Ben-Motor and Allied Trades Benevolent Fund

Lynwood Care Centre, Lynwood Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Lynwood Care Centre, Lynwood Court is a care home with nursing that is based in a residential area of Sunninghill, Berkshire. Lynwood Care Centre is part of Lynwood Village, a retirement community for over 65s set in 20 acres of mature woodland and landscaped grounds. The layout and style of the premises is comparable to a self-serving community with additional services on site within short walking distance. The main building which provides the care is located adjacent to the village restaurant, coffee shop, pub, hairdresser and recreation centre. The service is located in newly-built, fit-for-purpose premises with multiple spacious units where people live. The location is registered to provide care and support for up to 96 people. The services provided include nursing care for older frail adults and people with dementia illnesses, as well as people requiring simpler residential care. The service is also able to offer respite and rehabilitation. The provider has their head office located within the village.

At the time of the inspection, there was a registered manager. 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.

The inspection took place on 15 December 2015 and 17 December 2015 and was unannounced.

We have not previously inspected this location. This was because the provider changed their registration in 2015, to be able to move into their new building and start the newly modelled community. At the time of registration in April 2015, our registration team assessed that the service was safe, effective, caring, responsive and well-led and found no issues preventing the service from operating. We aim to inspect and rate new locations within a reasonable time after the commencement of their registration.

We found Lynwood Care Centre, Lynwood Court used a comprehensive nursing assessment and care planning process which ensured that people's care was detailed and holistic. Staff we observed interacting with people were professional and caring and enjoyed communicating with them. People's opinions of the care provided was consistently positive. There were sufficient staff to meet people's needs at all times, and the care home incorporated a robust method of determining correct staff deployment. People's medicines were administered, stored and documented appropriately.

The premises and equipment were maintained. Cleanliness and infection control systems were usually acceptable, but some minor improvements were necessary.

Staff received extensive induction, training, supervision and performance appraisal for their roles. The service had embraced Skills for Care's 'Care Certificate' for new care workers and there was evidence that staff had successfully completed the many components. The care home operated within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Applications had been made to relevant local authorities when a person did not have mental capacity and had been under continuous

supervision in the care home. Further applications for more people were in the process of being made. The policies regarding deprivation of liberty needed some updating to ensure currency of information related to national changes in the matter.

People were offered ample food and drink and the risk of people's malnutrition and dehydration were monitored. People and relatives we spoke with were very satisfied with the standard of food and felt that staff were obliging when they disliked something they did not like. The main kitchen did not have a list of people's food allergies or food preferences. We found people had good health outcomes as the care home ensured regular access to the multidisciplinary healthcare team from the community. One GP we spoke with was impressed with the standard of care that people received and the effectiveness of the management and staff team in caring for people.

We found staff were kind and generous. People's comments mirrored our observations from the inspection. We saw that staff respected people's privacy and dignity, and ensured that life in the care home was as close as possible to living in the community. There was a large range of activities and events on a regular basis. People were encouraged by staff to be involved in the spirit and energy of the care home but we saw staff also respected people's right to spend time alone, for example listening to music or reading. People had regular opportunities to provide feedback to the care home and also have their say in how things operated.

The service was responsive to people's needs. People had the ability to share their compliments, concerns and complaints in an open and transparent manner. Where feedback was provided by people or relatives, management would undertake necessary investigations and report back to the person who complained.

All of the people, relatives, staff and community teams we spoke with as part of the inspection commented that the home was well-led. They felt that the managers took time to listen and would take action to make improvements when needed. People felt that management were approachable and had a visible presence in the operation of the service. We found that the management conducted a range of audits to check on the standard of care. Where necessary, action plans were used to ensure that shortfalls were corrected. Improvement was required at the whole service level to ensure that risks from all sources were always captured and acted upon.

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

People were complimentary about the care and felt safe living at the location.

Robust recruitment and selection procedures were in place which ensured people's safety.

Improvements were needed in infection control practice and building risk management.

Is the service effective?

Good

People received effective care from staff who were appropriately trained, supervised and performance-managed.

The service demonstrated compliance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had a positive opinion of the nutrition they received and felt that choice was offered to them.

