Windmill Healthcare Limited

# Windmill Lodge Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 inspection took place on 27th January and 4th February 2016 and was unannounced.

Windmill Lodge Care Centre provides nursing and personal care to 93 people. At the time of our inspection, 88 people were using the service. The home is on four floors. The ground floor provided residential support for people. The other three floors provided nursing care for people.

The service was last inspected on 19 September 2013. The regulations inspected were met by the service.

At this inspection we found that staff had knowledge and skills to ensure people's safety. Staff were aware about potential signs of abuse and they managed risks as required. People were involved in identifying and planning their support around the risks. Risk management plans were specific to people's individual needs and were regularly reviewed. This ensured that people received the care they needed. Sufficient numbers of staff were available to ensure people's safety. However, people told us that sometimes the care was delayed because there were not enough staff. Staff shortages had an impact on people's routines, but the majority of people we spoke with did not mind this. People had support to take their medicines safely and as prescribed. The medicines were stored and reviewed regularly as required.

Staff received regular training courses that were relevant to their role. This ensured effective care provision for people. Staff attended induction to ensure they had knowledge to support people with their needs. Regular supervisions and appraisals were carried to discuss staff's performance and training needs which meant that staff were supported to develop in their role. The service followed effective staff recruitment processes to ensure that staff had the required level of knowledge to provide good care for people. Staff supported people to make decisions and where required a mental capacity assessment was carried out, followed by a best interest meeting to ensure that decisions made on people's behalf were in their best interests. People had a choice of what and when to eat. Staff worked together with health professionals, including speech and language therapists and dieticians to ensure continuous care for people. People had support to attend their health appointments as required.

People felt they were treated with respect. Staff ensured that people's privacy was maintained. People told us they were provided with support to fulfil their spiritual needs and follow religious beliefs. The service provided choice of activities for people. Staff supported people to go out in the community when they wished to. This meant that people were encouraged to socialise as appropriate. The service supported people to maintain relationships with their friends and families. People had their preferred communication methods identified and staff helped them to make decision for themselves. People received support to make decisions and plan their care as appropriate.

The service supported people with their changing needs to ensure they received the care required. Staff were aware about people's individual needs and preferences. Care records had information about people's care needs and how they wanted to be supported. People and their relatives were encouraged to give

feedback about the services provided. People told us they knew how to complain and were confident that actions would be taken to manage a complaint they had as required.

Staff were involved in developing the service which ensured their participation in people's care planning. The registered manager provided guidance to the staff team. This meant that staff were supported to carry out their roles effectively. Staff were encouraged to undertake additional duties and the gained knowledge was shared with the team to ensure good practice. The service used effective quality assurance systems to monitor the care and support provided for people. People's personal information was stored securely and staff shared the information on a need to know basis.

## 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. Staff were aware of the potential signs of abuse to people and helped people to minimise these risks. Staff supported people to manage their care and support needs appropriately. People were involved in identifying risks and planning their care There was enough staff at the service to ensure people's safety.

People received their medicines safely and in line with their prescriptions.

### Is the service effective?

Good

The service was effective. Staff were provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs. Staff told us they had regular supervisions and appraisals which supported them to develop in their role. The service followed safe recruitment procedures.

Staff were aware of their responsibilities of the Mental Capacity Act 2005 and supported people to make decisions about their care in line with their wishes.

Staff assisted people as necessary with meals and food choices. People were supported to access healthcare services as required.

### Is the service caring?

Good

The service was caring. People told us their privacy and dignity was respected and choices were listened to. Staff helped people to access activities in the community and maintain relationships of their choice.

People received support to use their preferred communication methods, which ensured their active involvement in support planning. Staff supported people to make decisions and plan their care as appropriate.

### Is the service responsive?

Good

The service was responsive. Staff supported people with their changing needs as required. People were involved in developing

their support plans. These were regularly reviewed to ensure that people's individual needs were identified and met as required.

People and their relatives had regularly provided feedback about the service. People were supported to raise a complaint about the service if they wished to.

## Is the service well-led?

Good

The service was well-led. Staff were involved in planning service delivery for people. They felt supported and approached the registered manager for advice when needed. We saw good team working practices at the service.

