

Anchor Trust

Sandholme Fold

Inspection report

Sandholme Crescent
Hipperholme
Halifax
West Yorkshire
HX3 8LP

Website: www.anchor.org.uk

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25 February 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Sandholme Fold on 25 February 2016 and the visit was unannounced.

Our last inspection took place on 30 July 2014 and, at that time, we found the regulations we looked at were being met.

Sandholme Fold is a 44-bed home registered to provide accommodation for persons who require personal care. There is a large communal lounge and dining area on the ground floor and a smaller lounge/dining area with a kitchen area on the first floor. All of the bedrooms are single occupancy with en-suite toilet facilities. Outside there is a secure garden area which is accessible from the ground floor lounge.

The service has a registered manager in post. 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 Sandholme Fold and staff told us they would report any concerns to the registered manager. The registered manager understood how to report any suspicions of abuse in order to make sure people were safe at the home.

We found the home was clean and odour free. Bedrooms had been personalised and communal areas were comfortably furnished. The home was well maintained and services and equipment had been serviced to make sure they were safe to use.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the registered manager and that training was on offer.

There were enough staff on duty to make sure people's care needs were met, people told us they liked the staff and found them kind and caring. On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. Safe systems were in place to manage medicines so people received their medicines at the right times.

The meal time experience was a relaxed and social occasion. People told us meals at the home were good and offered both choice and variety.

There were a range of activities on offer to keep people occupied and trips out were organised to a variety of

venues.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Visitors said they were made to feel welcome and told us dogs were welcome to visit too.

There was a complaints procedure in place and we saw where concerns had been raised these had been dealt with appropriately.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address these shortfalls. People using the service were asked for their views and were able to influence the way the service was managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The home was well maintained, clean and comfortable.

There were enough staff to care for people and staff knew how to keep them safe.

Medicines were managed safely which meant people received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a social and pleasant experience for people.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. People were supported to access health care services to meet their individual needs.

Is the service caring?

Good ●

The service was caring.

People using the service told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

People's privacy and dignity was respected and people were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care records provided up to date information which showed the support and care each individual required.

There were a range activities on offer to keep people occupied. Trips out were also organised on a regular basis.

People knew how to make a complaint and the complaints procedure was displayed in the home.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who provided leadership, direction and support to the staff team.

Quality assurance systems were in place which were effective in making further improvements to the service. The views of people using the service were sought and acted upon to make sure people's preferences were met.

Sandholme Fold

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 25 February 2016 and was unannounced.

The inspection team consisted of two inspectors.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment records and records relating to the management of the service.

On the day of our inspection we spoke with twelve people who lived at Sandholme Fold, three visitors, five care workers, the chef, three housekeepers, one kitchen assistant, the deputy manager, the registered manager and a district nurse.

Prior to the inspection we received a completed a 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 reviewed all the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Sandholme Fold. One person said, "Oh yes we all feel safe here." One relative told us, "The security here is very good, I never worry about Mum's safety." Another visitor told us their relative felt safe and they had no concerns.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and said they would report any concerns to the registered manager.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. The registered manager understood the local safeguarding procedures and had made appropriate referrals when any concerns about people safety had been identified. We looked at safeguarding documentation which confirmed appropriate referrals had been made to the local authority and preventative measures put in place to help prevent a reoccurrence.

Staff we spoke with said they would not hesitate to use the whistleblowing procedure to report any concerns they had about colleagues practice, even if it was about a senior colleague. This meant staff understood how to escalate concerns and keep people safe.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Sandholme Fold.

Overall, we concluded there were sufficient staff to ensure people received safe care and their needs were met. .

We asked people using the service if they thought there were enough staff to care for them. We found people had mixed views. One person told us, "Generally there are enough staff, but sometimes they are short. They are always busy." Another person said, "They come pretty quickly if I buzz." A third person told us, "I have to wait longer than I would like when I press use the alarm. One member of staff will arrive but I need two and it takes even longer for the second to arrive." Another person who required the assistance of two carers also made the same observation. When we arrived at 8am the registered manager was checking the response times to the call bells from the previous night. They had identified there was a delay when people required the assistance of two carers and told us they would investigate further so improvements could be made.

We asked two members of staff if they thought the staffing numbers at the home were sufficient to meet people's needs. Both said they did and said the team leaders would cover care tasks if they were short of care workers.