Is the service caring?

Good

People's observed care was compassionate and kind.

The service valued people's opinions and wanted to hear their feedback.

Staff provided care and treatment in a dignified, thoughtful manner.

Is the service responsive?

Good

People were supported to follow their interests and the service promoted an active lifestyle.

People were involved in their care and consulted and communicated with.

Complaints were managed appropriately and people were satisfied with the outcomes of investigations.

Managers needed to better understand the legal requirements of the duty of candour.

Is the service well-led?

Requires Improvement

People's and relatives' opinions of the service leadership were positive.

Regular quality checking of the various domains of people's care delivery were demonstrated.

People were encouraged to contribute to the operation of the service whenever possible.

Improvement is required to ensure that all risks are captured and acted upon.

Lynwood Care Centre, Lynwood Court

Detailed findings

Background to this inspection

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

This inspection took place on 15 December and 17 December 2015 and was unannounced.

The inspection team comprised a lead inspector, three specialist advisors There was also an Expert by Experience from Age UK. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One specialist advisor was a registered nurse and care home manager, one specialist advisor was a best interest assessor and looked at the provider's compliance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and one specialist advisor checked building and maintenance safety as well as infection control standards.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents and changes which the provider had informed us about. Prior to the time of the inspection a Provider Information Return (PIR) was not requested. Outside of the home we contacted the local authority safeguarding and contracts team, Clinical Commissioning Group (CCG), and fire authority.

In order to gain further information about the service and gauge the quality of the care provided, we spoke with 9 people who used the service and 9 relatives or visitors. We spoke with two volunteers. We also spoke with the registered manager, deputy manager, maintenance person and 28 other staff.

We looked throughout the care home and observed care practices and people's interactions with staff during the inspection. We reviewed 12 people's care records and the care they received. We looked at

people's medication administration records (MAR). We reviewed records relating to the running of the service such as 11 personnel files, staffing information, documents associated with the equipment and premises and quality monitoring audits. We asked the provider to send us further information after the inspection, which they did.

Observations, where they took place, were from general observations. Some people who lived in the care home were not able to tell us their own experience of care. We used other methods to determine these people's experiences of care.

Good

Is the service safe?

Our findings

People and relatives we spoke with at Lynwood Care Centre, Lynwood Court were satisfied with the care and felt safe. One person said: "A completely safe environment. Was living on my own and was worried about falling. (I am) in the right place, a great relief, no worries". Another person we spoke with told us: "I feel that I could not be in a safer or a better place". A further person stated: "Safe and sound. People so good". One relative said: "Peace of mind knowing that X is safe here" and another said: "I know that X is safe. (I) come around all the time so if there is a problem I can get it sorted".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. We spoke to staff to check their understanding of abuse and neglect, and what they would do if either were suspected. The staff were knowledgeable and knew that people needed to be protected. They explained they had received training in protecting vulnerable adults and knew the potential types of abuse. Staff were also able to tell us that they needed to report matters to a manager, call the local authority, and in certain matters call police or the CQC. The service was proactive in their approach of protecting people. Since the registration of the location in April 2015, a single report of abuse or alleged abuse was made to CQC and this was detected by staff and immediately reported for action to safeguard the person.

We reviewed the care documentation of 11 people during the inspection. Care risks to people who used the service were sufficiently assessed and managed. We saw that the location used a computer-based care management system which required mandatory information about people's care and welfare, and regular updates to show that risks were reviewed. People's care was satisfactorily assessed for domains of living like mobility, nutrition, medical conditions and bathing and dressing. We found a small amount of information about people's care was recorded manually by staff, on paper records. Risks like pressure area care were adequately managed through appropriate methods like air mattresses, although when we enquired, the recording of information of checks on pumps supporting the mattresses needed improvement.

People received care in a modern building that was commissioned in April 2015. We spoke with the facilities manager, looked at relevant documentation and toured the building to check risks for people, staff and visitors. The provider had completed building risk assessments and checks in line with the health and safety standards expected.