Regular quality audits were carried out to improve the quality of the care and support provided for people. People's personal information was kept confidentially as required.

# Windmill Lodge Care Centre

**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 team included one inspector, a nurse specialist advisor and an expert by experience for older people.

The service was last inspected on 19 September 2013 and met all the regulations we inspected at that time.

This inspection took place on 27th January and 4th February 2016 and was unannounced.

Before the inspection we reviewed information we held about the service including statutory notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at 20 people's care records, five staff files, training records, incidents and accidents file, staff rota, safeguarding records, team meeting minutes and other records related to the management of the service. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people living in the care home, 6 relatives and two friends who were visiting, 15 staff members and the registered manager for this service. We also talked to three health professionals who were visiting people at the time of inspection.

After the inspection we contacted another three health and social care professionals to get their feedback about the services provided for people.

Good

# Is the service safe?

## Our findings

People told us they were well supported and safe at the service. A person said to us, "I feel safe, the staff know what I want." People's relatives told us the care provided for people was safe.

Staff protected people from potential harm and abuse. The service's safeguarding policy and procedure included information on what actions to take and how to make records if an allegation of abuse was made. Sufficient systems were in place to report and investigate the safeguarding alerts raised. We saw that concerns raised were clearly recorded and actions agreed undertaken within the timescales as required. For example, a person was moved to a nursing unit to ensure that their changing health needs were being met.

Staff were aware of the safeguarding procedure and had skills and knowledge to recognise potential signs of abuse. Staff told us that any concerns raised were reported to the registered manager to ensure that actions were taken as required. The registered manager put a protection plan in place and escalated the concerns raised to the local authority. This meant that actions were taken quickly and people remained safe from harm and poor care.

The service supported people to manage risks as required. People and their relatives told us they were involved in assessing the risks. Care records showed that people's risk assessments and risk management plans were up-to-date and regularly reviewed. Records included moving and handling, falls and scalding from hot water risk assessments.

Risk management plans were specific to people's individual needs and actions agreed were followed-up to ensure people's safety. For example, a person was provided with two staff members to support them with using a walking frame. We observed that staff had knowledge and skills to support people whose needs changed over the time, for example those who were diagnosed with Parkinson's disease and Dementia. This ensured that people received the care they required. The service used pre-admission assessments to identify risks to people and to ensure that their needs can be met when they moved to the care home. The pre-admission assessments covered areas such as bathing, dressing and mobility. These assessments helped the staff team to determine if the person required residential or nursing care.

People were safe because there were enough staff to meet their needs. . People and their relatives told us there were sufficient numbers of staff to provide safe care. Staff told us they had enough time to meet people's needs and where required asked for support from other units. We observed that staff were available to people when they required assistance, including support with personal care. We saw that staff were not in a rush and spent time talking to people. Relatives told us there were always staff around for them to talk to.

A health and social care professional told us there were, "enough staff to support people" with their needs and staff responded, "promptly" when required. Staffing levels varied on each floor depending on the number of people and their support needs. The provider used a nationally recognised tool that assessed staffing levels based on the people's dependency levels. The registered manager had regularly reviewed

people's care needs and arranged staffing levels accordingly to ensure safe care provision for people. We saw that an additional staff member was provided when a person required hourly one-to-one support with eating. Staff sickness and annual leave were mostly covered by permanent staff. This meant that continuity of care was provided for people and people knew well the staff that supported them.

People had access to a call bell system when they need assistance. A person told us that staff, "come to my room when I ring the bell" and in good time. A health and social care professional observed that the, "bells were being answered in a timely manner." Staff told us they attended to every call made by people in good time and where necessary let people know if they were busy and how quickly they will be back to assist them. This meant that people's requests were heard and adhered to by staff as appropriate.

People told us there were not always enough staff to support them at night. Staff carried out hourly checks to ensure that people's needs were met and they were safe. However, the people and their relatives told us that sometimes the care was delayed because there were not enough staff. People said that the staff shortages have had impact on their routines, but the majority of people did not mind this. People said that on occasions they had to wait for a wash. A person told us they may have to go to bed early when there were staff shortages. Meals were also delayed for those eating in their rooms. Despite this, we saw that the meals provided for people in their rooms were hot. A person told us they did not mind having their meals, "a little bit later." We discussed this with the registered manager who told us that the current staffing levels were meeting the national standards and were agreed by the local authority who commissioned the services. Additional staff were available when people's needs changed and they required more support.

