Sussex Housing and Care

Ardath

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ardath is registered to provide accommodation for 32 people who require personal care; some people are living with dementia. The inspection took place on 4 and 5 October 2016 and was unannounced. There were 27 people living at the home at the time of the inspection.

We last visited Ardath on 26 June 2013 when we judged they were compliant with all the areas we inspected.

The provider is a not-for-profit housing association providing sheltered housing, independent living and care homes. Ardath is one of four care homes owned by the provider. The management team consisted of a registered manager, a deputy manager and senior care staff. The manager at the service had registered with CQC. 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.

Ardath was well run by an experienced registered manager, who promoted a positive culture in the home to listen and act on people's feedback. Staff practice respected people's choices and valued people as individuals so staff knew when to change their approach based on their knowledge of the person. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

The range of activities had increased. Improvements were planned to make the garden more secure and some areas of the home had been refurbished and updated. There were positive relationships between staff and people living at the home, and their visitors. People told us they felt safe. There were systems in place to protect people from harm and abuse. Medicines were well managed.

There were sufficient numbers of appropriately qualified and experienced staff available to meet people's individual needs. Recruitment practices ensured people were supported by suitable staff.
Some people living at the home said they had concerns about staffing. The registered manager was committed to continuity when using agency staff by working with the agency to have the same staff visit the home. They provided information the day after the inspection to show how they were providing further ways for staff to feedback on staffing levels and the current arrangements for back up staff. Work was taking place to recruit staff during the inspection and since the inspection; the registered manager has confirmed new staff had been recruited.

People were kept informed about changes within the home and plans to improve the service through meetings and newsletters. The registered manager was known to people living at the home and they were confident concerns or complaints would be listened to and acted upon.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of how this impacted on the

way they worked. However, some records needed to be improved to further protect people's rights. People were offered a choice of meals. They were supported with their health and had access to health and social care professionals, when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
The registered manager could demonstrate that staff were suitable to work with vulnerable people before they started working at the home.
Medicine management was safe.
Staffing levels were monitored and changes to people's care needs were reviewed to ensure staffing levels met their care needs.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Requires Improvement

The service was mostly effective.
Staff understood the principles of the Mental Capacity Act (2005) which was shown in their approach and practice. However, records relating to people's involvement in decisions relating to their care needed to be improved.
People were cared for by well trained staff.
People were provided with a choice of meals, which were reviewed to ensure they met people's preferences.

Is the service caring?

Good

The service was good.
People were supported by staff who were caring and worked with people in a respectful manner to maintain their dignity.
People were involved in decisions linked to their care and daily life.

Is the service responsive?

Good

The service was responsive.
There was a varied programme of activities, which meant people were kept occupied and stimulated.

Is the service well-led?

Good

The service was well-led.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

The registered manager provided strong leadership and was a good role model.	

Ardath

Detailed findings

Background to this inspection

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

The inspection took place on 4 and 5 October 2016 and was unannounced. On the first day one adult social care inspector and an expert by experience visited the home. The second day was completed by one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We met with many of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. We spoke with eight people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with four visitors to hear their views about the service.

We spoke with four staff who held different care roles within the home, and the registered manager. We also looked at the home's environment, including the outside space.

We reviewed three people's care files, three staff recruitment files, a range of staff duty rosters, three medicine records, policies and staff training records. We also looked at records relating to the management

of the service. A health professional also provided us with positive feedback about the service.

Good

Is the service safe?

Our findings

Seven out of the eight people we spoke with, who lived at the home and also two visitors commented there was not enough staff. They said "no not enough staff", "most definitely not" and "there are not enough staff to care for all the people with dementia." One relative commented "Most definitely not, a big bone of contention." It was unclear from talking to people whether their concern related to staff availability, the impact of one person's increased care needs or enough permanent staff. During our inspection , we focussed on the staffing arrangements. We found there were suitable arrangements to ensure there were sufficient staff on duty. During our visit, the atmosphere was mostly calm and staff were attentive and did not rush people.

One person's care needs had increased significantly and needed more support from staff. The registered manager had requested a review of their care needs by the local authority. Some people living at the home indicated the person's care needs had unsettled them. The registered manager was managing the situation in a sensitive way to reassure people but also to protect the person concerned.

Agency staff were used to cover staff vacancies and paperwork showed the registered manager tried to ensure they were the same staff who knew people living at the home. Minutes from a residents' meeting recorded people praising the standard of care provided by one agency staff member. In response to a national external survey, people living at the home had scored the home highly on staffing being available and able to provide care.

