017. As a result of people not knowing the front door was always unlocked, that was included as question on this year's survey.

Team meetings were held monthly and we saw topics discussed included smoking, activities, training and complaints. Care workers found these useful and said, "We talk about team work and changes and everything."

The provider had audits and checks to monitor the quality of the service and improve service delivery. We saw health and safety audits completed monthly with checks on the environment, maintenance, external building, kitchen and training with actions required. There was a monthly fire audit and a further fire risk

assessment audit form completed quarterly that identified hazards and controls.

The registered manager audited people's care plans and files and we saw evidence of files being updated as a result of the audit. We also saw a record and audit of people's risk assessments and a management review which was being undertaken monthly to identify where service improvements could be made. The service completed an audit of incidents and accidents and noted any pattern in falls. An employee file audit in 2017 included checks for nurses' registration, employment gaps and Disclosure and Barring Service (DBS) checks. The provider carried out a monthly medicines audit. This included reviewing medicine management generally and also included a stock check of three people's medicines. There was an action plan page to record any shortfalls. All audits and checks were clearly recorded and the provider had action plans where necessary to improve the quality of the service.