People told us they were supported to take their medicines safely. One person said, "I get my medicines on time." Staff followed the medicines policy to ensure that people received their medicines as prescribed. People's medicine administration records were appropriately completed and up-to-date. The medicine administration records had individual to people information, including their names, dates of birth, allergies and details of medicines. This meant that people's individual guidelines were available for staff to ensure that people had taken their medicines as required.

People's medicines were kept safely and securely. We observed that people's medicines were stored in locked trolleys and cupboards. Staff checked the fridge temperature regularly to ensure that the medicines were stored appropriately. Staff supported people with their medicines in line with their support plans, for example information was available on the assistance people required to take their medicines. Unused medicines were returned to the pharmacy for safe disposal.

People had their medicines reviewed as required. The GP had visited the home regularly which ensured that people's medicines were regularly checked. Systems were in place for reporting medicine errors. We saw that the errors identified were investigated and actions taken to prevent them from happening in the future. For example, after an occurred medication error, a safeguarding alert was raised and a staff member involved had their training and development needs discussed in a supervision session. People's relatives and health and social care professionals concerned were notified about the incident to ensure their involvement in identifying any improvements required with medicines management.

Good

# Is the service effective?

## Our findings

We saw that the service was meeting people's needs effectively. A person told us, "The staff are good at their jobs." One other person said that staff, "know my needs." The health and social care professionals commented that the service was aware of people's individual care and support needs.

Staff received training to ensure that the care provided for people was in line with good practice. A person said to us, "I am happy with the carers and the support they provide." A relative told us that staff were, "professional" and "skilled" for their role. Records showed that staff were up-to-date with mandatory courses, including health and safety, medication management and safeguarding vulnerable people. Systems were in place to alert the registered manager when staff required to undertake the refresher courses. This ensured that staff had attended the training courses as required. Staff told us that the registered manager encouraged them to obtain further qualifications, including National Vocational Qualification in care. This meant that staff were supported to develop within their role.

Staff had the required knowledge to ensure effective care provided for people. Staff said they received support with on-going professional development and attended a range of training courses about particular conditions, for example infection control and wound management. The service arranged regular sessions for staff on shift to watch educational DVD's, for example how to ensure that people's individual needs were met. New staff were required to attend induction to ensure they had knowledge to support people with their needs. A staff member told us they had a, "very good induction" and "step by step" introduction to tasks. The senior staff members assessed new staff member's competence during the induction process making sure they had the required skills to carry out their work effectively. It was also required for the new staff to shadow experienced team members. This ensured that the new staff had time to know people and their care needs before they started supporting them.

Staff were supported in their role to ensure they met people's needs effectively. Staff received regular supervisions and appraisals. These meetings were used to discuss staff's performance and development needs. The registered manager monitored staff's progress and additional support was arranged for any gaps identified. For example, a staff member was advised to read a manual handling guidance to ensure they supported people in line with the services policies and procedures. Records showed that actions agreed were implemented and followed-up by the registered manager as required. The service followed effective staff recruitment processes to ensure that staff had the required level of knowledge to provide good care for people. Records viewed had information on interviews attended, copies of references and completion of disclosure and barring checks.

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.

Staff had attended training on the Mental Capacity Act (MCA) 2005 and worked within the principles of the act. People told us that staff supported them to make choices about their care and support needs. Staff said they provided people with informed choices in relation to their day-to-day care. We observed people being encouraged to choose what they wanted to eat and the programmes they wished to watch on TV. The service had identified that people's capacity varied in relation to the decisions they were required to make. The service arranged additional help for people were required, including support from relatives and advocates where people required to make more complicated decisions. The registered manager asked for advice and support from the local authority if people's capacity was doubted. In these situations, the health and social care professionals carried out the mental capacity assessments, followed by the best interests meetings if they were concerned that people were not able to understand risks in relation to the care they received. For example, a best interests meeting took place to discuss if a person was safe to go out in the community on their own.

