

Indigo Care Services Limited

Middleton Park Lodge

Inspection report

Acre Close
Middleton
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Tel: 01332712307

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 21 March 2017. This was the first inspection the home had received since the change in provider.

Middleton Park Lodge provides accommodation and care for up to 50 older people. At the time of our inspection there were 43 people living in the home. The home is purpose built and there is car parking available. The home is divided over two floors and people living there have en-suite rooms. Both floors have communal lounges, dining rooms and bathing facilities. The home has a garden to the rear of the building which is secure.

At the time of our inspection there was a registered manager in the home. 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.

People told us they felt safe at the home. There were effective systems in place to ensure people's safety at the home, whilst also encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm.

There were systems in place in the home to ensure that people received their medication as prescribed.

There were at most times enough staff to meet people's needs, however we spoke to the registered manager and area manager around the arrangements and deployment of staff around the home when staff call in sick and the use of agency staff in the home. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff were given effective supervision and appraisals.

Staff were up to date with all mandatory training in the home. However care staff did not have a good understanding in relation to DoLS. We made a recommendation to the home for all care staff to receive further training in this area to enhance their knowledge.

Staff were aware of the processes in place to report incidents of abuse and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

People were supported to eat and drink well and to maintain a varied and balanced diet of their choice. People had access to healthcare facilities and support that met their needs. We received mixed responses from people about the food at the home.

People had developed good relationships with the staff team who treated them with kindness and respect. Systems were in place at the service to ensure that people's views were listened to and their privacy and dignity was upheld and respected.

People's needs had been assessed and care plans outlined their preferences and how they should be supported. Staff showed a good knowledge of these preferences when asked about the people they supported.

People were supported in the main to enjoy activities of their choice. The service had an activity coordinator who worked part time and another activity coordinator had been recruited to support the home; the registered manager told us they were waiting for recruitment checks, which had been requested. The registered manager told us activities would improve greatly once they had two activity coordinators in post.

The provider had quality assurance systems in place which were used to drive improvements within the home.

The provider ensured the premises and equipment were safe to use. We saw evidence of certificates in response to these. At the time of the inspection the lift at the home was out of use and had been for a few weeks, maintenance was underway with this at the time of our inspection. The home had arranged for a stair lift to be put in place at the home. Appropriate risk assessments were in place for this.

People had mixed views as to if the home was run well. Staff told us the registered manager was always approachable in relation to people at the home, but not always to staff. We did see evidence in staff supervisions where some staff had spoken to the registered manager about issues they had at work and personal issues and this had been actioned by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were mostly enough staff in the home to ensure people were safe, however the registered manager did not ensure staff were deployed in the home where needed.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medicines were managed safely and administered in line with the prescribing instructions.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Mental capacity assessments were completed in people's care plans and DoLS had been appropriately sought, however staff knowledge of DoLS was very limited and further training was required in this area.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they were well cared for.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good ●

Is the service responsive?

Good ●

The service was responsive.

There was opportunity for people to be involved in activities. The registered manager had appointed another activity coordinator to work in the home to ensure everyone had a more varied activity programme in the home.

People felt confident raising concerns. Complaints were responded to appropriately.

People received support as and when they needed it and in line with their care plans.

Is the service well-led?

The service was not always well led.

People had mixed views as to if the home was run well. Staff told us the registered manager was always approachable in relation to people at the home, but not always to staff.

Staff and residents' meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service where issues were identified, we saw there were action plans in place to address these and when action had been taken.

Requires Improvement ●

Middleton Park Lodge

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 21 March 2017 and was unannounced. At the time of inspection there were 43 people living at the home.

The inspection team consisted of three adult social care inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Their expertise was in both supporting an older person using care services and supporting people with dementia.

Before the inspection we reviewed all the information we held about the service, including past inspection reports, action plans, notifications from the provider and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted Healthwatch to ask if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we spoke with the registered manager, area manager, deputy manager, six care staff and the chef. We spoke with seven people who used the service and four relatives of people who used the service. We spent time looking at records including four people's care plans, six staff recruitment records and other documents relating to the running of the service.

Is the service safe?

