

Lilian Faithfull Homes

Dowty House

Inspection Report

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Summary of findings

Overall summary

Dowty House is a residential care home for up to 37 people. At the time of our visit there were 34 older people living at the home who may also be living with dementia. Nursing care is not provided.

People told us they were happy living at the home. Care workers knew about people's individual needs and how to meet them. We observed there were good relationships between people living at the home and staff.

People told us they were involved in developing their care plans, where they wanted to. People made decisions about their care and support. We saw that staff encouraged and promoted people's independence.

People were involved with the day to day running of the home. Everyone we spoke with felt respected and felt their dignity was maintained. People enjoyed a wide range of activities within the home and were supported to go out into the local community.

Staffing levels were regularly monitored by the registered manager to ensure there were enough skilled staff to meet people's needs. Staff received frequent training to ensure they had the skills and knowledge to meet people's needs.

There was a clear management structure in the home. The home had a registered manager, who was in day to day control. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider. Everyone we spoke with felt comfortable talking to management about concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service provided.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The location was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people told us they felt safe at the service and they were protected from abuse. Care workers had knowledge of safeguarding and knew what to do if concerns were raised. Staff demonstrated knowledge of the different forms of abuse and was confident that any concerns they raised would be dealt with effectively.

Care workers demonstrated awareness of assisting people with dignity when they were distressed or anxious. People were safe because there were enough skilled care workers to meet people's needs.

People felt that risks associated with their care were managed well. People were protected from risk because care workers followed appropriate procedures to protect them.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The location was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one.

Care workers had knowledge of the Mental Capacity Act 2005. All care workers we spoke with informed us they had received training, and the service's training records indicated this. One care worker stated, "you can't assume people don't have capacity." Care plans we saw included whether the individual had the capacity to make specific decisions in relation to their care and support.

Are services effective?

The service was effective because people told us they were involved decisions about their care and support. People were encouraged to express their views about their care. We saw people received support that enabled them to stay as independent as possible.

People's care plans reflected their needs, choices and preferences. People benefitted from effective care and treatment as staff were aware of their individual needs.

Summary of findings

Staff had effective training. Management had an on-going workforce development plan which encouraged staff to develop and promote innovative practice. This included accessing training and using supervision to see what training and development staff wanted.

People were involved in discussions about their nutritional needs and had appropriate support to protect them from the risks of malnutrition. People were also able to see or consult with dietary and nutritional specialists when required.

Are services caring?

The service was caring because people told us they were treated with kindness and compassion. One person said, "You certainly get looked after." People spoke positively about the home and the care workers. People told us: "They can't do enough for us"; "All the staff are really lovely."

We conducted a SOFI (short observation framework for inspection) observation in the main just before lunch. SOFI is used to capture the experiences of any person who may have cognitive or communication impairments and cannot verbally give their opinions on the services they receive. We saw that people were treated with dignity and respect. We observed one care worker assist a person to leave the lounge at a relaxed pace.

Care workers understood people's needs and these were reflected in their care assessments. We looked at six people's care plans and saw each person had documented life histories. Care workers had awareness of people's life histories and used this information to care for people.

People had the privacy they needed and were supported to be as independent as they wished. People were supported to go into the community on a frequent basis.

Are services responsive to people's needs?

The service was responsive to people's needs because people and their representatives were encouraged to make their views about their care known. People told us they were able to make choices about their care and treatment.

People were given the time to make decisions and their views were sought by staff and management. People's capacity was taken into account and best interest decisions made for people when necessary.

Summary of findings

People had opportunities to take part in activities. People were positive about the activities in the home, and the activity co-ordinator. People told us: “She’s lovely. She does all the activities.”; “We make things – Easter decorations.”; “I love it in here. I love the singing and dancing. I’m ever so happy.”

People were encouraged and supported to develop and maintain relationships. Two people had formed a friendship and were supported to spend time together. People could choose how they wanted to spend their days.

Concerns and complaints made by people and their representatives were responded to in good time. Everyone we spoke with were happy their concerns would be dealt with.

Are services well-led?

The service was well led because care workers told us they were able to inform practice at the service. We spoke with four care workers and three senior care workers who informed us they were all involved in making changes that benefitted the service.