The service had identified people who could benefit from the DoLS assessments. The registered manager was aware about their responsibilities under the DoLS and completed application forms to request authorisation. Records showed that the local authority had already agreed some of the requests and there were no conditions in place for this. This meant that staff protected people who lacked capacity to make decisions for themselves and ensured that they were not unlawfully restricted.

Staff supported people with their nutritional needs as required. People told us the food was good and they were provided with sufficient choice of what and when to eat. One resident commented that "the food is fantastic." Staff were aware of people's individual dietary requirements, including people who were on soft and mash diets. Staff approached health professionals for support were required, including dietician and speech and language therapist (SALT). For example, a person was seen by a SALT to prevent them from choking. Staff used fluid and diet charts to monitor people's food and fluid intake. People had their weight checked regularly making sure their nutritional needs were met. Kitchen staff knew people's health conditions and prepared separate meals for them, for example for those who had diabetes. Kitchen staff had also provided individual meals for people from different cultural backgrounds. People were encouraged to eat their meals independently. Staff assisted those people who needed help to eat. We observed staff having conversations with people, which seemed to make their meal times more enjoyable.

People's care plans reflected their current needs. Staff regularly reviewed people's care assessments and made changes to their support when people's needs changed. The staff team carried out regular meetings to discuss people's changing needs and care arrangements at the end of their lives. The meetings were attended by the health professionals concerned, such as the district nurses and GP. Staff told us the recommendations made by the external agencies were applied in practice to ensure that the care provided for people at the end of their lives was right for them. The service had a palliative trained nurse who provided support and where necessary information for the families. For example, a family was supported to make arrangements for the person's end of life wishes. This ensured that the person's wishes were followed. Do Not Attempt Resuscitation (DNAR) forms were completed for those people that consented.

People were supported with their health appointments as required. People told us that staff helped them to

book and attend their medical appointments when they needed it. One person said, "I get the help I need." Another person told us, "My physical health has improved since I have been here." Qualified nurses were available to ensure that people's health needs were monitored and met as required. Care records were up-to-date and had information on health checks carried out for people, such as blood tests and medicines reviews. The service worked well in partnership with other health professionals to ensure continuity of care provided for people. Records showed that staff approached the health professionals for their input where required, including the dietician, speech and language therapist and tissue viability nurse. A health professional told us that staff supported people to have yearly check-ups and arranged appointments for newly admitted people that needed immediate attention.

Good

# Is the service caring?

## Our findings

People told us that staff attended to their needs with care. One person said, "Staff always ask what I want". Another person told us, "I feel comfortable in the home." A health and social care professional said that staff were, "friendly." A staff member told us, "I love looking after people."

People were supported with their spiritual needs. People told us that staff knew about their religious beliefs and remained them about the availability of the religious service on site. A faith room was provided to people who wished to practice their religion. A priest was coming regularly to the home to perform a mass. Staff we spoke to told us how they assisted people with their diverse needs. For example, people were supported with culturally appropriate hair care. The service facilitated an annual memorial service for deceased people. This meant that people were supported to talk about their feelings.

People told us there were different activities to choose from and staff encouraged them to attend when possible. One person said, "I enjoy all activities and my favourite is bingo." Some people told us they preferred staying in their rooms and did not wish to join the activities. A health and social care professional told us there was a, "reasonable number" of activities going on for people at the service. There were two activity co-ordinators who planned and carried out activities for people. We observed people taking part in music and ballet classes, which they seemed to enjoy. The service had also arranged a hairdresser to visit weekly so people had a choice when they wanted to have their hair cut.

The provider worked closely with other agencies to promote innovative practice. For example, staff received training that enabled them to carry out a Namaste programme at the service. Namaste therapy is a programme that is used to engage people through the stimulation of five senses: taste, smell, touch, hearing and sight. Staff told us that the programme had contributed to improved interactions between people and staff. There was a sensory room which we observed to be well equipped and with sensory lighting. This meant that people were provided with opportunities to have a quiet and relaxing time when they wished to.

