

Three Oaks Care Home Limited

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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 21 March 2017 and was unannounced.

Three Oaks Care Home provides accommodation and personal care for up to 16 people with learning disabilities who may also have complex associated needs. There were 12 people using the service at Three Oaks Care Home on the day of this inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 16 May 2016 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that accurate records were maintained in respect of each person who used the service, the employment of staff and the overall management of the regulated activity. Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the majority of the required improvements with some minor 'fine tuning' still in progress.

People felt safe living at Three Oaks Care Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People's relatives complimented the staff team for being kind and caring. Staff and management were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People's relatives were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and people's relatives and staff were comfortable to speak with the registered manager if they had any concerns. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's relatives and health and social care professionals told us that they were confident that people were safe living at Three Oaks Care Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. Risks were assessed in relation to people who were being encouraged to increase their independent living skills.

Staff helped people to move safely using appropriate moving and handling techniques.

People's relatives and staff told us that there were sufficient staff available to meet people's needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

Good ●

Is the service effective?

People's relatives told us that the care and support provided at Three Oaks Care Home was appropriate to meet people's needs.

People received their support from staff who had received training and were appropriately supervised.

The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe and the steps that needed to be followed to protect people's best interests.

Good ●

People were provided with a choice of food.

People were provided with appropriate levels of support to help them eat and drink. People were supported to eat and drink as independently as possible.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

People's relatives told us that they were happy with the staff that provided people's care. Staff were calm and gentle in their approach towards people.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

People were relaxed and comfortable to approach and talk with care staff, kitchen staff and management alike.

People were offered choices and these were respected which contributed towards them exercising control in their lives.

People's care records were stored in a lockable office in order to maintain their dignity and confidentiality.

Is the service responsive?

Good ●

People's care plans were reviewed regularly to help ensure they continued to reflect people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

There were meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Three Oaks Care Home.

There were a variety of activities, both in house and in the community for people to engage with.

Concerns and complaints raised by people's relatives were appropriately investigated and resolved.

Is the service well-led?

People's relatives, staff and external professionals gave us positive feedback about the registered manager and the improvements they had introduced at the service

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager had created lead roles where senior support workers were assigned specific areas to be subject matter champions.

There was a range of checks undertaken routinely to help ensure that the service was safe.

Satisfaction surveys were distributed annually to relatives of people who used the service and relevant professionals such as the GP and dietician.

Good 

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Detailed findings

Background to this inspection

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

This inspection took place on 21 March 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 30 September 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with five staff members, representatives of the senior management team and the registered manager. We met with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and a visiting health professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People's relatives and health and social care professionals told us that they were confident that people were safe living at Three Oaks Care Home. One social care professional told us, "Yes I am confident that people are safe and well cared for." A relative of a person who used the service told us, "Yes, [Person] is safe here. The staff know [Person] so well and really understand what they need to do to keep them safe."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the communal area of the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, people's individual mobility, financial abuse and eating and drinking. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that risks were also assessed in relation to people's individual responses to their fears. For example, one person had an extreme fear of loud noises such as fireworks. The assessment detailed how the person would respond and what actions staff should take to reassure the person.

Risks were assessed in relation to people who were being encouraged to increase their independent living skills. For example, care plans showed that goals had been identified for two people to be able to make a hot drink for themselves. Risk assessments had been developed to support people towards achieving this goal.

Staff helped people to move safely using appropriate moving and handling techniques. For example, one person had gradually lost their ability to mobilise independently and we noted that assessments had been undertaken by a physiotherapist and an occupational therapist. As a result of the professional input the person was now supported to transfer from chair to bed by means of a mechanical hoist. Staff told us that they had received training to help ensure they assisted the person safely.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. One person was identified as being at risk of acquiring pressure sores and had a pressure mattress on their bed to help mitigate this risk. The mattress pressure was checked daily to help ensure that it was maintained at the correct pressure in relation to the person's weight.