Lynwood Care Centre, Lynwood Court is a large premise with multiple units where people lived, depending on their care needs. This meant that staffing ratios were different in certain parts of the care home. The staff for people's care consisted of a combination of support workers and registered nurses. We examined the provider's approach to safe staffing. We found that staffing deployed was related to the dependency of people. Where the needs of people in a unit changed, staffing levels were promptly reassessed to ensure that people received safe care. In certain circumstances, people required the constant support of a staff member, and we saw evidence this was achieved. The provider had a clear and robust strategy for staffing and rotas we examined confirmed that the provision made for the location was maintained. Managers we spoke with clearly understand the staffing levels, and were clear what action they took if staffing levels dropped due to unexpected leave or other reasons. Staffing levels were also regularly communicated to the

local authority commissioners.

A robust recruitment and employment system was in place, overseen by administrators who demonstrated excellent knowledge in checking and keeping the necessary documents on personnel files. We checked 11 staff personnel file and found that all of the checks were completed, such as criminal history, previous employment conduct and identification of the employee. We found the administrator had also checked staff's right to work in the UK and found no issues.

Peoples' medicines were managed and administered safely. We checked clean utility rooms where medicines were stored and controlled throughout the location. We saw that medicines were correctly locked away and that regular checks of high risk medicines, like controlled drugs, were completed. We examined medicine administration records (MAR) and found that these were fully completed and in line with administration requirements. We also observed medicines being given to people throughout the inspection, and found that registered nurses followed the correct procedure. Where medicines were stored in refrigerators, we saw evidence that staff were checking the temperatures to maintain the effectiveness of the drug. Medications were also disposed of correctly. People who could communicate with our inspection team told us they understood the reason and purpose of the medicines they were given.

Improvements were required in the prevention of infection practice. On visual examination, communal areas and people's bedrooms were clean and tidy, and there were no odours present. Cleaning staff were present during the inspection and observed to be undertaking their role in ensuring hygiene of the facility. The location nominated the registered manager as the location infection prevention and control lead. Due to their workload, the ability to undertake this responsibility effectively was affected. We also found that there was no infection prevention and control risk assessment, although there were five unit-based infection control audits in December 2015. The location was not holding regular infection control meetings to assess, review and mitigate potential and actual infection control risks. We noticed that staff washed their hands and used personal protective equipment when people received their personal care. The location did have nearby access to handwashing facilities in all parts of units, but had not implemented the use of alcohol hand sanitiser. We observed some areas in the care home, for example on top of cabinets, were not appropriately cleaned and showed this to managers.

Good

Is the service effective?

Our findings

All of the people who use the service, visitors and relatives told us that they felt staff were well trained and that they knew how to meet peoples' needs. One person told us: "They do talk about my care with me. I'm very happy but know that they would respond if I wasn't happy with anything". Various staff we spoke with told us they had received training in a number of subjects, including dementia awareness training and had a good understanding of supporting people with challenging behaviours. We observed staff worked to ensure that people exhibiting challenging behaviour were supported sensitively and calmly and that maintaining peoples' dignity during these events was a high priority.

When we contacted the local authority to ask about their opinion of the location as part of our inspection process, they expressed that perhaps too many training topics were conducted in one day. We asked the provider to send further documents after the inspection and checked the location's staff training records. We saw the provider used a computer-based system to record staff training and flag when it was due for renewal or had already expired. We found managers were frequently checking their training system to ensure staff were scheduled for training or had completed it. We also spoke with the provider's training manager who explained the approach to staff training and how staff were prepared and updated with skills for their jobs. The extensive training records we viewed corroborated what people and staff had told us at the inspection. We found staff received training in a wide range of topics relevant to their role.

New staff received effective induction and support to establish their knowledge and skill in their role. The provider embraced industry-wide models used for care home training, such as the Skills for Care 'Care Certificate'. New staff, where appropriate, were required to undertake the required induction training to ensure they were able to carry out their roles and responsibilities. Existing experience in staff's prior employment was also recognised so that training was individualised. Staff participated in regular supervision with their manager and annual goal setting and performance appraisals. We asked the provider to send us further evidence after the inspection. In adult social care there is no required frequency for staff supervision meetings, but at Lynwood Care Centre, Lynwood Court we found large numbers of staff received supervision meetings as often as every two months. This meant that staff could express concerns and talk about issues pertinent to them with their manager and vice-versa.

