CareConcepts (St. Helens) Limited

Madison Court

Inspection report

Madison Close
Parr
St Helens
Merseyside
WA9 3RW

Tel: 01744455150

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19 July 2016
22 July 2016

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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

This was an unannounced inspection that took place on the 18, 19 and 22 July 2016.

Madison Court provides accommodation for up to 66 people requiring nursing and personal care and for people living with dementia who require care and support. The service is located close to shops and a bus route into the town of St Helens. Set in its own grounds the service has car parking facilities. At the time of this inspection 64 people were living at the service.

A registered manager was in place. 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 last inspection of the service in July 2015 we found that a number of areas around the service required improvement. We found that people's medication was on occasions being stored in rooms that were too warm in temperature. During this inspection we found that improvements had been made to controlling the temperatures in the services medication storage rooms.

At the previous inspection in July 2015 we found that assessments of people's capacity and best interest decisions made under the Mental Capacity Act 2005 had not been recorded. During this inspection we found that improvements had been made in this area. However, we have made a recommendation that the registered provider reviews their processes in place to ensure that assessments in relation to the Mental Capacity Act 2005 contains all of the information required. This is because not all of the documents we saw in relation to people's decision making contained all of the information required.

We have made a recommendation about monitoring the use of bedrails. This is because we found that although risk assessments had been carried out for the use of bedrails, there was no formal recording system for the monitoring of bedrails in use.

A further recommendation has been made in this report that the registered provider reviews the monitoring systems in place to ensure that they are robust and consider all aspects of equipment and people's care. This is because we found that the current monitoring systems in place had failed to identify a lack of monitoring of bedrails in use and had failed to identify a lack of information being recorded in relation to people and decisions made under the Mental Capacity Act 2005.

People were protected from the risk of abuse. Procedures were in place to assist staff to identify and report any concerns that they had about a person's safety. Staff had received training in safeguarding people and they demonstrated a good knowledge of what actions they needed to take if they thought a person was a risk from harm.

Systems were in place for the safe management of people's medication. Designated storage rooms were available to ensure that people's medicines were kept safe and records of all medication people received were maintained.

Safe recruitment procedures were in place. Newly recruited staff had attended an interview and produced documents that confirmed their identity. The registered provider had applied for references to demonstrate people's character and had obtained a Disclosure and Barring Service check prior to a member of staff commencing their employment. These checks helped the registered provider ensure that only suitable people were employed.

People were supported by a staff team who received regular training and support to carry out their role. Staff had undertaken training which included health and safety and safeguarding people. Having access to up to date training helped to ensure that staff had the knowledge to carry out their role safely.

People's nutritional and hydration needs were assessed and provided for. When a specific need in relation to a person's nutrition and hydration had been identified their meals were appropriately planned. For example, a number of people received low sugar diets to help manage diabetes. Other people received their foods of a specific consistency so that they could swallow their meals safely. Choices of meals and drinks were available to people throughout the day.

The registered provider had recently sought people's opinions in relation to the care and support they received. All people had stated that they could choose what time they went to bed, had a choice of a shower or bath and that they felt their clothes were well cleaned and looked after. The majority of people had stated that they were happy with the care provided, were treated with respect and liked the food. A summary of people's views based on their responses had been created to feedback to people and to also identify areas of improvements that could be made around the service.

The atmosphere at the service was calm and relaxed and it was evident that people had formed strong respectful relationships with others. Staff offered comfort and reassurance by sitting and talking to people and by using positive touch.

Policies and procedures were in place to offer staff guidance and support in decision making in their role. The documents were reviewed and updated on a regular basis to ensure that staff had access to information about current best practice.

Staff demonstrated a good awareness of people's rights under the Mental Capacity Act 2005. When required, appropriate applications had been made to the local authority in relation to depriving a person of their liberty.

A service user guide was available to inform people and relevant others. This information included details of the services and facilities which people had access to.

The registered provider had a complaints procedure that was readily available to people who used the service. People and their relatives were aware of who they could speak to if they had a concern or complaint. The registered provider had a clear system for recording, responding and monitoring all complaints made about the service.

