

Gateshead Council

Southernwood Promoting Independence Centre

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?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 12 July 2016.

We last inspected Southernwood Promoting Independence Centre in January 2014. At that inspection we found the service was meeting the legal requirements in force at the time.

Southernwood Promoting Independence Centre is a service that provides accommodation and personal care for up to 24 older people, some whom may live with dementia. The service provides short term respite and assessment of peoples' care needs.

A registered manager was in place. 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 said they were safe and staff were kind and approachable. Peoples' comments included, "I feel safe. Staff help build people's confidence," and, "Staff are always around to help." Several compliments had been received from people who stayed at the service. For example, "I can't thank you all enough for the kindness I've been given in the last six weeks. It's made me happier than I've been in the last six years. I took you all on as my friends, now I'm smiling and laughing once again. Thank you."

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Systems were in place for people to receive their medicines in a safe way. People had access to health care professionals to make sure they received appropriate care and treatment. Appropriate training was provided and staff were supervised and supported.

There was a good standard of record keeping and records reflected the care provided by staff. Staff knew the people they were supporting well. People we spoke with told us staff were patient and caring and peoples' privacy and dignity were respected. Their comments included, "I never feel uncomfortable and always feel I can ask for anything I need," and, "Staff always treat me with respect."

Staff and people who used the service said the management team were approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs during their stay at the service.

A complaints procedure was available. People told us they had no need to complain but they would feel confident to speak to staff about any concerns if it was necessary.

The home had a quality assurance programme to check the quality of care provided. People had the opportunity to give their views about the service. Their comments included, "The staff are very caring and helpful. If I needed to come here again in the future I would have no worries," and, "I have enjoyed my stay here. Staff were very kind and helpful and the food was nice." There was consultation with people and family members and their views were used to improve the service.

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.

People were kept safe as systems were in place to ensure their safety and well-being at all times. Appropriate checks were carried out before staff began work with people

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Staffing levels were sufficient to meet people's needs safely and flexibly. People received their medicines in a safe and timely way.

Is the service effective?

Good ●

The service was effective.

Staff received supervision and training to support them to carry out their role effectively.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care. Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives said the staff team were kind and caring as they provided care and support.

Good relationships existed and staff were aware of people's

needs and met these in a sensitive way that respected people's privacy and dignity.

Staff spent time interacting and talking to people and they were all were encouraged and supported to be involved in daily decision making.

There was a system for people to use if they wanted the support of an advocate. Advocates were made available to represent the views of people who are not able to express their wishes.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs and wishes. Records reflected the care and support provided by staff.

Activities and entertainment were available to stimulate people and to help keep them engaged.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place. Staff told us the registered manager was supportive and could be approached at any time for advice.

People who used the service told us the atmosphere was good.

The home had a quality assurance programme to check on the quality of care provided.

Southernwood Promoting Independence Centre

Detailed findings

Background to this inspection

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

This inspection took place on 12 July 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with eight people who were staying at Southernwood Promoting Independence Centre, one visitor, a visiting professional, the registered manager, four support workers and one member of catering staff. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for four people,

recruitment, training and induction records for five staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the manager had completed.

Is the service safe?

Our findings

People told us they felt safe and they could speak to staff. Peoples' comments included, "Staff will come and help you. If you press the buzzer, they'll come and bring you downstairs," and, "Staffing levels are okay at the moment, we're not full."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. Staff members' comments included, "I'd report any concerns to the manager or senior on duty," and, "I'd go to my line manager and raise my concerns." Staff were able to describe various types of abuse. They could tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. Records showed and staff confirmed they had completed safeguarding training. They had completed local authority safeguarding training so they were aware of how to raise an alert and the multi-agency procedures which showed the areas of responsibility for different agencies.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying CQC of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities where necessary. A safeguarding log was in place. No safeguarding alerts had needed to be raised with the local authority safeguarding team since the last inspection.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for nutrition, pressure area care, moving and assisting and falls. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from these and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls, a person who fell more than twice would be referred to the falls clinic.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked them on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. Staff who administered the medicines explained to people what they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. For example, we heard a staff member ask someone, "Will you have your tablets with your breakfast with a cup of coffee and Weetabix?" Medicines records were accurate and supported safe administration. There were no gaps in entries and all medicines were signed for after administration.