Our findings

People and relatives we spoke with who lived at Middleton Park Lodge, all but one, told us they felt safe living there. One person said, "Oh yes, I do feel safe here. I have a call bell if I needed someone in an emergency." Another person said, "Yes I do feel safe here as there are always staff about. I also have a call bell here in my room." A third person said, "I do feel safe as there are always plenty staff about." A fourth person said, "Yes I have felt safe in the time that I have been here." A fifth person said, "This place is a lot better than some of the places I have lived. Yes I do feel safe here – that is one of the positive things here." One relative we spoke with told us, "My relative is safe because the staff are lovely and always coming in to see to [them]." Another relative told us "Staff are nice and friendly and always there to help. [They] gets [their] meals regularly." A third relative told us their relative was not safe because there was not always enough staff on duty, especially at night. They went on to tell us, "There seems to be a lot of agency staff and they do not know my relative."

Most people and relatives told us they thought there were enough staff to meet their needs, although they were always kept busy. One person said, "The girls do their work and more. Turnover and absenteeism of staff is a problem." Another person said, "If you ask some of them [staff] to do something for you they just say 'just a minute' and then they [staff] never come back. I asked for a jug of juice three times last week." One relative we spoke with told us there were enough nursing and care staff but not enough cleaners. Another told us, "Sometimes when you press the call bell you have to wait a while for staff to come so perhaps there is not enough staff but I have no complaints regarding them." Another relative told us, "The only time I have had to wait was for the front door to be opened which was during lunchtime and I have never had a problem locating a member of staff."

The registered manager told us they used a dependency tool to ensure they had enough staff to meet people's assessed needs safely. We looked at rotas over a four week period and saw staffing levels were as described by the registered manager. However, the rotas did not always reflect when staff members had called in sick on the day of their shift. The registered manager told us they requested agency staff to cover planned absence and were in the process of recruiting permanent members of staff.

All the staff we spoke with told us there were not always enough staff and the home used a lot of agency staff. Staff said they had to occasionally help in the kitchen with meals, washing up and currently, with the lift out of use, were carrying meals to the top floor. (This was temporary due to the lift awaiting repair).

One staff member told us, "We did not always have, we do now we have four care staff and the nurse is agency, they only do the medication. We are now doing more paperwork and helping in the kitchen. The chef starts at 10am and care staff have to do breakfast. Some agency staff are better than others." Another staff member said, "Staffing needs improvement, we are not able to give the service we want to give. Sometimes there have only been three carers and we do not always get cover. Sometimes care staff have to cook breakfast." A third staff member said, "We are short staffed sometimes and some agency workers are good but some only do what they want to do. We do as much as we can."

We spoke with the registered manager about the staffing arrangements in the kitchen and they told us they would immediately arrange an agency person to carry out kitchen duties rather than the care staff.

The deputy manager told us, "It is ideally the nursing staff who should direct the care staff." In the staff meeting minutes dated January 2017 it stated, 'It was advised by staff the nurses are not helping the care team. [Name of registered manager] advised this needs to be put in writing and this will be passed back to the agency. [Name of registered manager] advised she would speak to [name of deputy manager] to have a meeting with them to advise them they should be helping'. The deputy manager told us they had spoken with the agency and they were now sending the same agency nursing staff. They also said they had recently recruited two new permanent nurses.

We saw recruitment practices were safe. We looked at the recruitment records for three members of staff and found appropriate checks had been completed, which included a Disclosure and Barring Service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Staff told us they had received training in safeguarding, and we saw records confirmed this. Staff we spoke with were able to tell us how and when they would report safeguarding concerns and said they were confident senior staff would take appropriate action. In addition they were aware of how and when whistleblowing may be appropriate and confirmed they were aware of the provider's policy in relation to this.

Everyone told us they received their medicines and that they were administered by one of the nurses. When we asked people if they received their medicines on time we received a mixed response. One person said, "The staff do this. I am still waiting for mine." [The time was 10:55 am]. Another person said, "The nurse does this and I get it on time." A third person said, "There is a nurse that comes round with them. The time varies when I get them a little but not much." A fourth person said, "The nurses do the medicines. I get them on time." A fifth person said, "The nurse does medication. They are all pretty competent. I get these 100% on time." A sixth person told us, "The nurse does this. I get them more or less on time."

Medicines were stored securely and safely. Storage temperatures were checked daily and staff told us they would report any issues. Records were kept for the fridge temperatures, and only medicines which required refrigerated storage were kept in the fridges.