People told us they were supported to attend outside activities. They told staff in advance if they wanted to take part in any event, for example a family celebration and support was arranged for them. The registered manager told us that support was also provided if people told staff they wanted to go out on the day. People said they were assisted to go to the local shop when they wished to. People also attended regular activities. A person was supported to attend a social club that they used to go to prior to them moving to the care home. This meant that people were encouraged to socialise and go out in the community when they wished to.

Staff were aware of people's communication needs and encouraged them to engage in conversations as much as possible. We observed staff using verbal and nonverbal communication, including gestures and body language. Care records had information about the support people required to communicate. Staff requested a speech and language therapist's involvement when they saw that people were having difficulties to express themselves. For example, a picture book was provided that helped staff to find out a person's wishes.

People were involved in making decisions about their care and support. The local authority carried out regular meetings to review people's needs and staff helped people to attend these meetings. People chose who they wanted to attend the meetings, which showed their involvement in making decisions. The meetings were used to discuss people's changing needs and make changes to their support plan where required. In one of the meetings a discussion took place about a person's money management options. People had an assigned keyworker who met with them regularly to discuss their care choices. People told us they knew who their key workers were and approached them for support when needed. This meant that people's wishes were heard and acted on as appropriate.
The registered manager told us that people were matched with staff that had a better understanding about their needs and culture.

People told us they were treated with respect. One person said that staff were, "kind and caring". Another person told us that, "staff are good and friendly." We observed positive interactions between staff and people. We saw that staff were caring and made jokes when talking to people. A person was repeatedly asking the same question and a staff member answered patiently and with reassurance. People were addressed by their first names. This enabled people to feel valued in their own home.

People told us their privacy was respected. We saw staff knocking on people's bedroom doors before entering. Staff asked people whether they can enter the room and if they wanted help, for example assistance with changing clothes. This meant that people's wishes were obtained before staff started helping them. Rooms were prepared in advance for new admissions. One person told us their room was, "clean and looked good" when they arrived to the home. The registered manager noted that each room was prepared to meet people's individual tastes. We saw that people's rooms were personalised with pictures and books. People brought their own furniture if they wished to.

Staff supported people to maintain relationships with their friends and families. Relatives told us they visited people whenever it suited them best. People had a choice where to meet with their visitors, including in their bedrooms or in the communal areas. The service was in the process of opening a coffee shop for people and their relatives to use during the visits. Staff said they encouraged the health professionals not to visit during the meal times to ensure that people were not rushed when they were eating.

Good

# Is the service responsive?

## Our findings

People received care in line with their support needs. One person told us, "I can see a GP if I need to." Another person said, "I can say if I do not want to do something." A relative said, "staff provide support when I need it."

The service responded quickly to people's changing needs. A person said, "I get help if I need it." Records showed that incidents and accidents were recorded as required and actions taken to minimise risks. We saw that staff contacted the GP requesting to examine a person after a fall. A possible cause of the fall was investigated and a referral made requesting physiotherapist's assessment. This meant that staff acted promptly and asked for professional support when there were concerns.

The provider worked in partnership with different services to achieve the best outcome for people in their care. The service had suitable arrangements in place when people required involvement from other services. For example, a regular transport company was used to help people to get to their health appointments and activities in the community.

People told us that staff knew their individual needs and preferences well. Care records had information about people's care needs and how they wanted to be supported. For example, where they wanted to have their breakfast. This meant that people were involved in planning their care and support. Information was available about health and social care professionals' involved in the care and support of people, including their contact details and dates of their visits. Staff told us that people's personal information was shared with other health professionals where required, including the ambulance services in emergency. This meant that the important information about people was accessed in good time to ensure the best care for people.

Staff monitored and responded to people's health needs as required. People's care plans in relation to pressure ulcers covered support guidelines on prevention of infection, diet and how to encourage the natural healing. We saw that staff recognised if someone was uncomfortable or in pain and took appropriate actions to ensure they were made comfortable. Observation charts were used to monitor people's conditions, including repositioning chars for people who were unable to transfer out of bed on their own. This meant that people were regularly monitored and the required support was available to them when needed. The service ensured that people were provided with necessary equipment to relieve pressure on pressure areas, such as a pressure relieving mattresses.