Our inspection team observed care in all of the units of the care home. We saw that people were asked for their consent before care was undertaken by staff. When people could not effectively communicate because of their conditions, staff still explained to people what they were about to do. People's right to refuse treatment was also respected by the staff.

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.

We spoke with the deputy manager specifically concerning the operation of the DoLS. They showed us a folder containing information about the numbers of standard authorisations, urgent authorisations and applications to the supervisory body (local authority). We were able to cross check the information from this file with information observed in people's care documentation. We could see that there were two current standard authorisations in respect of people and neither had any conditions imposed by the supervisory body. In addition, applications for standard authorisations were made in respect of a further eight people who use the service. Some of these were in respect of standard authorisations which had expired.
We also looked at the provider's policy and staff guidance related to the MCA and DoLS. We found these contained inaccuracies, out-of-date information and were not reviewed or updated since challenges in law had occurred. We have pointed these issues out to the management of the location.

We asked people their opinion of the food and drinks at the service. People's opinions of meals offered at Lynwood Care Centre, Lynwood Court was very positive. One person said: "Marvellous food, everything I want. They take it away if I don't like it and get me something else". Another person's comment was: "Pretty good food, enjoyable, well cooked and very tasty". A relative we spoke with told us: "We had dinner with the family in the restaurant. They were very accommodating, there was nothing on the menu that X liked so they cooked her a special meal".

Menus we viewed demonstrated that people had a good variety of well-balanced meals. We saw that information sheets, detailing individual dietary requirements, were used by staff at lunchtime to ensure that people received the correct meal. We spoke with carers who were aware of peoples' dietary requirements. At mid-morning people had tea or coffee, cold juice drinks and a selection of biscuits. People's hydration was also a priority and throughout the day we saw that people, in their rooms or in communal areas, had appropriate access to a drink. We saw that hot and cold drinks were offered to people during the day and noted that drinks dispensers were situated throughout the units.

We spoke briefly with the catering manager to check their involvement in the effective nutrition of people who used the service. When we asked, could not produce a list of people's food allergies, preferences or dislikes. They told us that this was a responsibility of care staff. However, there was a risk that care staff would not communicate this information to the kitchen, and that food could be served that may be a risk to a person.

There was good support to the care home from health professionals in the community. Local GP surgeries provided clinics to people on site at least weekly and ensured that minor illnesses were detected and managed, where possible, without transfer elsewhere. We spoke with one GP who visited the service and their feedback was positive and told us they had "no concerns" with how people were supported to have good health. Staff were aware of people's health needs and called in the GP and other health professionals as required. We saw referrals were made without delay to other health professionals such as dieticians, speech and language therapists, and physiotherapists and their recommendations had been included in the care plans and care delivery. We spoke with a physiotherapist on site at the wellness centre and they were positive that people received care to promote their full involvement. We also observed some people participating in an exercise therapy session, which they enjoyed.

Good

Is the service caring?

Our findings

Many people and relatives gave us feedback about the kindness and compassion displayed at Lynwood Care Centre, Lynwood Court. One person told us: "The care here is second to none. We still have our experienced carers looking after us". Another person said: "They take very good care of my legs. The staff know how to care for me". One person we spoke with said: "They know me here and know what I like". "I feel very fortunate to be living in Lynwood. Thankful to be here in safe, caring hands" another person commented to us. We observed that care staff were aware of one person's visual impairment. As they approached the person, they were careful to explain who they were and asked if the person would like anything. We saw staff were very attentive and continued to offer support in a person-centred way. When we spoke with the person about their experience they stated: "I get a lot of help from them because of my sight. I can't see too well any more".

Relatives echoed the sentiments of the people who used the service. One relative said: "When X came to live here, she had very poor mobility. In fact she couldn't walk. The support that she has had from the physios has been outstanding". A second relative told us: "They know the problems with X. Carers are very patient and they really understand him". Another relative said, 'Carers here show compassion, understanding and are patient". "Carers are very helpful. Nothing is too much trouble for them," a relative said.