Care workers were motivated, caring, well trained and supported. There was clear leadership at all levels within the home. The registered manager told us that staff development was actively promoted. The chief executive officer informed us that the Lillian Faithfull Homes group had initiatives to help develop care workers to improve the quality of people’s care.

Staff acted on complaints to improve the service. We saw that the registered manager kept a record of complaints and actions that had been taken to ensure that people’s complaints were dealt with and learnt from.

The provider conducted monitoring reports and business plans for the home which set objectives for the management. The provider also had detailed risk assessments and policy and procedures in place relating to health and safety within the home.

Summary of findings

What people who use the service and those that matter to them say

People told us they felt safe in the home. One person said, "I know I'm safe here, this is the best." One person's relative told us, "I know they [relative] are safe. I get peace of mind, it's excellent, worth every penny."

People were supported to go out into the community. People told us: "there are always staff around, they help me go outside." "I like it here. I can talk with staff. I'd cry if I had to leave." "I like to spend time outside; I go out with my friend."

People had choice when they had meals. People told us: "I wanted to stay in bed this morning and had breakfast a bit later. I don't need lunch right now. I can have mine later." "There's plenty of food and if I don't have my meal at lunch I can have it later."

People spoke positively about the home and the care workers. People told us: "She's lovely." "They can't do enough for us." "All the staff are really lovely." "You certainly get looked after." "Here everybody is well looked after." One relative said, "they've got it spot on here."

People were encouraged to spend their days as they pleased. People told us, "I go to other home's singing." "There is always plenty going on." "We entertain

ourselves. I like knitting, I like reading. We're quite a bit on our own but we like it that way." "They don't force anything on us." We spoke with a relative who informed us they were involved in their relative's care and how it was planned.

People spoke positively about the activities in the home, and the activity co-ordinator. People told us: "She's lovely. She does all the activities;" "We make things – Easter decorations" and "If we want to go out, that's no problem. We went out with that little lady with blonde hair. We went to the shops – Boots, M & S, the arcade." One person said, "I love it in here. I love the singing and dancing. I'm ever so happy."

Concerns and complaints made by people and their representatives were responded to in good time and people felt confident to express concerns. A relative told us, "They always respond. They always have an answer. Complaints are listened to."

We spoke with a General Practitioner visiting the home. They said, "It's excellent here. The management go beyond the call of duty. They're very good and all staff are really good. The care is very good."

Dowty House

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The inspection team included an Inspector and an Expert by Experience with experience of older people living with dementia in care homes.

Prior to the inspection, we looked at notifications received from the provider and information received via our website. We spoke with a Quality Assurance Officer from Gloucestershire County Council regarding their involvement in the home.

We spoke to 10 of the 34 people who were living at Dowty House. We spoke with two visitors and the home's General Practitioner. We conducted a SOFI (short observational

framework for inspection) observation of four people. SOFI is used to capture the experiences of any person who may have cognitive or communication impairments and cannot verbally give their opinions on the services they receive. We spoke with seven care workers, the Head of Care, an activities co-ordinator and two of the contracted catering staff. We spoke with the registered manager and chief executive officer of Lilian Faithfull Homes. We looked at all areas of the building and made observations of staff interactions with people.

We looked at six people's care and treatment records. We reviewed training and supervision (one to one meetings with line managers or group meetings) records for four members of staff and looked at the service's training records. We looked at team meeting documents and the organisation's policies and procedures and health and safety risk assessments. In addition, we looked at quality assurance feedback from people who had used the service and the providers on quality audits.

Are services safe?

Our findings

People told us they felt safe at the service and were protected from abuse. One person told us, "I know I'm safe here, this is the best." One person's relative said, "I know they [relative] are safe. I get peace of mind, it's excellent, worth every penny." There was information regarding safeguarding available to people who lived at Dowty House, their representatives and visitors.

Care workers had knowledge of safeguarding and knew what to do if they had a safeguarding concern. Seven care workers informed us they had received safeguarding training and would raise any concerns to management. One care worker told us, "I would raise concerns to my manager, then to the CEO (Chief Executive Officer) and then to CQC if I wasn't satisfied." Staff discussed the different forms of abuse and felt confident that any concerns they raised would be dealt with effectively raise concerns. One care worker told us they had previously raised a concern of abuse, "I knew what to do and I was supported by management."