People had their personal information stored securely. Computer systems were used to gather information about people's needs and to make records about any changes to their circumstances. Each staff member had an individual logging, which ensured that access to people's information was only available to those authorised. Staff were aware of the confidentiality policy and shared information on the need to know basis. We observed that the computer systems used were easily accessed by staff, which enabled them to get the required information quickly when needed.

People told us they knew how to make a complaint. People told us they talked to staff if they had any

concerns and were confident that the actions would be taken as required. The complaints procedure was available to people in their rooms should they require it. The registered manager did daily rounds to check if people were getting the care they needed. This meant that people were provided with an opportunity to discuss their concerns at the same time. Records showed that the complaints received were acknowledged, investigated and responded to the satisfaction of the complainant and within the timescales. For example, an investigation was carried out and actions agreed in relation to the support a person required to look after their clothes appropriately. The registered manager had regularly met with relatives to keep them updated about the services provided for people. These meetings were also used to find out relatives views and suggestions. For example, in one of the meetings people's clothes labelling was discussed.

People, their relatives and health and social care professionals were encouraged to give feedback about the service. People told us they felt confident to give the feedback about the care and support they received. We viewed the feedback surveys completed for 2015. The majority of responses suggested that the service was caring and people were treated with dignity and respect. We saw that the feedback received was acted on as appropriate. For example, a request to provide certain meals was discussed with the kitchen staff. Post admissions questionnaires were also used to gain people's views on how well they were supported to move to the home.

Good

# Is the service well-led?

## Our findings

The service was well-led. A person told us that the registered manager was, "approachable." A health and social care professional said to us that the manager, "is receptive to suggestions made; concerns raised are addressed and professionals are informed" as required. A staff member told us that the manager was, "good at their job and supportive."

The provider promoted staff's involvement in developing the service, which ensured their participation in people's care planning. Staff told us they felt comfortable raising any concerns to improve the quality of care provision for people. Regular staff meetings were carried out to discuss topics related to general practice and staffs' performance, for example staff arriving on time for their shifts. This ensured that staff were involved and made changes to the service delivery. Staff told us the registered managed provided feedback about their performance and motivated them to improve where required.

The service maintained strong links with the community. Regular contacts were kept with the local churches that provided people with opportunities to follow their religious believes. People told staff when they wanted to attend the service at the local church and staff supported them as required. The registered manager had also arranged a one off food bank for people who lived in the neighbourhood which was aimed to get to know the local community and the neighbours.

The registered manager provided guidance to the staff team to ensure good practice. Staff told us that the registered manager was available when they needed advice. The service promoted an open door policy, which encouraged open communication and discussions about any matter of importance to staff. We saw that staff knew their roles well. For example, the daily records were completed regularly to ensure that information was shared within the team and continuity of care was provided for people. The registered manager had encouraged staff to undertake additional duties, which provided them with opportunities to experience different roles. For example, staff were allocated for champion roles in equality and diversity and continence care.

Effective quality assurance systems were used to monitor the care provision at the service. The provider had carried out regular audits to identify good practice and recognise actions for improvement. Records viewed showed that the issues identified were acted on to improve people's quality of life. For example, it was recommended that people had access to plate guards where necessary to increase their independence at mealtimes. We saw that this action was carried out and people used plate guards during their meal times as required. The registered manager told us that any recommendations made were discussed with the team to ensure that follow-up actions were undertaken promptly. This meant that people's care was monitored and actions taken to improve where required.

Staff used monthly performance reports to monitor the quality of care provided for people. The service was divided into departments that carried out individual audits to inform the registered manager about any changes required to improve. These included the kitchen safety, administration, maintenance and care

provision audits. For example, the service carried out regular medicines audits, including included ordering, receiving, storing and administering medicines to people. The audit outcomes were discussed at the daily handover meetings. This meant that staff were well informed about the follow-up actions required to address the issues identified. For example, a maintenance person was asked to check if the fire door was closing appropriately. We saw that this action was taken as required. The registered manager had regularly reviewed people's care plans to ensure that information recorded was accurate and up-to-date, including people's risk management plans after they were discharged from hospitals. This meant that people had their needs identified, monitored and acted on as required.

The registered manager was aware of their registration requirements with the Care Quality Commission. This ensured that statutory notifications were submitted as required by law, including any safeguarding alerts raised and serious injury concerns.