People had access to meaningful stimulating activities. These activities included group and individual sessions with activities co-ordinators. People had access to a safe garden area in which vegetables, fruit and

flowers were grown. In addition, a further gardening project was underway to create an area of sensory stimulation for people. When possible, people were encouraged to access the local community independently, for example, to visit the local barbers and the local shop.

Quality assurance systems were in place to ensure that the service was safe and that people received the care and support they needed. Regular checks were made of equipment, people's living environment, the fire detection system and care planning documents. When improvements had been identified, changes were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and the risk of abuse.

Safe recruitment procedures were in place.

People's medication was safely stored and managed.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had received training for their role.

People's needs in relation to food and drink were assessed and planned for.

People's rights were protected under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People privacy and dignity was respected.

People had access to up to date information about the service.

People had the opportunity to have religious guidance.

People were encouraged to make decisions as to what time they got up and what they wanted to eat.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and planned for.

Activities were available for people to participate in.

Information was available as to how people could make a complaint or raise a concern about the service.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post.

There was a clear line of management accountability.

Systems were in place to monitor the quality of the service people received.

Policies and procedures were in place to offer guidance on current best practice in supporting people.

Madison Court

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.

We visited the service on the 18, 19 and 22 July 2016. Our visit on the 18 July 2016 was unannounced.

The inspection team consisted of one social care inspector on the first day and two social care inspectors on the second day.

We observed the support people received, spoke with 18 people who used the service and spent time with people utilising the communal areas around the service. We spoke with three visiting family members, the registered manager, the deputy manager and 10 staff which included nurses, care staff, maintenance and catering staff.

We looked at the records of seven recently recruited staff, the care records of six people who used the service and records relating to the management of the service. We toured the building looking at people's bedrooms and communal areas which included bathrooms, lounges and dining rooms.

Before our inspection we reviewed the information we held about the services which included notifications of incidents that the registered provider had sent to us since our previous inspection. We contacted the local authority who commissioned care from the service and they told us that they continued to monitor the service and had no immediate concerns about it.

Prior to our inspection the registered provider had submitted a provider information return (PIR). The PIR gives the registered provider the opportunity to tell us key information about the service, what is working well and any plans for improvement over the next 12 months.

Good

Is the service safe?

Our findings

Not all of the people we spent time with were able to verbally tell us about their personal experiences of living at the service. However, people were able to communicate with us by use of gesture and facial expressions. People told us and indicated that they felt safe living at the service.
Visiting family members told us that they felt their relative received a safe service.

Equipment was available throughout the service to help people with their mobility, comfort and independence. For example, accessible bathing and showering facilities, equipment to support people to transfer safely and pressure relieving mattresses. A handy person was employed to monitor and check equipment in use and another member of staff had the responsibility of monitoring people's bed mattresses to ensure that they were clean and fully operational. Records demonstrated that these checks were regularly carried out and recorded. A number of people were utilising bed rails attached to the beds to help keep them safe. Staff confirmed that regular checks of bedrails had taken place, however these checks were not recorded. Having no means of recording these safety checks could result in a potential fault not being recorded and actioned in a timely manner.
We recommend that the registered provider develops their equipment monitoring and recording system to include bed rails in use.

During our previous inspection in July 2015 we found that improvements were needed as to how medicines were stored. This was because medicines were being stored in rooms that at times exceeded the recommended storage temperature. We found that improvements had been made to ensure that all medicines were stored at the correct temperature.

Policies and procedures were in place to support people receiving their medication safely. Medication was stored safely in locked cupboards, fridges and trolleys that were kept in locked medication rooms. Medication Administration Records (MARS) were in use to record when people had been offered and administered their medication. To help ensure that people received their correct medication people's photographs were displayed on the records. In addition, any known allergies for individuals and information about changes to people's prescribed medication was recorded. We checked a number of MARs and found that they had been completed appropriately. Controlled drugs were prescribed for some people. Controlled drugs are medicines that could cause a person harm and therefore specific storage and records are needed. Appropriate storage and recording systems were in place to keep this medication safe.

Sufficient staff were on duty to meet people's needs. Trained nurses, care staff, and a domestic team were on duty throughout the building to support people. The registered manager demonstrated that when needed, the staffing numbers were increased, for example, in the event of a person being ill or requiring one to one support. This ability to increase the staff team helped ensure that people received the care and support they needed at all times. We observed the time that people waited for their call bells to be answered and saw that staff responded in a reasonable amount of time. People told us that they generally didn't have to wait too long for assistance from the staff team.