People's human rights were properly recognised, respected and promoted. While no applications for Deprivation of Liberty Safeguards have been submitted, proper policies and procedures were in place. Care workers also had knowledge of the Mental Capacity Act 2005. All care workers we spoke with informed us they had received training, and the service's training records indicated this. One care worker stated, "you can't assume people don't have capacity." Care plans we saw included whether the individual had the capacity to make specific decisions in relation to their care and support.

Care workers demonstrated awareness of assisting people with dignity when they were anxious or distressed. We discussed a person who had particular need that challenged the care workers. One care worker said this person could get frustrated due to limited communication. They told us, "they understand what we say, and we have to be patient. Sometimes they get frustrated if we struggle to understand them." Care workers informed us they had learnt what different gestures meant and had implemented a fact sheet about things the person said and gestured. One care worker said, "It can be difficult, as they have capacity.

We keep them calm, show objects and treat them with dignity and respect; they would be frustrated if we belittled them." We observed that care workers assisted this person with dignity and respect.

The registered manager monitored incidents and accidents within the home through monthly audits. We saw that when an incident or accident occurred the registered manager looked at actions that could be taken to reduce future occurrences. We saw one incident where a person had left curling tongs on in their room. This posed a risk of harm to the person and staff. The registered manager discussed this incident with the person and they agreed that the curling tongs would be stored in the home's hairdressing salon when not in use.

People felt that risks associated with their care were managed well. Care workers told us that some people went out into the local community unaccompanied. This was risk assessed by the management of the home and they provided each person with an information card if they became confused. This card provided details to assist people to return home. We observed that people were supported by care workers to go out into the local community and attend theatres. One care worker said, "I help one resident go out. Due to their current needs they need support. We discuss the risk and a risk assessment is in place. We promote independence and involve people in the risk." This meant that people were involved in managing the risks of their care and treatment.

People were protected from risk because care workers followed appropriate procedures to protect them. We saw that one person was at risk of malnutrition. We saw that the person's appetite had recently deteriorated and concerns had been raised to the registered manager. We saw that a detailed risk assessment was in place to assist care workers which included providing a choice of food to the person. We observed a care worker assist this person with different meal options. We spoke with the care worker, who said, "they don't want their main meal. I'm going to the kitchen to get another option. They like jacket potatoes but we always provide choice." The care worker provided two further options which included a jacket potato and finger foods. Two people required food and fluid charts to be completed to ensure they were being supported and we saw that these records were completed consistently. This meant that people were protected from the risk of malnutrition.

Are services safe?

People were safe because staffing levels were sufficient to meet people's needs. We looked at the home's rota which indicated every day there was a consistent level of staff. People told us: "there are always staff around, they help me go outside." "I like it here. I can talk with staff. I'd cry if I had to leave." Care workers said there were enough staff to meet people's needs. One care worker said, "we've got a good mix of staff and we have direction and support."

We looked at recruitment records for four care workers and spoke with staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. This included two weeks of induction training and a period of shadowing more experienced staff. This meant that good recruitment and induction processes were followed to ensure new staff were of good character and had the qualifications, skills and experience to do the job.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective because everyone we spoke with felt they were involved decisions about the care and support they needed. We saw in all six care plans that people or their representatives had been involved. One relative informed us they had been consulted about the care plan and they were happy with this.

People were encouraged to express their views about their care. One person we spoke with had been diagnosed with dementia but was supported to express their views on how they wished to spend their day. They said, "I like to spend time outside; I go out with my friend." We talked with a care worker about this person, "I've discussed their condition with them and listened to their views. Once they told us that they wanted to have a drink with other residents at lunch, but are medically not able to. They understood this, but we provided non-alcoholic beer as a solution."

There were lounges and a dining room on the ground floor of the home which provided people with the choice of where they wanted to spend their time. We observed one person being supported to water the garden. A care worker said, "They were very active and a keen gardener, they like being outside." People had the freedom of where they could spend their day and were supported to leave the home to access the community (to go shopping or the theatre) when they wanted.