We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home. They told us staffing numbers would be increased if people's needs changed or if more people moved into the service, for example, when someone was receiving end of life care.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rotas. Rota's showed that the safe staffing levels of five care workers during the day were consistently maintained. There was some variation in the number of care workers on shift during the day between five and six, the registered manager told us that following recruitment they hoped to be able to consistently deploy six. They told us that where five care workers were on duty, the team leaders often worked on the floor to boost staffing numbers. Staff confirmed this was the case. The registered manager and care staff were supported by a housekeeping and catering staff, an activities co-ordinator and a handyperson. Staffing levels were regularly monitored and a dependency tool was used to calculate the required staffing levels.

We saw that staff were available throughout our visit and people's needs were attended to promptly. This demonstrated to us that there were enough staff on duty to meet people's needs.

We found the three care files we looked at were easy to navigate and followed a standardised format. The files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. We saw additional assessments had been completed when other risks had been identified, for example, for people who smoked. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, we saw one person had rolled out of bed. The use of bed rails was discussed with them and district nurse. We saw bed rails were in place and the person told us they felt 'safe' now as they could not roll out of bed.

People we spoke with and visitors all told us the home was kept clean, tidy and odour free. We spoke with two of the housekeeping staff who told us they had cleaning schedules they followed to make sure all areas of the home were kept clean. When we looked around the building we found the standards of hygiene were good.

We saw the food standards agency had inspected the kitchen in February 2016 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We found the building was well maintained. An on-going programme on refurbishment was taking place and at the time of the inspection work was being undertaken to upgrade some of the en-suite toilets. There were appropriate communal areas for people to spend time including a large open plan dining room/lounge. We also noted the lounge and dining areas had been redecorated and refurbished to a high standard. A classically designed shop had recently been opened which sold a range of sweets and other items such as toiletries to residents. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, gas and electrical systems. A system was in place for staff to report any faults to ensure they were promptly repaired. This meant the building was kept in a good state of repair.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people who used the service.

We found medicines were stored safely and only administered by staff who had been appropriately trained. Staff competency in the safe administration of medicines was assessed to ensure they were safe to

administer. Medication administration records were up to date with no gaps in recording, we noted medicines were recorded when received and when administered or refused. This gave a clear audit trail for us to see. We checked a random sample of stock balances for medicines and these corresponded with the records maintained. We observed people were given their medicines in a caring way and those who required more encouragement and support received it. This demonstrated people were receiving their medicines in line with their doctors' instructions.

Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. We also saw staff asking people if they required any PRN medicines, for example, for pain relief. If people said they did medicines were administered and if not a record was made to indicate they were not required at that time. This meant people did not receive medicines when they were not needed.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection some people were receiving controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

We noted the date of opening was recorded on liquids, creams and eye drops that were being used and found the dates were within permitted timescales.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and storage room temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures. This showed us medicines were being stored safely.

Is the service effective?

Our findings

We asked people using the service if they thought the staff had received the training they needed to do their jobs. One person said, "Yes, they are all very good." Another person said, "Yes I do, I find them very helpful."

We spoke with a newer member of staff who told us they had received induction training and had been working with a more experienced member of staff so they could learn the practical elements of delivering personal care and support. They told us staff had been welcoming and very helpful.

New staff without previous experience were required to complete the care certificate. This ensured that new staff received a standardised induction in line with national standards. Staff also were inducted to the organisations policies and procedures and undertook a period of shadowing before working on shift.

We spoke with other staff who told us training was on offer and some of this was completed on the computer. They told us the registered manager checked to make sure training had been completed.

Staff received regular training updates in subjects such as manual handling, safeguarding, nutrition and Mental Capacity Act. Most staff were up-to-date with training, for example the overall training compliance figure was 89%. Where training had expired further training updates were planned, for example on the day of our inspection health and safety training was being provided.

There were plans to ensure staff received further training for example there were plans to provide further staff with dementia level 2 training.

We asked staff if they felt supported in their role. They told us the registered manager was very approachable and easy to talk to. They also confirmed they received formal supervision where they could discuss their training needs, and any other issues they wished to raise. We looked at staff records which confirmed that staff received a mixture of individual and group supervisions. Records provided evidence that a number of quality issues were discussed and any support that staff required. Staff told us they worked well as a team and supported each other. This meant systems were in place to support and develop individual staff members skills.