The registered provider had recruitment procedures in place to help ensure that only staff suitable to work with vulnerable people were employed. These procedures included application forms being completed, evidence of identity being obtained and written references being applied for. In addition, a Disclosure and Barring Service (DBS) was carried out prior to a new member of staff commencing employment. However, we found that the registered providers procedures were not always followed in the recording of interview notes. The registered provider had a set format to record interviews which included a section to score the responses of people being interviewed. This information had not always been recorded. We discussed this with the registered manager who demonstrated a commitment to ensuring that this information was recorded.

Risks to individuals had been identified through risk assessments and actions to be taken to reduce risks people faced, were planned for to reduce the risk of harm. For example, people's care planning documents contained risk assessments relating to moving and handling, skin pressure areas and falls. These risk assessments contained guidance to follow to reduce the risk of any incident or accident occurring. Staff spoken with demonstrated a good awareness of specific risks that had been identified for people. For example, staff were able to identify individuals' who were at risk from falls.

The registered provider had a system in place for the recording and monitoring of accidents and falls that people experienced. In the event of an accident occurring staff completed an accident form with information relating to the accident, the time it happened, any injury obtained and what action was immediately taken. A monthly audit of all accidents was undertaken by the registered manager. We saw that this audit considered the time of day the accident occurred, the location of the accident and any injury. When any improvements had been identified following the analysis of any accidents an action plan was developed and implemented to minimise the risk of the accident happening again.

Systems were in place to maintain people's health and safety. Policies and procedures were in place and accessible to staff in relation to best practices for maintain people's safety. In addition, regular checks were carried out around the environment, the call bell system and the fire detection system. Personal emergency evacuation procedures (PEEPS) were in place for people who used the service. These plans contained information specific to an individual as to what support they required to be moved to safety in the event of an emergency.

The building was clean. People and their relatives told us that bedrooms and lounges were cleaned on a regular basis. Personal protective equipment (PPE) was readily available around the building. Staff were seen to use aprons and gloves when handling food to minimise the risk from contamination. Soap, hand towels and hand sanitizer gel was available in all bathrooms and toilets to promote safe hand washing practices and minimise the risk of cross infection. A nurse had the role of infection control lead and it was their role to offer advice and training within the service on managing infection control.

Good

Is the service effective?

Our findings

People told us and indicated that they felt the service was effective. People told us that they were always offered a choice of food and that the staff always ask what people want. For example, people's comments included "At night they [staff] are really good, I always get horlicks and sandwiches for supper", "You always get a choice of food" and "The food is very good".

People told us that staff asked what they wanted and wherever possible were given a choice in relation to their care and support. For example, people told us "Staff always ask me what I want" and "I am very comfortable, I have regular washes in bed, that's my choice, I could have a bath".

Family members commented positively about the service their relatives received. Their comments included "There is plenty of food. [Person] has put on weight" and "They [staff] always ring day or night if there is a change in [Person] care needs or health".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had, when required applied to authorising agency for a DoLS on behalf of an individual. In addition, we saw that an application had been successfully made to have a DoLS for an individual revoked as the person's decision making ability had improved. The registered provider had introduced a register to record and monitor the details of DoLS in place for people. This helped ensure that when required, up to date application could be applied for. Staff demonstrated a clear understanding of the principles of the Mental Capacity Act 2005.

Since the previous inspection the registered provider had introduced a format for recording mental capacity assessments and best interest decisions. The format gave the opportunity to record the decision to be made, the person's ability to retain information and who was part of the decision making process. We found that not all of these completed assessments contained all of the information required to demonstrate that the principles of the Mental Health Act had been considered. For example, not all of the records demonstrated what and how information had been shared with individuals' as part of the assessment process.
We recommend that the registered provider reviews their processes in place to ensure that all assessments in relation to the Mental Capacity Act 2005 contain all of the information required.

People told us their healthcare needs were met and confirmed that a doctor would be called if they asked for one. Family members told us that they were always informed if their relative was unwell, had seen a doctor or had been taken to hospital.