People received support and treatment that enabled them to be as independent as possible. We looked at the care files for six people and saw that moving and handling assessments were conducted for each person and appropriate equipment was provided to enable people to be as independent as possible. This included the use of walking frames or walking sticks for individual people.

People's care plans reflected their needs, choices and preferences. We looked at the care plan for one person who had recently been admitted to the home on a short term basis. We saw that the care plan was personalised to their needs. The plan recorded there were times when the person did not wish to wash and dress and often forgot to do so. Therefore they needed prompting and support to do this. We looked at daily records for this person and saw that care workers offered choice to the person and promoted their independence. Care workers prompted the person to maintain their personal hygiene when needed.

People's needs were met as staff had the relevant skills and knowledge. We observed that people living with dementia were assisted with their meals by staff at the "daffodil" table. We spoke to a care worker about this table, they said, "We use the daffodil table to create a dining room atmosphere; this is important for people with dementia and often stimulates them visually as others eat around them at meal times. We've noticed that more people with dementia are now eating more at mealtimes." Care workers were aware of people's needs and preferences. Each care worker was a key worker (a care worker who is the first point of contact for the person and their relatives) to people living at Dowty House. One care worker said, "we have time to get to know the residents. If we need support, such as around dementia" and they also said they could ask other staff for support. Observations of people's care reflected what was written in people's individual care plans.

Staff had effective support, induction, supervision (one to one meetings with line managers) and training. We spoke with seven care workers who said they all had access to training and support. Staff told us: "We get training all the time. It helps me meet people's needs." "There is training for everyone. We can also access additional training like NVQ (National Vocational Qualification) and special training around dementia care." We looked at the training records which showed us that care workers and ancillary staff had training to enable them to care effectively for people. This included induction training and training in health and safety, fire safety, food safety and infection control. All of the staff we spoke with said they had regular supervision with their manager and that these meetings were used to discuss career development.

Management had an on-going workforce development plan which encouraged staff to develop and promote innovative practice. We spoke with two care workers about how they had gone on additional training to develop their roles. One care worker had completed a 'Dementia Link Worker' course and they told us they had used this knowledge to meet people's needs. This care worker told us how they were supported and encouraged by the registered manager to share their knowledge and promote innovative practice. They said, "I've provided dementia support to others. I meet up with dementia link workers

Are services effective?

(for example, treatment is effective)

from the other homes in the group [Lilian Faithfull Homes] and we're discussing training for all staff. I helped set up the daffodil table, it was partly my idea. It's really helped us with assisting people with dementia with meals."

People were assessed to identify any risks associated with food and drinks. We looked at the care plans for three people who needed assistance to protect them from malnutrition. One person needed specialist equipment to eat independently and needed their food to be cut into small pieces. We observed that this person was supported appropriately. Where people required soft or pureed diets these were provided and reflected guidance in people's care plans.

People were involved in discussions about their nutritional needs. We observed and spoke with one person who did not want to eat lunch on the second day of our visit. The person said, "I wanted to stay in bed this morning and I had

breakfast a bit later. I don't need lunch right now. I can have mine later." We spoke with another person who told us, "There's plenty of food and if I don't have my meal at lunch I can have it later." A care worker confirmed that people could choose when they had meals, "they do what they want, when they want. They always come first."

People saw dietary and nutritional specialists if required. Care workers and management at the home contacted GP's, dieticians and speech and language therapists if they had concerns over people's nutritional needs. We saw that one person had been referred to the dietician and guidance sought. The service also sought advice from local healthcare professionals about nutrition. They provided clear guidance on monitoring people's food and fluid intake and meeting people's needs and this advice had been followed by staff.

Are services caring?

Our findings

People told us, and we observed, they were treated with kindness and compassion and their dignity was respected. People told us: "You certainly get looked after." "Here everybody is well looked after." A relative said, "they've got it spot on here." We observed that care workers knocked on people's doors before entering rooms and staff took time to engage with people. We spoke with the home's General Practitioner. They said, "It's excellent here. The management go beyond the call of duty. They're very good and all staff are really good. The care is very good."

People spoke positively about the home and the care workers. People told us: "She's lovely." "They can't do enough for us." "All the staff are really lovely." People's preferred names and titles were recorded in their care assessments and care workers were aware of this. We observed a care worker was quick to adjust one person's skirt as needed to ensure the person's dignity was maintained.