Staff told us and rotas confirmed that there were three care staff, which included a senior on duty in the morning. The deputy manager also took on the senior role to cover annual leave or staff vacancies. In addition, most mornings an additional care staff member worked between 7-11 am. The care staff team were supported by housekeeping, catering and maintenance staff; some of whom were also trained to deliver activity sessions. Rotas for a three week period showed from 1.45pm there were 15 days when there were two care staff on duty until 3pm when another care staff member joined them. After 9pm there were two waking care staff.

We discussed with staff the dependency levels of people living at the home and looked at care records. The majority of people had a low dependency level based on a tool used by the organisation to assess people's care needs. Minutes from staff meetings showed the registered manager checked with staff whether people's needs had increased and whether their care needs could be met.

Records showed there was not a high number of people having falls, which indicated staffing levels met people's care needs. During our inspection, call bells rang infrequently and not for long periods of time. When an emergency call bell was used, supporting staff responded quickly to assist care staff. A staff member confirmed the registered manager had agreed for additional staffing. This included when people needed additional support. For example if they needed end of life care or when their mental health needs had increased significantly.

We shared people and some staff's concerns with the registered manager; the following day they held a meeting with care staff to discuss the staffing issue. The registered manager told us they had reiterated the role of the deputy manager and another staff member experienced in care to provide back up at busy times. For example, the rota showed in the afternoons there were two care staff for a period of an hour. Clarification was also made with staff regarding staffing arrangements in the mornings, which were not accurately reflected in the rota. As a result of the meeting, a staffing champion was also appointed to improve the communication between the management team and staff to help ensure staff felt their views were being listened to.

Since the inspection, the registered manager has provided an updated action plan to CQC, which included confirmation of the recruitment of new staff. They also confirmed the success of the role of the Staffing Champion, which enabled staff to feedback concerns. They also advised that an additional staffing for someone who needed one to one care while they were unwell.

There were safe medication administration systems in place and people received their medicines when required. Staff completed a medication administration record (MAR) to document all medicines taken so all doses were accounted for. Medication audits were completed to help ensure good practice was maintained. People told us their medicines were given to them on time and they had not concerns.

Records were well completed, although one person's file was missing a record showing the positioning of a pain relief patch. Staff said they would address this. There was clear information relating to allergies and a brief medical history. Photos were in place to help identify people. A staff member's medicine administration practice showed they understood their responsibilities, including signing records after the person had taken the medicine, and explaining to people what they were being given. They checked with people if they needed pain relief.

Medicines were stored safely and securely. Stock levels tallied with written records. When medicines were opened labels were attached to show when this had happened, which was good practice. Staff checked medicines together against the records when they administered medicines, which needed a witness and a double signature, which was safe practice. There was clear guidance for staff for the use of 'as required' medicines, and well written care plans for people with diabetes and epilepsy.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People were protected from the risk of abuse. There were policies and procedures in place to guide staff in relation to safeguarding people from abuse. Staff understood their responsibility to report poor practice or abuse; they knew how to report concerns both within the home and with external agencies, such as the police, or CQC. The registered manager was clear of their responsibility in relation to safeguarding the people in her care. This was apparent by their investigation into a complaint by a health professional and their subsequent actions.

There were effective recruitment and selection processes in place. The registered manager ensured new staff were suitable to work with vulnerable people. The registered manager recognised minor changes would improve the audit trail for recruitment files. Despite this, the records provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's personal evacuation plans were up to date but some information regarding who was living at the

home was not up to date. A previous audit had previously highlighted this as an area to be addressed; the registered manager said this would be discussed again with staff. These documents are important. They ensure staff and emergency services staff are aware of the safest way to move people quickly should they need to be evacuated in the event of a fire or other emergency. Records showed staff had received fire training, which staff confirmed, and fire equipment was checked regularly. The majority of people felt safe, and were reassured by regular fire checks.

Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again. For example, risk assessments had been updated to reflect changes in people's needs or support requirements. Risks to people's health were monitored, including through monthly updates of the risk assessments. However, one person had sustained weight loss where previously this had been stable. A risk assessment indicated that their food intake should have been monitored over three days, but there was no record that this had happened. This meant the risk to the person had not been reviewed in a meaningful way. When this was highlighted to staff, they immediately contacted the person's doctor to inform them and check no further action was needed. Other care records showed changes to people's health were recognised and health care professionals were consulted about changes in people's well-being and their advice was followed.

Other areas of risk to people's health such as pressure care were well managed. For example, people at risk were sitting on pressure relieving equipment. People's moving and handling assessments were up to date; this was confirmed by our observations of the actions of staff who supported people to move safely. They listened to people regarding their confidence to move without equipment but also encouraged them to remain independent and mobile, where possible.