Records demonstrated that people had regular access to a local GP service. In addition, a community consultant geriatrician visited the service to support people with their health care needs and to offer advice and support in meeting people's specific needs. When people's needs changed the services of local health care professionals were requested. For example, tissue viability nurse, speech and language therapist and dietician. Having access to local health care professionals helped ensure that people kept well.

Where required people's needs in relation to nutrition and hydration were assessed and planned for. When a risk had been identified regular monitoring of people's nutrition and fluid intake took place. In addition, when required, people were weighed on a regular basis to identify any weight loss or gain. Assessing and monitoring people's nutritional risks helped ensure that specific dietary needs could be planned for.

People had a choice of where they wanted to eat their meals. The majority of people chose to access the dining rooms. Dining tables were set with table cloths, juice, crockery and glasses along with a selection of condiments. In addition to a choice of two meals being served each mealtime and alternative menu was available. This enabled people to choose something different if they wished. During two mealtimes we saw people requesting alternatives meals. For example, one person had requested egg and bacon and another person had crisp sandwiches. People told us that the menu had recently changed and a number of people commented on not wanting soup and sandwiches as a frequent option. One person told us that the menus were always being discussed and that someone had recently asked them what their preferences were. Staff told us that due to people's comments more changes were planned to the current menu.

Throughout the day we saw that cold drinks were available at all times in the lounge areas. In addition, hot drinks, crisps, biscuits, cake and fresh fruit were also offered to people on a regular basis in between meals. People told us that they just needed to ask and staff would always get them something.

The registered provider had an induction programme which all newly recruited staff were required to attend. In addition, The Care Certificate, a nationally recognised set of standards for care workers, was being incorporated into staff training.

Staff told us that they had received training to carry out their role. Training records demonstrated that staff had received training which included basic life support, health and safety, safeguarding, equality and diversity, dementia awareness and infection control and prevention. In addition, a number of staff had completed training which included the Mental Capacity Act 2005, person centred care and care planning, privacy and dignity and medication. A number of senior staff had completed their training the trainer role to enable then to train and advise staff in key areas for their role. For example, safeguarding, person centred care and medication. Clinical training for qualified nurses was provided by an external training organisation which enabled them to maintain their registration and update their skills.

Since our last inspection the registered provider had made further improvements to the corridors and communal areas of the service. Memory boxes had been placed outside people's bedrooms door for people to store personal effects that aid their memory. For example, photographs from the past. In addition, pictures of film stars from several eras lined a corridor along with pieces of wall art. People were seen to appreciate the pictures and spent time talking about the people in the pictures. In addition, we observed people spending time touching pieces of wall art to feel the different textures. One visiting family member told us that their relative really enjoyed looking at and talking about the pictures. Bedroom doors had been painted with colours and were numbered in order to help people orientate independently around the building.

Good

Is the service caring?

Our findings

People told us and indicated that they were happy with the care they received. People's comments included "Very happy here" and "The staff are very caring". One person told us that they felt the staff were caring as they [Staff] always made sure that two people sat together during mealtimes. They told us "Staff always make sure that [Person] and [Person] sit together as they get quite upset if they don't".

Family members made positive comments about the staff team. Their comments included "Staff are really kind". One family member told us that their relative was "Very fond of the staff" and that they knew that due to the relationships their relative had built with staff they no longer miss their family as much as they had previously.

One family member told us that staff went above and beyond with caring for their relative. They gave an example of staff arranging to accompany their relative on a family day out. This enabled their relative to receive the care and support they needed whilst enjoying quality time with their family.

People's independence was promoted. People were encouraged to access the local community whenever possible. For example, we saw people visited the local barber shop for a haircut and shave, others visited the local shop to purchase their newspaper. One person told us that they regularly visited the local shop, and that they enjoyed these visits.

Throughout the inspection we observed staff respecting people's privacy and dignity. Staff routinely knocked on doors prior to entering. We saw one person was having difficulty with a piece of their clothing. Staff reassured the person and gently supported them to their bedroom to make them comfortable. When supporting people to use a hoist staff were seen to ensure people's dignity by ensuring that people's legs were covered at all times. Staff confirmed that they had received training and support in maintaining people's privacy and felt that the training had been useful.