People were shown kindness and compassion. We conducted a SOFI observation in the main lounge just before lunch. We observed one care worker supported a person to leave the lounge to go to the dining room. We saw the care worker assisted the person with warmth and at a relaxed pace. The care worker assisted the person to move and talked with them about activities and lunch. When the person appeared unsteady the care worker reassured the person. We also observed two care workers assisting a person with moving using a hoist. We saw that, throughout the move, care workers talked to the person and sought their consent to ensure they were comfortable and happy. The person smiled and talked to the care workers throughout.

Care workers demonstrated awareness of people and their needs. We looked at six people's care plans and saw each person had a completed life history document. This document provided information on people's family life,

employment and religious beliefs. Care workers were aware of people's life histories and used this information to care for people. People's preferences were clearly recorded on their care assessments. We spoke with one person who liked to have a bath on a daily basis. We saw that bathing records reflected this happened.

People had the privacy they needed. We observed that two people had formed a friendship since they had been living at the home. We observed that both people were given choice of where they spent their day and were given privacy. Throughout both days these people had the privacy of their own room and could go into the garden and conservatory if they wished to. One person told us, "We entertain ourselves. I like knitting, I like reading. We're quite a bit on our own but we like it that way."

People were supported to be as independent as they wished. We observed that people were supported to go into the community on a frequent basis when they wanted. We saw that three people went to a local theatre. Other people were supported to go to a local park and to go shopping. People were able to go into the home's garden and were supported to participate in activities. People told us they were encouraged to spend their day as they pleased. One person said, "There is always plenty going on." We observed that care workers supported people to participate in group activities where they wanted and needed support.

People were given the opportunity to express their views regarding end of life care. We saw one person's care plan contained personalised end of life information. This included who they wanted involved in their end of life care and who was responsible for funeral arrangements. At the time of our visit no one was receiving end of life care. Care workers told us they had received end of life care training. One care worker said, "someone always sits with them. Its rota'd in. It's peaceful – soft music sometimes. It's a very special time."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People and their representatives were encouraged to make their views known about their care, treatment and support. People told us they were able to make choices about their care and treatment. One person said, "They don't force anything on us." We spoke with a relative who informed us they were involved in their relative's care. People chose what time they got up, whether or not to eat breakfast in their rooms and what they wanted for breakfast.

People were given the time to make decisions, and their mental capacity was taken into account. We looked at the care plan for someone who had difficulty communicating. The care plan stated this person was to be given time to respond to questions. Also a mental capacity assessment had been conducted for this person, which indicated they had the mental capacity to make their own decisions. We observed care workers assist this person and saw that care workers gave the person time to communicate their decision.

People's views were sought by the staff and acted upon. Staff organised resident meetings to discuss activities, events and food. We saw that recent meetings discussed the catering changes that had occurred within the home. We saw there was a comments box in the home's entrance foyer for people to make any comments.

People had their needs assessed and support was sought where necessary. One person we observed had had a stroke which left them with limited communication skills. The service had made contact with speech and language therapists (SALT) to look at additional ways they could assist the person with communicating their decisions. SALT recommended a communication book, which was in place, and management provided a fact sheet of how the person communicated. Staff were aware of this person's needs and preferences and how to communicate with them.

People had opportunities to participate in various activities. We spoke with the activity co-ordinator. They said their role was to, "try to motivate each individual." They aimed to arrange at least one external entertainment every

month such as a ukulele band. Films were shown by request and popcorn was passed around during the shows. Other events occurred weekly, for example we observed people enjoying the weekly music and movement session.

People were protected from the risk of social isolation. The activity co-ordinator made a daily visit to people who chose to stay in their rooms. They told us they chatted to people to find out if they wanted to take part in any group pastimes or if they need anything for their own particular interests. The activity co-ordinator kept a record of the activities held and of the people who had participated in them. This information informed the care plan for each person and was used to help identify if people's needs change.

People spoke positively about the activities in the home, and the activity co-ordinator. People told us: "She's lovely. She does all the activities." "We make things – Easter decorations" and "If we want to go out, that's no problem. We went out with that little lady with blonde hair. We went to the shops – Boots, M & S, the arcade." Another person said, "I love it in here. I love the singing and dancing. I'm ever so happy."