Requires Improvement

Is the service effective?

Our findings

There was not a system in place to ensure copies of records to demonstrate relatives' legal roles in decision-making were routinely requested. Staff could demonstrate that some copies of these records were in place. After the second inspection day, the registered manager wrote to us to confirm this was being addressed. This action was important to help protect people's legal rights.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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's capacity to make decisions had not been formally assessed by staff at the home, although some people had been assessed by external agencies regarding their capacity to decide where to live. The registered manager had recognised that people were not being assessed on their capacity to agree to specific decisions relating to their care. For example, such as having a mat that alerted staff to them getting out of bed if they were at risk of falls. The registered manager showed us a template for the assessment which she planned to introduce.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed DoLS applications had been made to the local authority supervisory body in line with agreed processes. This was based on the advice of external health and social care professionals. This ensured that people were not unlawfully restricted.

Since the inspection, the registered manager has provided updates on further work taken to improve staff members' understanding of the MCA. This included further training and the sharing of information in team meetings.

It was not always clear from written information in assessments who had provided information when people were assessed to move to the service. The registered manager assured us changes would be made to address this and that people living at the home were at the centre of their care and their wishes were respected. We saw examples of this by the steps the registered manager had taken to act on people's feedback and views. One person had not signed their care plan out of the three care plans we checked. The registered manager had begun work to ensure that staff were prompted to ensure people had signed their care plan. Or, where appropriate, to ensure the care plan was signed by an appropriate person acting on their behalf.

People's communication needs were assessed and met. Staff asked people's permission before they carried out a task. They did not rush and ensured they made a connection with the person before they moved on to the task, such as helping them to move. A health professional commented staff always made sure they were on the person's level and gave eye contact before assisting them. Staff listened to people's choices and respected their wishes. For example, how and where they spent their time. They made sure people were

aware of events taking place in the home, such as an exercise class but respected people's decisions as to whether they participated. People were also kept up to date with written communication about the activities planned for each week. Communication between staff was also effective. This included handovers between shifts and team meetings to ensure staff were provided with up to date information to enable them to carry out their roles.

The home was well maintained, including the décor. The registered manager told us she had requested funding to replace armchairs as we saw six were marked on the headrest or on the arms. People had personalised their rooms and, in an external survey, people said they had enough of their own things around them. They also confirmed they had access to outside space. The home had a garden with different seating areas; people said they had used it in the summer. However, it was not secure as there was access to the road outside. This was potentially a risk to people living with dementia if staff were not available to accompany them. We raised this concern with the registered manager who said they were in the process of gaining quotes for gates. Staff told us staffing levels during the summer had ensured people living with dementia were supervised. There were no unpleasant odours and the home looked clean; this was confirmed to normally be the case by a health professional and a visitor. Written feedback from a visitor commented the home was 'spotlessly clean.'

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People said staff were competent to carry out their job. Comments included staff "knew their job" and "the majority of staff do a good job." In response to a national external survey, people living at the home scored the home highly on the skills of the staff.

Staff told us they had the training and skills they needed to meet people's needs. They said training was managed well so refresher courses were provided in a timely way. Staff said they had the training they needed when they started working at the home, and were supported to refresh their training. A staff member said they had completed an induction which included shadowing care staff and having their moving and handling practice observed. Staff completed training which included safeguarding, fire safety, dementia awareness and moving and handling, which was confirmed in our discussions with staff and in their records. Supervision meetings and staff meetings took place to enable staff to discuss people's needs and any concerns. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs.

Food and drink was provided to suit the individual needs of people. Staff discussed the menu with people and made sure they were aware of the options advisable. One person commented that staff was working with them to cater for their particular dietary needs. This had included them meeting with the registered manager and catering staff. Some people had access to a kitchenette area which supported their independence. People described meals as "very good I can't really complain," "yes the food is very good, we have a two choice menu and plenty to drink," "oh the food is marvellous, plenty to drink and homemade cakes, we get several choices" and "the food is very good, too much sometimes." When one person began losing weight, care staff worked with the catering staff to consider how the food was presented and prepared for them to encourage them to eat.

Some people said the standard of the food had not been consistent. The registered manager said a change in catering staff had addressed this concern. People were offered drinks throughout the day. The registered manager said she had stopped the music being played in the accompanying kitchen to the dining room to create a more appropriate atmosphere. There was a choice of tables with a menu on display. Staff were attentive to people's needs.