People told us that they were encouraged to make their own choices in relation to what food they wanted to eat and what time they went to bed and got up. Throughout our inspection we observed people being asked where they would like to sit and whether they wanted to join in any of the activities taking place.

Since the previous inspection people had been given keys to their bedrooms. This enabled people to choose whether they locked their bedroom door. In addition people had the opportunity to visit their room whenever they wished without having to request the support of a member of staff, therefore enabling people's independence.

Staff were seen to offer comfort to people by touch. For example, staff were seen to hold people's hands and link arms with people when invited to. Other staff were seen to put a reassuring arm around people who they were feeling anxious. On family member told us "I just see staff giving people a hug if they are sad, it makes such a difference".

The registered provider had purchased a comfort doll and a comfort kitten. These items were seen being used by people around the service. Staff explained that the doll and kitten were very popular and had helped people living with dementia when they experienced agitation and periods of distress. One family member told us that their relative got a lot of comfort from stroking the kitten.

When the information was available, care planning documents contained the choices of people in relation to their end of life. In addition, where a decision of 'Do Not Attempt Cardiopulmonary Resuscitation' (DNARCPR) had been made by or on behalf of an individual under the appropriate legislation, the information was clearly recorded and accessible to the staff team. One visiting family member told us that as their relative was unable to make a decision regarding resuscitation they had been involved in this decision making process.

We spoke to a number of staff in relation to providing quality end of life care to people. Staff had a clear understanding of how to ensure that people and their family are supported at these times. One senior member of staff gave the example of them making themselves available through the night to a person who was approaching their end of life. They felt that their role also included supporting relatives and the staff team at that time. Information was available to people and their relatives in relation to the local citizens charter for end of life care. This information made people aware of what level of service they should expect when they, or their relatives approach their end of life.

People's religious and spiritual needs were planned for. Regular visits were made to the service by local Roman Catholic and Church of England clergy to meet people's needs. People told us that they had a choice of whether to attend the visits by the local church representatives.

Records were stored appropriately to ensure that people's personal information was protected. Lockable facilities were available throughout the building to keep people's information safe. Electronic records were only accessible to staff needing access to the information.

A service user guide was available to people, their relatives and relevant others. The document provided information in relation to the services aims and objectives, equality and diversity, the services available, people's access to their information, comment, complaints and safeguarding people.

Good

Is the service responsive?

Our findings

People told us that they had a care plan. A number of people told us that they chose not to look at their care plans. They did confirm however, that they were always asked and consulted if there were any changes to their needs.

People and their family members knew who to speak to if they had a concern or complaint about the service. Family members told us that they were confident that any concerns they had would be listened to and acted upon.

Prior to a person moving into the service a needs assessment took place. The purpose of this assessment was for the service to identify specific needs of the individual and to ensure that Madison Court had the facilities and resources to meet these needs. Information gained during people's needs assessment contributed to planning their care.

Each person had a care plan that detailed their needs in relation to their physical, medical and emotional needs and wishes. The documents included personal details, specific risks people were exposed to and information about what support staff needed to deliver. The documents were being reviewed on a regular basis. The registered provider stated that it had been identified that further development of people's care planning was needed to ensure that it was person centred and had the facility to contain all of the information required. They explained that they were in the process of identifying a new system to record people's care needs and wishes and provide a more consistent approach to planning and recording people's care. In addition to these changes 'one page profiles' were currently being introduced. These profiles gave the opportunity to record people's needs, wishes and how they wanted to be cared for in the form of a short summary. The registered provider made weekly visits to the service to monitor the implementation and development of people's one page profiles.

Activities were available to offer stimulation and interest to people. Two activity co-ordinators were available provide a programme of activities for people. Activities included cooking, music and dancing, arts and craft, games, bingo and pampering sessions. In addition, a number of activities were available to stimulate people's memory. Activities also took place in the garden where people were involved in growing flowers, fruit and vegetables. In addition, staff had been successful in obtaining a grant to enable people to participate in a 12 week therapeutic gardening programme. This programme supported people to participate in building an accessible garden that would appeal to all and stimulate people's senses. For example, the garden will help stimulate people's sense of touch, smell, taste and offer visual interest to individuals. People told us that they enjoyed spending time outside in the garden.