People were encouraged and supported to develop and maintain relationships. We saw two people who had formed a friendship and were supported to spend time together. People we spoke with referred to their friends and care workers acknowledged that close friendships could have a positive effect. One care worker told us one person tended to have a better appetite when they had their meal with a close friend.

Concerns and complaints made by people and their representatives were responded to in good time and people felt confident to express concerns. We spoke with one person's relative who had raised concerns about their relative's care. The relative told us, "They always respond. They always have an answer. Complaints are listened to." People we spoke with were wholly positive about the home and said they'd speak to staff and the registered manager if they had any concerns.

Are services well-led?

Our findings

People and their relatives told us they felt listened to. We looked at overall feedback from the last quality assurance survey which showed that people were happy with the care and treatment they had received.

Care workers told us they were able to inform practice at the service to help it improve. We spoke with seven care workers who were all involved in changes to the service. One care worker said, "I'm the lead for care plans and health and safety. I'm supported to complete this role and I've made changes." They discussed a change they had made after a care worker received a needle stick injury. Another senior care worker discussed their role as the home's dementia lead. They discussed the changes they had made to the service, with the support of other staff and the registered manager, to improve care for people living with dementia. This included implementing the 'daffodil' table, red plates to enable people to identify their meal and finger foods. The registered manager said staff were encouraged to bring ideas forward and success was celebrated. The registered manager informed us that a care worker had come up with an idea to use body maps for showing where topical creams should be applied. The registered manager had implemented this on the day before our visit. Care workers had frequent team meetings where concerns and changes to working were discussed. Care workers discussed concerns they had had over weekend shifts. We saw meeting minutes where these concerns had been addressed and the registered manager said, "we listened to concerns and we have a weekend care worker starting."

Care workers were motivated, caring, well trained and supported. Every member of staff was very positive about the support they received from management. Care workers told us, "the manager is really good" "We get full support from the management, we have home meetings, one to one meetings, I know I can always talk to the manager." All of the staff we spoke with were knowledgeable, positive and expressed a desire to further their career when training was discussed. We observed care workers engaging positively with people throughout the day, and this had a positive effect on people living at Dowty House.

There was clear leadership at all levels within the home. We were told that staff development was actively promoted. The Chief Executive Officer stated that the Lillian Faithfull

Homes group had initiatives to help develop care workers to further their career in care. The head of care told us, "We always involve and support care workers. We're big into empowerment of care workers." Care workers we spoke with had been supported to develop and take on lead roles within the service. One care worker said, "I'm supported to take responsibility. I'm the care plan lead, and that gives me ownership." We observed that senior care workers used their knowledge and skills to assist and lead care workers within the home. There was a clear structure and care workers had clear ownership over their work. This meant people benefitted from effective care because staff were supported by effective leadership.

The service acted on complaints to improve service delivery. We saw the registered manager kept a record of complaints and actions that had been taken. A complaint was raised as a person was admitted to hospital without a staff escort. This complaint was acted upon and the registered manager implemented an action that no one would be admitted to accident and emergency without an appropriate staff escort to support them. This showed us that concerns and complaints were acted on by the organisation.

People and support workers felt there were always enough staff to meet people's needs. The registered manager and chief executive officer informed us that staffing levels were monitored to ensure people received effective care. We were told by the registered manager that concerns had been identified that people were not being assisted to get up in the morning when they desired. A care worker was employed to start an hour earlier every day to assist with getting people ready for the day. One care worker told us, "It's really helped. It was specifically tailored for people. Someone now comes in earlier at 7[am] to help meet the needs and preferences of people."

The provider wrote reports and business plans for the home as well as set objectives for both the registered manager and head of care. The registered manager also completed weekly reports. We looked at the last three reports the provider wrote and the last two registered manager reports. These clearly documented what the provider considered was working well and where improvements were needed. A representative from the organisation that owned the home visited the home on a monthly basis to review key areas. Each report had action points, and a recent action focused on the quality of care

Are services well-led?

plans. We saw that, following this report, action had been taken and a care worker was appointed as care plan lead to improve the quality and consistency of people's care plans. This meant the provider has systems in place to continuously improve the service.