People's relatives and staff told us that there were sufficient staff available to meet people's needs. Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their support when they needed it and wanted it and staff went about their duties in a calm and

organised way. The registered manager told us that they had not had the need to use temporary staff cover from an agency in the past year which had a positive impact on the standard of care delivered as permanent staff knew and understood people's needs well. The registered manager also told us that they were aware that there were some vacancies likely to occur in the near future and that they were already putting plans in place to limit the impact of these. This showed us that the management team took appropriate action to maintain a stable staff team for the benefit of people who used the service.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two recently recruited staff members and found that all the required documentation was in place including two written references, proof of identification and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that the medicines were managed safely. People's medicines were stored in a secure room that was temperature controlled and regularly monitored. We checked a random sample of nine boxed medicines against the medicine administration records (MAR). We found that all medicines had been signed for when administered however, we noted that carry forward amounts had not always been recorded onto the current MAR. We discussed this with the registered manager who undertook to ensure this was done routinely. Staff had received regular training and refresher training to help ensure that they had up to date skills and knowledge to support people with their medicines.

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Three Oaks Care Home was appropriate to meet people's needs. One relative said, "I am really pleased with the care and support [Person] receives. I always have been but I can see that things have further improved in recent times." Another relative told us that there were some newer members of staff that they were not yet familiar with but told us, "The established staff team definitely do have the right skills and knowledge to care for [Person]."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling, health and safety and safeguarding as well as specific training modules such as to provide assistance for people with swallowing difficulties to eat safely and diabetes awareness.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and had some understanding of their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They also demonstrated an awareness of the steps that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Three Oaks Care Home and were pending authorisation.

People were provided with a choice of food. On the day of this inspection we noted that the choices for the lunchtime meal were poached salmon with vegetables and potatoes or beans on toast. We observed one person who had been served the poached salmon dish try a mouthful and then push it away clearly not wishing to eat it. The staff team attempted to encourage them to eat but when it was clear this was not going to be effective the person was provided with the alternative choice which they ate happily. This showed us that people had some control over the food they ate and whilst not always having the verbal

ability to express their preferences they were able to communicate this with the staff team.

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. A pictorial menu was available to support people to make choices about the food. The registered manager told us that the food shopping was done on line and that a list was developed from the menu choices people made with the cook on a weekly basis using the pictorial menu. The registered manager told us that people did not have the capacity to be able to recognise and select foods themselves in the supermarket but that some people who used the service were able to identify snacks they liked and they were supported to do this.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, a speech and language therapist had been involved with a person whose swallowing reflex had gradually deteriorated over time. As a result the person was supported to have a pureed diet and there was regular monitoring to help ensure the person maintained a healthy weight.

People were supported to eat and drink as independently as they could. For example, a staff member sourced and purchased a cup with a straw because they had identified that it would help a person who used the service to take fluids easier. This had resulted in an increased fluid intake for the person together with an increased level of independence as they were more able to drink independently. We also noted that specialist cutlery had been purchased to support a person to be able to eat as independently as possible in line with their individual goal for achievement. This showed that the staff team took appropriate action to support people to receive a diet that met their health needs and personal preferences.

The registered manager told us that protected mealtimes had been introduced where all staff stopped non urgent work to concentrate on meal times. The positive impact of this was that people who used the service were supported to eat at their own pace, their nutritional intake had improved and the risks of aspiration to people with compromised swallowing had reduced.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. These included specialist mental health support, physiotherapy and GP services. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. One relative told us of a specific health condition that their family lived with that had escalated. They told us that the staff team had responded appropriately and quickly.

We spoke with a visiting healthcare professional during the course of this inspection and they gave us positive feedback about the service provided. They told us that there had been significant improvement in how people's health needs were met and that they were satisfied with the care and support provided at Three Oaks Care Home.

Is the service caring?

Our findings

People's relatives told us that they were happy with the staff that provided people's care. A relative told us, "The staff are really lovely with [Person], they [Staff] play games with [Person] and involve them in singing and activities." Another regular visitor to the home told us, "I am really pleased with the care [Person] receives. The staff are all caring."

Staff were calm and gentle in their approach towards people. We heard staff giving people as much choice as possible. For example, one person was refusing to go out of the house for a walk and some fresh air. We noted that three different staff members attempted to encourage the person during the course of the day until eventually they agreed to go out for a while in the afternoon. We heard another staff member talking with a person whilst they finished their breakfast. The staff member asked the person, "Have you decided what shops we are going to today?"