Since our previous inspection computer tablets and individual music players had been introduced. This equipment enabled people to listen to music individually with the use of ear phones and have access to stimulating computer programmes. The registered provider was in the process of installing internet access around the building which would enhance people's communication opportunities. For example, by keeping in touch with family and friends by computer.

People told us that they had been asked what types of activities they would like to participate in. Posters were available around the service requesting people, and visiting relatives to share their ideas of planning new activities. For example, trips out and visits to the service by massage therapists.

The registered provider had carried out a survey to gather people's views on the service they received. The results of the survey had been collated and a one page document titled "Your Voice – Answered" had been developed to give people feedback on what people had said about the care and support they received. The results of the survey demonstrated that all people said that they could go to bed when they chose to, everyone said that they could choose to have a bath or shower and everyone had commented that their clothes were well cleaned and looked after. The majority of people felt they were addressed using the name they preferred, that they were treated with respect, that they were happy with the care they received and liked the food that they received.

A complaints procedure was readily available around the service. People and their visiting relatives were all aware of who they would speak to if they had a concern or complaint. Staff demonstrated a clear understanding of how to manage any complaints they received, this included ensuring that a detailed record was made of the concerns and reporting the concerns to the registered manager at the earliest opportunity. The registered provider had an effective system in place for recording, investigating and monitoring all complaints made about the service.

Good

Is the service well-led?

Our findings

People told us that they knew who the managers were within the service. One person told us "I know who the bosses are". Visiting relatives were fully aware of the management structure within the service. They told us "We know who to go to", "You can always get to speak to the manager on duty" and "The managers are all approachable and listen to you".

Since our previous inspection the manager for the service had registered with the Care Quality Commission as the registered manager. There was a clear management structure in place within the service. This included the registered manager, a deputy manager, and a unit manager on each of the three floors. An on-call rota was in place to ensure that staff had access to advice and support during the evening and weekends when the registered manager was not on duty. Staff were fully aware of the roles of the management team and they knew who to approach whenever they needed to. They told us that they felt supported by the management team and felt that they were valued as a staff team member.

Systems were in place to monitor and review the quality of the service that people received. For example, we saw that regular audits took place in relation to health and safety, people's living environment, medication, care planning documents and staff training. The audits in place gave the opportunity to record any improvements needed, whose responsibility it was to make the improvement and when the changes had been carried out. However, we saw that improvements could be made in the auditing systems in place. For example, the auditing of health and safety did not include the regular monitoring of bed rails in use. In addition, we found that the systems in place for monitoring people's care planning documents had failed to identify detailed information had not been recorded in some instances in relation to decision making under the Mental Capacity Act 2005.
We recommend that the registered provider reviews the monitoring systems in place to ensure that they are robust and consider all aspects of equipment and people's care.

In addition to carrying out regular checks around the building, other systems were in place to establish the quality of the service people received. We saw that regular meeting were scheduled throughout the year for people who used the service and their relatives. Regular staff meetings took place and in addition, department meetings took place on a regular basis. For example, health and safety and catering took place periodically through the year. Minutes to these meeting were recorded along with any improvement actions identified.

The registered manager demonstrated an on-going action plan to maintain improvements within the service. We saw that this action plan was discussed during the registered providers regular visits to the service and was updated on a regular basis. The registered provider told us, and we saw that this action plan was a continuous working document to aid the development of the service provided to people.

A post box was available for people, their relatives and visitors to post any letters, comments, complaints and compliments directly to the registered manager. This gave people a further opportunity to communication directly with the registered manager.

To further develop the staff team the registered provider had carried out a 360 degree feedback exercise with all staff and the registered provider. This exercise gave colleagues the opportunity to record their positive thoughts about their colleagues. The results of this exercise were displayed for everybody to see. Many positive comments had been recorded and the registered manager told us that staff had received a positive boost from hearing their colleagues thoughts about them.

The registered provider had a range of policies and procedures for the service that were available to all staff and were reviewed on a regular basis. Policies and procedures support decisions made by staff as they provide guidance on current best practice. Staff knew where to find the policies and procedures available within the service. Included in the policies and procedures was a whistleblowing procedure. All staff were aware of this procedure and felt confident that they would be respected if they had to approach the management team with a whistleblowing concern.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.