We observed medicines rounds and saw staff practice was good. They knew the person's needs, for example, how they preferred to take their medicines. We observed a nurse supporting one person with their medicine and chatted to the person for a while. The nurse told us this was their time to be able to talk to people not only just give out their medication.

We saw medication administration records (MARs) contained a picture and information about each person, including any known allergies and any conditions such as difficulty swallowing.

We saw MARs were completed correctly with no gaps noted. Some people had medicines to be taken 'as required'. We saw there was written guidance to help staff understand the dosage and how a person communicated they may need the medicine, including non-verbal indicators such as changes in body language, position or facial expression. We checked stocks of these medicines and found they were correct.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These

medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. There were records to show where on the body this should be applied and how often. Unused medicines were returned to the pharmacy. This medication was recorded in a specific book for this purpose.

Medication audits were carried out by the management team and covered areas such as storage, disposal of medicines and 'as required' medicines.

We looked at the environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date. We also saw daily, weekly and monthly checks were carried which included nurse call system, bed rails and water temperatures. The lift was out of action at the time of inspection. The service was looking at putting a stair lift in on a temporary basis until the lift was in use again. This meant the premises were comfortable and safe. Staff told us the fire alarms were tested weekly. We saw evidence of this at the time of inspection.

Is the service effective?

Our findings

People told us that they felt that their needs were being met by staff who knew what they were doing. We were told by one person that the district nurse had visited them to discuss their possible discharge back home.

We looked at staff training records which showed staff had completed a range of training sessions, which were conducted face to face or via e-learning. These included infection control, first aid, health and safety and food hygiene. The registered manager said they had a mechanism for monitoring training and what training had been completed. We saw the training records showed when staff had not completed training and when training was due to expire. Staff told us they had completed lots of training, which included moving and handling and further fire training had been arranged for later in March 2017. One staff member told us, "Training is good." This ensured people continued to be cared for by staff who had maintained their skills. An induction for all staff had been completed prior to staff commencing work.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision along with group supervisions. We saw staff had received an annual appraisal. One staff member told us, "I have supervision every four weeks and this is about my development." Another staff member told us, "I have had two supervisions since starting."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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. At the time of the inspection the home had sent through several (DoLS) applications. The service was meeting the requirements at the time of our inspection in relation to (DoLS).

Staff we spoke told us they had received training in the MCA, and records we saw confirmed this. Staff understood how to support people who may lack capacity and could describe how they helped people make choices and decisions appropriately. One staff member said, "What decisions residents are able to make." Although staff were familiar with the MCA, we found some staff were less sure about DoLS and who these affected. The registered manager told us all staff had completed the training in DoLS and MCA but would carry out reminder sessions with all the staff. We saw from the training records staff had received MCA and DoLS training in 2016.

We recommend the registered manager supports the staff on more training in relation to DoLS to enable staff to build up their knowledge in this area.

We observed lunch time in both dining areas on the ground floor and on the first floor. We saw in the dining room on the first floor there were six staff in total which also included one kitchen staff. We saw that when the food had been served to people in the dining room four staff went to serve lunch to people in their bedrooms. Two staff remained in the dining room.

One person who sat in the dining room on the first floor needed some support with their meal. We saw staff supporting them and encouraging them with their meal. We saw that people were offered choices of homemade soup and a roll, prawn cocktail, scotch egg salad, selection of sandwiches. We observed that there were jugs of juice on each of the tables. For dessert people were offered pancakes with lemon or fruit yogurts. We saw that where people needed clothes protectors these were provided. We also saw where people required specialist equipment such as plate guards to enable them to eat properly this was provided. All the tables had been set with table cloths/mats and condiments. We observed that in the first floor dining room music was being played in the background which was pop music, whilst on the ground floor dining room the background music was softer on the ears as it was classical music being played. In the dining room on the ground floor we saw that all the tables had been set with table cloths/mats and condiments. We saw one person being assisted by a member of staff to eat their lunch. We saw that at one end of the dining room there was a purpose built bar for serving soft and alcoholic drinks. We spoke to one person about this. They told us, "Yes it is all very well having a bar but it's never open for a beer. It's all for show."

We spoke with the chef who was able to fully explain people likes, dislikes and was aware of people's dietary needs, for example, people who required a diabetic diet. The chef told us there was always enough food and people were offered fresh fruit and vegetables three times a week. One staff member said, "Food is good, lunch is nice."