We saw throughout the inspection that people did not have to wait long before getting attention. Staff were around on the floors, sitting and chatting to people. Staff checked regularly, to ensure that people in their rooms had all they needed. The nurses' station was designed to have a clear view so that people requiring urgent attention received it quickly. People we spoke with told us that when they needed care staff came to attend to them quickly. Some people felt they waited too long on occasions. During the day there was an immediate response to the call bells we heard. The fact that there were so few call bells sounding indicated pre-emptive care. We noted that people in their rooms had call bells within reach.

There was an open culture to the care at the service. People, relatives and others were always provided the opportunity to share their concerns or feedback, even in a busy environment. There were 'residents and relatives' meetings held on a regular basis and these were organised on a unit by unit basis. We saw topics that were discussed included activities in the evening, medicines and menus. We asked to see satisfaction survey results and looked at the content. Mainly relatives had filled them out. The ratings on them varied between 'good' and 'excellent'. Relatives had provided a large amount of information about how the service could be improved, as well as positive feedback regarding the care. The management had not collated the results from the 2015 survey in order to establish themes and areas to focus on to make the care outstanding.

The inspection team observed the dignity and privacy of care people experienced over the course of two days. Our observations revealed that people received care which was dignified and respected people. We saw that person-centred care was delivered in a way that helped people to maintain a good level of independence, make choices and enable people to do as much for themselves as possible. People were smartly dressed in freshly laundered clothes. When people's conditions meant they were soiled, for example

during lunch, staff were attentive and made sure that people were assisted to be clean. When personal care was provided, staff demonstrated privacy and closed bedroom doors and knocked before entering closed doors. Confidentiality in all formats was maintained, and in communal areas documentation was appropriately stored away.

Good

Is the service responsive?

Our findings

People we spoke with had different opinions about whether the service was responsive to their needs. One person told they were very happy living at the care home, but seemed confused and told us that she did not know why she was there. She did not appear distressed by this. Another person told us they 'had a little bit of dementia' and a 'poor memory'. They told us they felt lonely sometimes that they wished staff would give her more information about what activities were going on in the service. She felt that she was expected to use the noticeboard but that this does not always suit her. She said that overall she is very happy with the care she receives.

People and relatives confirmed that they had been consulted about their personal care approach. A relative told us: "X was admitted to a nursing area of Lynwood but she was not really very happy. She found it all a bit distressing because people around her were unable to communicate. As soon as her needs became apparent she was moved to a residential part of the home where she is much happier". We spoke to a relative whose family member lived in the service. They told us that their mother was very well cared for and that they were 'very happy' with their mother's care. The relative referred specifically to the physiotherapy support for their mother. The relative also referred positively to the fact that another person who used the service had been able to bring their piano into the care home. When we visited a particular unit, some people were practising Christmas carols for a concert and we observed a person playing the keyboard and enjoying their effort in contributing to the singing. When we questioned a staff member about this, they said it was what the person 'loved' to do, and that they regularly helped him to achieve what he liked to.

Maintaining an active lifestyle and being offered a wide range of opportunities to participate was a key focus of the service. People told us that there was a lot happening to keep them occupied. The activities co-ordinator was supported by members of the care team, one of whom was a qualified physiotherapist. Volunteers, an overseas student, and pupils from a nearby school taking part in the Duke of Edinburgh's award scheme also assisted activities staff. We found links Links with local schools, including a nursey gives residents a chance to chat with young people. The lives of people who used the service and students was enriched by these mutually beneficial links. In addition a nursery school came to perform in the care home and people attended performances in the schools. People had access to a hydrotherapy pool, a spa centre and physiotherapists, on a fee per visit basis. There was an extensive range of activities on offer that were all well-advertised and communicated for people. We saw activities included cookery, arts and crafts, musical entertainment, quizzes, exercise to music, ball games, trips out and shopping expeditions. These were fully inclusive and include people living with the advanced stages of dementia. We found activities provided reflected the interests of individuals and the co-ordinator regularly consulted with people with a view to extending the activity programme.