People had access to health professionals, these included GPs and chiropodists; people told us staff listened to their requests. Staff recognised changes in people's emotional and physical well-being and reported concerns or improvements to senior care staff or the registered manager. We saw a number of examples where staff had worked hard to achieve a good outcome for people for both their physical and mental health. Our discussion with staff confirmed this approach. For example, staff explained how they had worked with a specialist health care professional for one individual. This was to consider the future care plan of a person who may have been traumatised by a hospital admission. Their relative said in written feedback "This is an excellent initiative and stops some of the worrying.' Staff were quick to pick up on changes to people's behaviour which impacted on their physical health. Records showed they worked alongside health professionals to the benefit of the person. A health professional said staff implemented advice and knew where to find the information that was necessary for them to carry out their role.

Good

Is the service caring?

Our findings

People commented on the staff's caring attitude saying "" yes they are very caring", "they would be kind and caring if there was more of them, they do their best", "pleasant" and "yes the care is very good considering how they struggle with staff." Two people said "sometimes" staff were caring and some were more caring than others. Another person said the staff knew them well and this was important to them.

In an external survey, people living at Ardath scored staff highly saying they were treated with dignity, kindness and respect. Minutes from a meeting with living at the home recorded praise about the attitude and practice of staff. Written compliments included 'Your staff are brilliant, I can only congratulate your choice of them' and 'your kindness and care have meant a lot to us during some challenging times.'

Written feedback from relatives praised the approach of staff including 'I have total confidence in you as I know you are doing your best in what is a difficult job' and 'I think you do wonderful work.' A health professional told us staff were "very friendly" and had built good relationships with the people living at the home.

Staff knew when to change their approach to offer reassurance when people were worried or feeling low. Other times there were laughter and smiles amongst staff and the people living at the home with visitors being made welcome. Staff took time to check on people's comfort and reassured them if they were worried. They treated people respectfully. Staff knew people well and could tell us what was important to people and knew how to support them in line with their choices and preferences. Staff practice maintained people's dignity. Staff were observant and quick to assist people when they became disorientated and needed help to the toilet. Staff picked up people's changing moods and ensured each other knew that a person needed to be observed discreetly to help keep them safe.

Several staff members showed their compassion and commitment to high quality dementia care through their conversations with us. One explained their approach to supporting people living with dementia which included listening to the "music of the word" meaning they listened to the tone of a person's conversation. This meant if people could not clearly express their needs verbally they would try and tune into the emotions behind the words to understand what type of support they needed.

Records for one person showed how staff had been empathetic to their distress at losing their mobility and in the person's mind their dignity. Staff told us how the person struggled to accept help from staff but this meant they were at risk of falling. Staff worked alongside health professionals to consider different options to improve their mobility so they could access communal areas of the home independently. This included staff building the person's confidence to use equipment independently and re-build their confidence and self-esteem. This showed a person centred approach.

Treatment Escalation Plans (TEP) were in place. These record important decisions about how individuals want to be treated if their health deteriorates. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless

this was their choice. However, there was not a consistent system to ensure staff knew in an emergency which people had chosen not to be resuscitated. Two aspects of the system potentially undermined people's dignity; the day after the inspection the registered manager told us changes had been made to address these concerns.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. For example, the staff had worked closely with a person to support them with a change in their mental health which left them emotionally fragile. Thorough notes were kept about the person's changing emotional needs and the actions of staff to advocate for them to receive health professionals' help.

Care plans were personalised and detailed daily routines specific to each person. For example, one of the care plans contained a detailed care plan to support a person with their mobility. We saw staff following this plan and working with the person at their chosen pace. Discussions with staff showed they respected people's wishes relating to their care, such as whether they chose to have a bath or a shower and when this took place.

People's needs had been reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this was for one person on a respite stay whose changing mobility was monitored every day. A staff member described how they worked together with health professionals to manage their pain and their wish to remain independent. This was confirmed by high quality records in the person's care plan. However, during our inspection we saw 19 reviews out of 32 were overdue from the previous month, which staff were in the process of trying to address. The registered manager had reminded staff about the importance of this task in a staff meetings and training had begun to support staff with understanding how to complete this task and the purpose of it.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Communication books were also used by staff on each shift to update one another, which staff confirmed.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to participate in, such as a Scrabble group. Another person preferred chess and staff supported them with this choice. The registered manager had recognised the importance of activities and exercise to maintain people's well-being. For example, some people who chose to stay in their rooms were visited on a one to one basis and offered a hand massage and time to talk. Some staff told us they had received specialist training to deliver gentle exercise in a supportive and friendly manner. One of these sessions took place during our inspection and was well attended with people choosing a range of music for the session. Two staff members ensured that people who needed additional support could be included in these sessions.