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 spoke with the registered manager there were two people who had DoLS in place. We saw one of these authorisations had conditions attached which had been addressed in the person's care plan. The home had made seven further DoLS applications and was

awaiting assessment for the local authority. We concluded these applications were appropriate. The registered manager had a good understanding of how to comply with DoLS legislation which gave us assurance the correct processes would continue to be followed. DoLS applications and authorisations were monitored by the registered manager so they knew when to reapply for extensions and when to chase up with the local authority.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed us staff were making sure people were in agreement before any care was delivered.

Work had been undertaken on care files to ensure best interest decisions were robustly documented. In one care file we saw from the assessment the person was not always able to consent to care and support. The decision to deliver care and support had been made in the person's best interests with this clearly documented. This showed staff understood how to support people to make decisions within the legal framework.

People told us meals at the home were good. One person said, "The food here is excellent and there is a choice." Another person told us, "The food is lovely. Yesterday we had roast turkey and cranberry sauce, the chefs are very good." A third person said, "The food is good and there is always a choice." A fourth person told us, "You can choose your meals and on the whole they are very good." Relatives we spoke with all told us they felt meals at the home were good.

At breakfast time we saw tables had been set with tablecloths, serviettes, cutlery, crockery and condiments. As people arrived staff asked them what they wanted for breakfast. People had the choice of cereals, porridge, prunes, cooked breakfast, toast, tea/coffee, fruit juice or cordial. There were milk jugs and sugar on the tables so people could help themselves to what they wanted. Tea and coffee were served on tea/coffee pots. We saw people were offered second helpings where they finished their breakfast to help ensure they did not go hungry.

We saw jugs of juice were available throughout the day so people could have a drink whenever they wanted. We also saw people who choose to stay in their bedrooms had a jug of water or juice within their reach. The district nurse told us when they visited people in their bedrooms always had a jug and glass within reach.

Mid-morning we saw people were offered a variety of hot drinks, milkshake, biscuits and fruit.

At lunchtime we saw the tables were again set with tablecloths, crockery, cutlery, condiments and serviettes. Printed menus were on the tables and we saw people looking at these and discussing their choices. Staff went to each individual table to take people's orders and then people were served in a timely way. The choice of main meal was plated and vegetables were served in terrines and gravy in gravy boats. The meal looked and smelt appetising. People who were able helped themselves and staff provided assistance where necessary. We saw staff sitting with people who required full assistance with their meal offering appropriate support. Some people ate in the dining room and others in the privacy of their own room. Cold drinks were served with the meal and hot drinks after dessert. We saw the dining experience was a well organised, social occasion for people.

We spoke with the chef who told us staff kept them informed about any changes to people's dietary needs or the needs of anyone who was moving into the home. They told us the menus were discussed at resident's meetings and could be changed to make sure people got meals they liked. For example, they told us milk pudding were on the menu everyday as these were very popular. The chef explained how they fortified foods

so people who were nutritionally at risk received an appropriate diet. Clear diet sheets were available to staff, these provided information on their dietary needs and any special requirements. We saw these were regularly consulted by staff during the inspection. We concluded people's nutritional needs were being met.

We asked people using the service what happened if they did not feel well. One person told us, "They (staff) contact the doctor." Another person told us, "They (the staff) noticed I had a cough and got the doctor to come and see me." In the three care plans we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, speech and language therapists and podiatrists. We spoke with one of the district nurses who was visiting they told us, "We come every morning and if staff have any concerns they will tell us then. Staff are vigilant about people's healthcare needs and involve us appropriately." This showed us people's health care needs were being met.

Is the service caring?

Our findings

People using the service told us, "The girls (staff) are very good." Another person said, "The staff are very helpful." A third person said, "All of the staff are approachable and they know my likes and dislikes." A fourth person said, "You couldn't wish for better, they are very good." A relative told us, "I would give them 5* the staff are wonderful." Another relative described the staff as, "Excellent!"

We found information in people's care files about their past lives and experiences, likes, dislikes and preferences. We saw from their interactions staff knew people using the service well. Staff we spoke with understood how people liked to be cared for. We observed a person asking for breakfast and the staff member knew exactly how they liked it to be served including the individual toppings they wanted on each piece of toast. This indicated staff knew people well.