People we spoke with had mixed responses about the food at the home. One person said, "There is always plenty of choices, but you can't have anything to eat through the night if you get hungry." Another person, "The food is ok." A third person said, "The food is not so good. It is all stews and spicy stuff [barbeque sauce] and sandwiches. I would prefer something like a salad or steak and chips. I know I have no chance of getting this though. You ask the staff if you get hungry through the night and they will get you something." A fourth person said, "The food is alright. I have no complaints." A fifth person said, "It is poorly produced. Not enough quantity and the presentation is poor although there is variety. It is always stews and sandwiches. They don't think anything of giving me two sandwiches for lunch – it's not enough." The chef completed a sheet "resident of the day" where the chef spoke to each person in terms of their personal preferences and any requests received by the person. People had the chance to give feedback on the food to improve the service. This was then used to try and improve what meals were in place at the home.

We saw throughout the day that drinks were offered. A drinks trolley was taken around the home by care staff during the morning and afternoon where fruit and biscuits were offered. Whilst speaking with people in their rooms we saw that there were jugs of juice or water in their rooms.

Staff told us people's health care needs were well managed and the GP was contacted straight away if needed. They also said the optician and chiropodist visit when required. One staff member told us, "I have taken people to the dentist." This was evidenced throughout the care files we looked at.

Is the service caring?

Our findings

Everyone we spoke with told us they thought that most staff at the home were kind, caring. One person said, "The care I get is good. The staff are ok so far – they [staff] are caring." Another person said, "The staff are good here they are kind and caring." A third person said, "The staff are all nice." A fourth person said, "The staff are good here. They [staff] are all smashing and very kind." A fifth person said, "Most of the staff are very good." A sixth person said, "The staff are very good here. [Name of staff] is very good. [they are] spot on. A seventh person said, "The staff are fine. There are one or two where you would like to say where are your manners. The majority of staff are good. I think the younger ones forget that they will get older one day. One staff [name] is a gem." One staff member said, "People are well looked after." One staff member said, "People are well looked after and I put myself in their position."

People living at the home told us that most of the staff always knocked on their bedroom doors before being asked to enter. We observed throughout the day that staff did knock on doors and waited to be asked to enter the room. One person said, "The staff knock on my door before coming into my room." A second person said, "They [staff] always knock on my door." A third person said, "They [staff] usually knock on my bedroom door. The staff listen to me most of the time. The older staff listen to you more." A fourth person said, "No they [staff] don't always knock on my door. There is a cleaner who comes to bring my washing back. She does not speak to me and ask if it's ok she just puts my clothes back in my wardrobe." A fifth person told us, "By and large they [staff] do knock on the door."

People who used the service looked well cared for; their personal appearance was well maintained, for example, people's hair was brushed, and their clothing and glasses were clean. During the inspection we saw people who used the service were relaxed and comfortable with staff. The atmosphere throughout the day was calm.

There was good interaction between people living at Middleton Park and the staff. We observed people laughing and joking with staff in the lounge and in the dining room when people were having their lunch. We did not see any poor interaction as everyone appeared to be relaxed in their surroundings. We saw evidence of staff knocking on people's doors before entering, however we did see a member of staff on some occasions who did not knock on people's door before entering. This was discussed with the registered manager at the time of inspection.

People we spoke with all confirmed that their friends and relatives could visit at any time and there were no restrictions.

Two people told us how they had been involved in a review about their care. One person showed us a copy of the minutes of the discharge planning meeting they had been involved in. Another person said, "We have meetings about my care and I am involved."

Is the service responsive?

Our findings

People we spoke with told us that they were able to get up and go to bed as they wished. One person said, "I can go to bed and get up when I want."

People also said they received help from staff at the home where they needed this. For example some people were able to dress/undress or bathe themselves. Other people required some help. One person said, "I don't need any help from staff to get dressed or undressed or showered as I do this myself." Another person said, "I don't need any help to get dressed as I get dressed myself. I am also able to shower myself." A third person said, "I don't need any help with dressing but I do need help with having a bath. They [staff] maintain my dignity as they put a towel around me." A fourth person said, "I do most things for myself. They [staff] help me with my shoes."

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. One staff member told us, "I am involved in the care plans and they are easy to read." We saw care plans were reviewed and updated as indicated whenever the needs of the person changed. Daily records showed people's needs were being met. Staff spoke confidently about the service. We concluded staff knew people and their needs well.