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy by knocking on people's doors before entering people's rooms. Throughout the day we noted that staff used varied methods of communication when offering people choices. For example, some people could understand choices offered to them verbally where other people needed to have options presented to them visually so that they could point to their preferred option.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. One relative told us that their family member had been offered the opportunity to change rooms. The person preferred to stay in their room and not join with others in the communal area of the home. The proposed new room was larger and would accommodate a settee to make it more appropriate for the person's needs. The relative told us that the room was being re-configured to create an ensuite shower room and re-decorated ready for the person to move into.

People were encouraged to personalise their rooms to their individual wishes. A staff member had suggested getting adhesive stickers to put in a person's room that was plain because the person would remove any pictures that were on the walls. The person was shown the stickers and was encouraged to choose their favourite. The person kept the stickers on the wall and this has had the effect of brightening their room as well as being a conversation starter because the person tells everyone about it.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, kitchen staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, reassuring someone when they became agitated.

People were offered choices and these were respected which contributed towards them exercising control

in their lives. For example, the registered manager told us that some people enjoyed being able to select their favourite toiletries when they went shopping and how others had favourite stores to visit when they went shopping to buy such items as clothes, shoes, hairbands and nail polish. A relative gave an example where a person's choice was respected. They told us, "[Person] clearly likes some staff more than others and the management respond to that making sure that [Person] has a key worker that they are comfortable with." This showed that where people were able to demonstrate a choice this was respected.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it.

There were photographs of the staff team on display in the communal area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Is the service responsive?

Our findings

People's relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to reflect people's needs. We saw that people's relatives were invited to attend review meetings where appropriate. For example, on the day of this inspection a Consultant attended the home to conduct a review of a person's needs and the person's relative had been invited to attend. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's care plan that we reviewed contained detailed guidance for staff how to support the person in the event they suffered an epileptic seizure. The information included what may trigger or prolong a seizure such as the person becoming too hot and guidance for staff how to support the person until the seizure subsided.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. For example, we spoke with a recently recruited staff member who was able to clearly describe the care and support that people needed to support them both emotionally and physically.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, we noted that there were regular care plan reviews undertaken that addressed areas such as medical appointments had been attended and what the outcome of these were, how the person had been eating and if their weight had changed, any issues with people's medicines and the progress made towards individual goals. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

There were meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Three Oaks Care Home. We reviewed minutes of these meetings and noted that the topics covered were many and varied including the staff provision, activities and the environment. Action plans were developed as a result of these meetings however, these did not feed into the overall service improvement plan so were not continually monitored to check that action had been taken in a timely manner. We discussed this with the registered manager and the provider's representative who undertook to ensure that the overall service improvement plan would include all actions to be taken going forward.

On the day of this inspection people were involved in their normal daily activities such as attending day centres. People that were at home on this day were able to access various areas of the home at will and spent time interacting with staff members. A social care professional who we approached for feedback told us of a project that had taken place at the home that focussed on art, music and creative approaches to help staff better support people living with learning disabilities. The registered manager and staff were very positive about this initiative and told us that they had embraced this creative way to engage those that use

the service and continued with it after the external support had ended. On the day of this inspection we noted that people gathered together in the communal area of the home with staff members and joined in with music and social interaction as a result of this project.

Activities were being further developed to meet people's personal support needs. For example, a life like doll had been obtained for an individual who lived with dementia. The registered manager told us that this had a positive effect as the person had formed attachment and their face shone when they interacted with the doll. Four people who used the service and had the physical ability to do so were becoming involved in daily household tasks such as vacuuming, sweeping and folding laundry. The registered manager told us that people had found this to be enjoyable and experienced increased self-esteem through a sense of belonging and ownership. Staff told us they had found this a further way of engaging with people through activities of daily living.

The registered manager told us, and records confirmed that people were supported to go out and about to pubs for lunches, to the library, to local parks, on shopping trips, to the gardens centre and some people chose to go to the cinema. At the previous inspection in May 2016 staff had told us of plans to support people to have a short holiday away from the home. At this inspection we found that some people had been supported to go on holiday. For example, one person had enjoyed an eighties weekend at a leisure park and another had gone to Brighton with staff to support them.

Some relatives had said that their family members would not enjoy going away on holiday because they were not happy if they were taken out of their comfort zone and that it would cause them distress. As a result staff, together with the person's relative had devised some day trips for the person so that they did not miss out. Examples of this included day trips to Southend-on-Sea, Blackpool and to a zoo.