We saw that people looked well cared for, clean and well groomed. We saw people wearing matching clothing and wearing clean spectacles. This showed us staff had taken time to support them with their personal appearance.

We saw mealtimes were a social occasion with people chatting to other people and staff joining in the conversation which made for a pleasant and relaxed atmosphere.

During care and support tasks such as hosting, we observed staff took care to comfort people to reduce any anxiety. This was done through a use of verbal and non-verbal communication. Staff had a good awareness of what was important to people, for example taking care to ensure their personal possessions such as handbags were within their sight.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. Staff made sure they were on the same level with people when they were asking questions or offering support. We saw staff were kind, caring and compassionate.

People told us the laundry service at the home was very good and made special mention, by name, of one of the housekeeping staff. They told us, "(Name) is very good I get my laundry back the same day or if not the day after." Another person told us, "I have a laundry bag in my room and the service is very good." This showed us staff respected people's clothing.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. One of the housekeeping staff told us how much they enjoyed their job. They told us always made sure people ornaments and pictures were returned to the same 'spot' when they cleaned because this was important to people. This showed staff respected people's personal possessions.

We saw staff supported people to make choices. For example, at breakfast time the kitchen assistant asked people what they wanted to eat. Some people responded with "The usual." They were then made aware of all of the options and encouraged to make an informed choice.

People were encouraged to maintain their independence. We saw people were encouraged to 'help themselves' to drinks and milk at breakfast time and people were given plate guards and special drinking cups so they could eat and drink independently.

Visitors we spoke with all told us they were made to feel welcome when they visited they also told us they could stay for a meal if they wanted to. One relative told us, "I come at all different times and I am always made to feel welcome. Dogs can visit too and people like that." Another relative said, "Staff are so welcoming and friendly it makes you want to visit."

Is the service responsive?

Our findings

People spoke positively about the care and said it met their individual needs. For example one person told us, "This is perfect for me, they always answer the buzzer." Another person said "The care and staff are great, I don't think I have ever come across a selection of people that are so good, some of them go the extra mile."

We spoke with one visitor who told us they had visited the home, unannounced, because they were looking for a place for their relative. They told us the registered manager went to see their relative to assess them before a place was offered. They went on to explain how much their relative's well-being had improved since being at Sandholme Fold because they were getting the right care and support and were happy.

We looked at three care files and saw people had been assessed before they moved in to make sure staff could meet people's care needs.

We saw care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered. One relative told us they attended these meetings and found them very helpful. We saw the reviews gave a good overview of people's well-being for the previous month and identified any issues.

We asked people if there were activities on offer for them. One person told us, "There is a board outside the lounge with all the activities on. There is plenty going on and (Name) the activities person works really hard." Another person said, "(Name) organises the activities, we play skittles and golf." A visitor told us, "The activities are really good. There is something organised in the mornings and afternoons and entertainers are brought in. Mum made and painted a bird box the other week and at Christmas they made Christmas cakes and had a competition."

One relative told us they had organised a 'Vintage Afternoon' and had brought in a variety of items for people to look at and discuss. They told us they had done this because the staff had been so welcoming they wanted to do something for the people using the service.

We spoke with the activities co-ordinator who told us mostly they worked Monday to Friday from 10am to 4pm, but would work at other times to facilitate trips out and special events.

They told us Sandholme Fold had recently won the 'Virtual Cruise' competition run by Anchor Trust. This involved an imaginary cruise which stopped at a different location every month over a six month period. The destinations had been based on places people using the service had visited and when the 'cruise' stopped the dining room was decorated in a style to reflect the destination. Suitable entertainment and food were also organised. For example, for the 'stop' in Las Vegas, Elvis was the entertainment and for the stop in New York hot dogs and burgers were served. The 'cruise' ended with a welcome home party to the United Kingdom. We saw there were photographs of the 'cruise' in an album in the dining room. These showed the events were well attended and people looked like they were enjoying themselves.

The activities co-ordinator also organises trips out to parks, pubs, theatre, cinema and barge trips. They have made links with two of the local schools who visit. They told us they tell everyone what is on offer on any particular day so they can join in if they want to.

We saw people were involved with a game of "Play Your Cards Right" and a quiz during the morning and in the afternoon a film about Halifax in the 1900's was generating discussions about the mills and cloth industry. This showed us there were a range of activities in place to keep people occupied and interested.