We did not see many focussed activities taking place in any of the lounges, during the visit in the morning or in the afternoon. However we did see throughout the day people receiving a manicure. We saw that most lounges had televisions on in the background. We asked people about activities what they were and how often they took place. There were mixed reactions from people in respect of activities taking place at the home. One person said, "There is an activities person but I don't join in." A second person said, "There are not many activities going on in the home. I have my TV though in my room." A third person said, "There is an activities person called [name of staff] An exercise man comes once a month. We do bits of all sorts like making cards, knitting, crocheting, reading and watching videos. We have trips out. Last week they went out to the Emmerdale film set. They go out shopping or out for meals." A fourth person said, "There are not really any activities going on." A fifth person said, "There are activities going on." We spoke to the registered manager who told us they had just appointed another activity coordinator who would be starting work in the next few weeks.

The home had systems in place to deal with concerns, complaints and compliments, which provided people with information about the complaints process and a complaints policy. People we spoke with knew who to speak to if they had a complaint or any concerns. Everyone appeared to know the manager. Four people said they would speak directly with the manager if they had a complaint. One person said, "I would speak with [Name of manager] if I had any complaints." A second person said, "I have no complaints – but if I did I

would speak to the manager." A third person said, "I would speak to one of the staff if I had a complaint." A fifth person said, "If I did have a complaint I would speak to [name of manager] or to staff."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service. People had mixed views as to if the home was run well. People living at service told us they thought that all the managers were approachable. People made the following comments when asked if they would recommend the home or what improvements could be made. One person said, "Improve, there is nothing they can improve on. Residents' meetings are held once a month." A second person said, "Residents' meetings are held but they are far and few between. This is maybe where they could improve." A third person said, "Residents meetings - we have them every month or so. The only thing they can improve on is the food." A fourth person said, "Overall, it is a good home." A fifth person said, "I would not recommend the home to people. Residents' meetings are held a few times a year which is good." A sixth person said, "No, I don't think I would recommend the home to people. It is because the staff are kept too busy. They [staff] are always pushed for time." We saw resident meetings in place at the home, where meeting minutes and actions were taken to address any issues or ideas people had.

Staff said they felt supported in their role. They said the management team supported them in ensuring good standards were maintained. Staff said the management team was approachable and had time for them in relation to the people in the home and they said they could raise ideas or concerns if they had any. However staff felt the manager was not always approachable in relation to staff personal needs. We spoke to the registered manager about this at the time of inspection. We did see evidence in some staff supervisions of discussions between staff and the manager around issues at work and also personal issues which were recorded and actioned.

We saw daily flash meeting records which included any issues on each floor, any complaints, health and safety and any staffing which needed covering.

We saw staff meetings were held on a regular basis. We looked at the minutes of staff meetings and concluded that effective mechanisms were in place for the staff to have the opportunity to contribute to the running of the home. In addition to this care issues were discussed which meant that any key issues relating to the people were communicated to the staff.

Resident and relatives' meetings were displayed on the notice board in the corridor of the home. These were arranged for February, July, October and December 2017. We saw evidence of these meetings where activities and food were the main discussions.

A residents' social and cultural survey was carried out in January 2017. We saw actions had been identified and a 'you said, we did' response was produced as a result. This meant people were able to contribute to the running of the home and the management team responded to any issues and what action they had taken.

We saw minutes from a staff meeting in January 2017 and discussion included staff chatting about a person in the hallway, training needs, activities and the new activity coordinator position, holidays and laundry.

We spoke to the registered manager in relation to staffing and deployment of staff at the home in the kitchen. The registered manager told us they had arranged on the day of inspection for another member of staff to support the kitchen while the lift was out of use. This meant the care staff could support people with their care instead of supporting in the kitchen. However this had to be pointed out to the registered manager on the day of inspection to arrange.

We saw evidence the registered manager audited people's care plans and risk assessments on a regular basis. All safeguarding referrals had been reported to the Care Quality Commission. We saw the management team also checked the staff training matrix on a monthly basis to make sure they provided accurate and up to date information. Maintenance checks were in place as well as weekly fire drills with all staff.

We saw the provider had a quality assurance programme which included monthly visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans, time scales and improvement plans. Areas of improvement included; staffing, staff files and activities. We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and that any actions identified were clearly documented to show that they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents, to protect people from harm which indicated the registered manager was looking at improving practice in the home.