The location had a complaints policy and procedure. This was updated in July 2015 and contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well. We viewed the location's complaints register during the inspection and found a low number of

complaints which were reasonably handled. People told us that they were consulted about their care and were kept fully informed if there were any changes. They went on to say that there was a spirit of openness in the service which encouraged people to discuss issues with staff who provided care or the manager, in order to get them resolved. People told us that they knew how to make a complaint but commented that they had not found it necessary to raise any form of complaint. We found that small issues were dealt with immediately and people and relatives told us that they were confident that if a serious issue occurred it would be dealt with appropriately. "No complaints at all", one person said. Another person told us: "Any small things the (staff) sort them out". Copies of the complaints procedure were prominently displayed around the building. Staff were proactive in letting people know that it was alright to complain and reassuring them that they will be taken seriously.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were not as familiar with the requirements of the duty of candour to people and although the service implemented a policy in January 2015, no training was provided which helped them learn the process. We examined two historical incidents that had occurred at the location since registration where we questioned the execution of the provider's responsibility for duty of candour in the matter. Upon discussion, the management accepted our feedback which was that the duty of candour must be considered in each and every case.

Requires Improvement

Is the service well-led?

Our findings

The provider held strong and clear visions about the type of service they aspired to and what they wanted for people who used the service. These were mapped out clearly for the various types of care that were provided at the care home. There were overall goals and values on printed brochures and on the location's website. People and relatives were openly encouraged to contribute to the development of the service. We saw numerous occasions during the inspection where staff, a visitors and people who used the service were engaged in a conversation which was friendly and positive. People and relatives were happy to engage with staff when they approached, and staff replicated this when they approached them. We saw the managers and other care staff often greeted people on the units and visitors as they entered the units and had discussions about care with them when they needed to. The care home maintained strong ties with the local authority, commissioners and members of the multi-disciplinary team also.

People held high opinions about the manager and deputy manager. On the days of the inspection, the registered manager was absent although greeted us briefly and introduced us to the deputy manager and other key staff members. A condition of the location registration was to have a registered manager. The provider had a registered manager in post who was well respected and liked. There was genuine continuity in the leadership at the care home with a single registered manager since registration of the location. Although the provider had completely rebuilt their premises and changed their registration in 2015, the manager had been in post at the old site for many years. We found the registered manager and deputy manager provided ideal leadership for the care home. In all aspects of the management, they had oversight and were able to provide detailed information about the staff team, people who used the service, areas of strength and items for improvement. People, staff and relatives we spoke with commented on the quality of the management. When we spoke with people about involvement of management, they told us the managers were often in their units and constantly liaised with staff. The management complied with the regulatory requirements to notify us of certain events in the running of the service, and always provided accurate and transparent information.

The care home's approach to quality was displayed in a number of ways. A relevant example we found was listening to people's feedback about an automatic opening door. People told the service it was difficult to deal with because of their mobility and frailty. The management listened and organised structural and operational changes to the doors so that people felt safer and had time to enter and exit the building. The service also completed a number of internal audits to check on the standard of care and where improvements could be made and we viewed a variety of these during the inspection.

We asked the provider to submit further evidence of quality checks to us following the conclusion of the inspection. We reviewed various examples including an audit from October 2015 on the safe use of chemicals, a health and safety audit dated October 2015 and regular medication and care plan checks. Appropriate meetings were held regularly that included 'heads of department', clinical governance and health and safety. When audit results revealed areas for improvement, we found staff sometimes compiled an action plan and, if necessary, a risk assessment.

During the inspection we asked relevant staff including managers to provide evidence that identified risks and areas for improvement at the service were handled in coordinated way. The provider was unable to demonstrate evidence that all quality issues were communicated to appropriate levels and actions were taken in every case. There was the potential, due to the scale of the service, that important information to build the quality of the service even higher was not taken into account. For example, a common approach to this for many services is to maintain a centralised, comprehensive service improvement plan or action plan. Although we found a satisfactory management structure existed at the service, better coordination of pertinent information was required to further drive improvement. The results of the audits, unit level and whole of service meetings were contained in the documentation generated by the related processes, but these were not escalated through appropriate channels. Themes and trends in the quality of care were not always analysed, discussed amongst leaders and measured against current national best-practice guidance. We have informed the management of our findings related to this.