There was information about how to make a complaint on display. We asked people if they were unhappy about anything who they would tell. One person said, "I'd tell (name, the registered manager) and they would sort it out." Another person said, "I'd tell the team leader or manager and they would sort it out." Two people told us they would tell their relatives.

We saw there was a complaints log in place and any complaints or low level concerns were recorded. We saw where complaints were recorded, robust measures were put in place to investigate and where practicable preventative measures put in place to reduce the likelihood of a re-occurrence. On reviewing complaints records we did not identify any concerning trends with most issues being relatively low level and quickly resolved by the home.

Is the service well-led?

Our findings

We asked people using the service, relatives and staff if the service was well-led. One person said, "(Name) is good and will sort things out." A relative told us, "The manager is very good, their door is always open and they look after the families as well as the residents." One member of staff told us, "(Name) is a good leader, they listen to us. They also work on the floor and go round and talk to all residents." Staff said, "(Name) is very fair." Another member of staff said, "You can go to them with anything and if you think something needs changing they will listen." A third member of staff told us, "(Name) is a good manager they will sit and talk and understands. I can go to them at any time."

One relative told us, "I have recommended Sandholme Fold to loads of people."

There was a well-defined management structure in place with team leaders being in place below the care manager. Specialist advice and input was available for example a Care and Dementia Specialist was available and the provider had an internal safeguarding team who were able to conduct impartial investigations if required.

We wanted to know how people using the service were consulted about the way the home was managed. People using the service told us there were resident's meeting where they discussed the menus, activities, trips out and general things about life in the home. This was confirmed by the meeting minutes we viewed. The registered manager, activities co-ordinator, chef and head housekeeper all told us they attended these meeting and acted upon any information they received. For example, the chef told us milk puddings were on the menu every day because people had asked for them. A "You said, we did" board was on display which showed what issues people had raised and the action that had been taken to address these. For example, people had wanted changes to the menu and this had been actioned through discussions with the chef.

We also saw the activities co-ordinator talking to people after lunch to get their comments about the meal which had been served. Each person's comment was logged so the chef could see if there were any meals people were not satisfied with and make changes to the menu.

People's views were also regularly sought through an annual satisfaction survey. We looked at the results of the 2015 survey which were very positive and above the provider's regional average with most people very happy with the quality of the service provided.

Systems were in place to assess and monitor the quality of the service. The registered manager undertook regular walk-arounds where they spoke with staff, people that used the service and checked paperwork. We saw where issues were found, an action plan was put in place to reduce the likelihood of a re-occurrence. Care plan audits took place, we saw the format of these had recently been improved to ensure they assessed against standardised criteria. There was evidence these were routinely picking up and identifying issues. Audits in a range of other areas took place including infection control and medicines management. We saw evidence issues were identified and action taken to rectify any risks.

Audits were undertaken by staff from head office. These included visits by the area manager, regional support manager and the care and dementia specialist. As well as examining paperwork these asked people for their views on the quality of the care they were receiving. These resulted in an action plan being produced for the registered manager which they worked through on an on-going basis. This action plan formed the service improvement plan to help ensure continuous improvement of the service.

We did note there were no weight audits taking place, although MUST scores were monitored on a monthly basis. This was a missed opportunity to robustly monitor whether people's weight was changing within the home. The registered manager told us they would implement weight audits following our visit.

The registered manager was required to submit information to head office on a regular basis to provide assurance on events occurring within the service. For example, the number of pressure sores, complaints and safeguarding notifications. This helped the provider monitor the performance of the service.

Incidents and accidents were recorded and investigated with clear preventative measures put in place. For example, following falls records showed people had been provided with assistive technology or referred to the falls clinic. The number, type, time and location of incidents was monitored on a monthly basis to identify any common trends and themes.

Periodic staff meetings took place; these were an opportunity for any concerns to be discussed and quality issues to be addressed.

The service was contributing to research/best practice as it was working with a local university to monitor and improve people's mobility in the home. A selection of people had consented to wearing mobility monitors which they were wearing on the day of the inspection. Once complete and analysed, the results of this research would be used to develop strategies to improve people's mobility and encourage people to stay active within the home.

Further continuous improvement of the service was planned for example the introduction of Wi Fi to enable people to access the internet easier and completion of the programme of refurbishment.