On the second day of inspection, another form of exercise class took place; the registered manager said they were monitoring these sessions to check whether they suited people's exercise preferences. Table tennis also took place with specific staff supporting the people who wished to play. The registered manager explained it was work in progress in developing evaluative sheets to ensure everyone's needs were met. Minutes from a residents' meeting in August 2016 recorded the success of table tennis and people said they found it "very enjoyable."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. For example, in response to a complaint by a health professional, the registered manager had been proactive in trying to establish the facts. They ensured action was taken to review a staff member's practice through further training. The outcome of the complaint was that it was not substantiated. In response to a complaint about food in March 2016, the registered manager had arranged a meeting with people and the catering staff, and put in place systems to measure the changes. There had been five complaints in 2016 and these had been investigated thoroughly. One complaint was about the availability of hot water in several rooms. There was an audit trail of the action taken. Measures had been instigated while work to address the problem took place. The registered manager advised us that further negotiations were taking place regarding possible compensation for the inconvenience for the people concerned.

Good

Is the service well-led?

Our findings

The regional manager has taken on the role of manager of Ardath since the previous registered manager resigned in June 2016. They had registered with the Care Quality Commission. They were balancing this role with their regional responsibilities. A letter was sent to people living and working at the home to advise them of the management changes and the action to recruit a new manager.

Staff told us people living at the home were given the opportunity to comment on applicants' suitability. The manager vacancy had been advertised but applicants had not been successful. The registered manager told us the advert had been reviewed by the provider to ensure they attracted candidates of a suitable calibre. Minutes from recruitment meetings in August and September 2016 showed the commitment to be a competitive and attractive employer. Minutes from meetings with people living at the home showed they were kept updated on recruitment. Since the inspection, we have been told an experienced manager has been appointed and is due to start in January 2017.

The registered manager promoted a positive culture. In their provider information return (PIR), the registered manager stated 'By having regular residents meetings where residents can voice their satisfaction, concerns, and suggestions of any areas of improvements. Regular residents' surveys and feedback on how they feel about the quality of service they receive ... We have an open door policy where all residents' friends / families and the general public can visit the home at any time with no restriction or need for an appointment to ensure openness and transparency in how the service is run.'

Minutes from meetings with people living at the home showed a strong commitment to be open to listen and act upon people's feedback. People said "Yes, I like the manager, there have been three since I have been here", "she is very good", "I can get an appointment with the manager very quickly", "Don't see the manager very much but I know who she is" and "I don't have any concerns." People had reported they would like to meet members of the senior management team, which was acknowledged in a letter to people living at the home earlier in the year. These meetings have taken place. For example, a meeting took place during our inspection attended by the registered manager and the temporary chief executive. People living at the home were given the opportunity to express their views. The registered manager was clear their role was to listen to the views of people living at the home. They also knew their role was to protect the rights of people who were less able to verbally express their views. Written feedback on the service included the comment 'I think you do wonderful work.'

People had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. For example, one person said "Yes, the staff listen." A relative said "...any complaints are acted upon and followed through, the manager is very good." They said they had "total faith" in the management team. We saw people who lived at the home were at ease with the registered manager and felt able to voice their opinions. This was demonstrated by the registered manager's approach to complaints and feedback from people living at the home. Discussions with the registered manager and written records, including information from staff meetings, showed they were not defensive about criticism and worked hard to address people's concerns and listen to people's suggestions. For example, minutes

from a catering meeting with people living at the home showed action had been taken to address complaints linked to a staff member's practice.

The registered manager took the feedback from the expert by experience and feedback from staff seriously. They implemented changes before the end of the inspection to address people and staff comments. Their office was based in the centre of the home and they told us the people living at the home were at the heart of how the service was delivered.

In their PIR, the registered manager said 'The staff have recently been involved in consultation on the organisation's vision / values and changes, in the recent organisation's re-structuring staff were consulted on their views about the proposed changes. There is a culture of improving quality throughout: respect, kindness.' The last staff survey results had been published in 2014; records showed surveys were now being sent out for completion. The registered manager advised staff could also feedback through supervision and staff meetings

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe. They had put together a detailed and well thought out disaster plan in case of an emergency to protect people living at the home from potential harm and to ensure staff were provided with support to enable them to provide care.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home, such as infection control and falls audits. Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, equipment to move people in a safe way was serviced within manufacturers recommended timescales. The registered manager confirmed the hot water was regulated and checked as part of the maintenance person's regular safety checks. Maintenance plans were in place and had been implemented to ensure that the building and equipment was maintained to a good standard.