The registered manager told us of plans to hold a fete at the home this summer involving people's relatives and people from the wider community. The proceeds from this fete would be used to further develop the new sensory room at the home that had recently been approved by the provider.

Concerns and complaints raised by people's relatives were appropriately investigated and resolved. Relatives of people who used the service told us that they would be confident to raise any concerns with the registered manager and were sure they would be investigated fully. The registered manager had not received any formal complaints since the last inspection but was able to show us a concern that had been included within a letter sent by a family member. The letter expressed the relative's thanks for the positive changes that the registered manager had introduced at Three Oaks in particular the family meetings and the creative ways of engaging people that had been introduced. The letter went on to raise a concern in relation to the oral hygiene support provided for a person. We reviewed the person's care plan and noted that there was a clear plan for staff to follow to help ensure that the person's oral hygiene needs were met. This showed that people's concerns were listened to and acted upon.

Is the service well-led?

Our findings

At the previous inspection at Three Oaks Care Home in May 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because meeting minutes did not accurately reflect the content of the meetings held and daily handovers were not effective in cascading information amongst the team. We had also found that care plans did not accurately reflect people's care and support needs and recruitment application forms had not been sufficiently detailed to enable the registered manager to demonstrate that they had explored gaps in people's employment history.

At this inspection we found that staff used a book to record daily handover information. This meant that staff members who had been absent from the home for a period of time were able to easily acquaint themselves with daily life at the home and events that had taken place during their absence. We reviewed staff and relative's meeting minutes and found that they provided clear information about what had been discussed and any actions to be taken going forward. Recruitment application forms for recently recruited staff had been fully completed giving dates of periods of employment so that any gaps were easily identified and could be explored. Care plans had been re-developed and included clear information about people's care and support needs, potential risks and individual goals. There was some out dated information within care plans we viewed that the registered manager undertook to remove to help avoid any confusion when new staff members accessed them.

People's relatives, staff and external professionals gave us positive feedback about the registered manager and the improvements they had introduced at the service. One compliment that a relative had made stated, "I am pleased about the whole atmosphere, cleanliness, staff and management. A great improvement in the last 12 months." A relative told us, "The [registered] manager has her finger on the button." Feedback from the provider's survey questionnaire stated, "There has been a dramatic improvement since the [registered] manager has been in post." An external professional told us, "Basically it's all positive, [registered manager] has gone from strength to strength and has also promoted staff who have been performing well." Staff members told us that they found the registered manager to be knowledgeable, approachable and supportive.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Since the previous inspection in May 2016 the role of senior support worker had been introduced as part of staff development and career progression. Four staff members had been promoted and appointed as senior support workers and their role included leading and co-ordinating shift activities, to be responsible for medicine administration and to act as named key workers for individuals who used the service. A staff meeting was held to introduce the new role and to advise the staff team that the senior support workers were to be considered as part of the home management team and that they would have responsibility to

undertake some staff supervisions.

The registered manager had created lead roles where senior support workers were assigned specific areas to be champions. For example, the service had a designated safeguarding champion who was responsible for cascading any new information around the staff team, making sure that all staff knew how to contact relevant professionals as needed and being the 'go to' person for all safeguarding matters. The registered manager told us of other link roles to be developed including infection control, activities, care planning, health and safety and medicines management.

There were governance team meetings held quarterly between the registered manager, the two company directors and an external consultant employed by the provider to support the registered manager. We reviewed the minutes of a meeting held in February 2017; we noted that all parties had the opportunity to share feedback about the progress from their perspective. Issues discussed related to such areas as staffing, the impact of an external activity provision and the needs of individuals who used the service.

There was a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, infection control and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. For example, the registered manager had identified a need for paper towel dispensers to be installed and had acted upon this. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to relatives of people who used the service and relevant professionals such as GP and dietician. Once the completed surveys were received the information was analysed to produce a summary of the findings which was shared with the registered manager along with suggested actions. For example, the report of the findings from the survey undertaken in January 2017 noted that the main gate could be opened more promptly for visitors and the external phone could be answered more promptly. We discussed with the registered manager that any actions resulting from the surveys could be included within the overall service plan to help drive forward the quality of the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.