Medicines were given as prescribed and at the correct time. Staff members who administered medicines told us they would be given outside of the normal round if the medicine was required.

All medicines were appropriately stored and secured. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We considered staffing levels were sufficient to meet the needs of the people who were using the service at the time of inspection. The registered manager told us staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. At the time of our inspection there were 15 people who were using the service. The home was staffed by four support workers to cover day time hours until 4 00pm, three support workers for the evening and two night staff members were on duty overnight. Staffing rosters showed the three evening staff came on duty at 12.30pm and they worked with the four staff already on duty until 4.00pm so seven staff were available in the afternoon. These numbers did not include a member of the management team who was also on duty during the day.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. This was for if the building needed to be evacuated in an emergency.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Copies of interview questions and notes were also available.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with by the provider's maintenance department. We also saw records to show that equipment used at the service was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. They told us they thought training was appropriate and they were able to access training and could make suggestions for training. Staff comments included, "Training all the time," "We get enough training," and, "We do face to face training and e learning."

The staff training records showed and staff told us they had received training in safe working practices and other training to meet peoples' needs. An on-going training programme was in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as mental capacity, distressed behaviour, dementia care, dignity in care, effective communication and equality and diversity.

We spoke with members of staff who were able to describe their role and responsibilities clearly. Staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member told us, "I've worked for the council for years but I remember I had the opportunity to shadow someone when I started work."

Staff told us they were well supported to carry out their caring role. All staff said they had regular supervision to discuss the running of the service and their training needs. Their comments included, "I have supervision every two months," "I have supervision with the manager or assistant manager," and, "We talk about what's working well." They said they could approach the registered manager at any time to discuss any issues. They also said they received an annual appraisal with a six month meeting to review their progress and work performance and to jointly identify any personal development and training needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Where necessary, assessments of people's capacity to make particular decisions had been carried out. For example, with regard to their care. One person's care plan for decision making stated, "Due to living with dementia [Name]'s family sign all relevant paperwork."

People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these

decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. Peoples' care records showed when 'best interest' decisions may need to be made.

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). Staff were aware of and had received training in the MCA and the related DoLS. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. The registered manager told us one application had been authorised, one application was being processed and other people did not require one.

We checked how people's nutritional needs were met. Systems were in place to ensure people received drinks and varied meals at regular times. Care plans were in place that recorded people's food likes and dislikes. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. The cook was enthusiastic and keen to ensure people who required a special diet were able to enjoy food they previously liked. For example, we were told food could still be appealing and recipes accommodated nutritional needs such as if people had diabetes. The cook told us they received information from the registered manager when people required a specialised diet. They explained about how people who needed to increase weight and to be strengthened would be offered a fortified diet and they explained how they would be offered milkshakes, butter, cream and full fat milk as part of their diet. We looked around the kitchen and saw it was well stocked with fresh, frozen, tinned and home baked produce.

We saw food was well presented and looked appetising. People were offered a choice and a menu advertised what was available each day. People were positive about the food saying they had enough to eat and received good food. Their comments included, "I can have a second helping if I wanted," "The portion sizes are too big," "I'm having sausages today," and, "There's plenty to eat."

People were supported to maintain their healthcare needs. People's care records showed they had input as required from a range of health professionals. Staff received advice and guidance when needed from specialists such as, the community nurse, psychiatrist and GPs. Records were kept of visits and any changes and advice was reflected in people's care plans.

Is the service caring?

Our findings

People we spoke with were all complimentary about the care they received from staff. Peoples' comments included, "Staff are smashing," "It's a marvellous place," "It's beautiful," "I always feel I can speak to someone in confidence and it will go no further," and, "Staff are very pleasant." We saw several compliments had been received from people who had stayed at the service. They included, "Our sincere thanks to all the staff at Southernwood for [Name]'s care they thought very highly of your professionalism and empathy."

People were supported by staff who were cheerful, patient and kind. They appeared comfortable with the staff who supported them. Good relationships were apparent and people were very relaxed. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff asked the person's permission before they carried out any intervention. For example, as they offered people drinks or assisted a person with their meal. Staff explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

We observed care was person centred and staff carried out people's care and support as requested by the person. Staff were available in communal areas and had time to spend engaging with people and not just when they assisted them with a care task.

People told us they were involved and kept informed of any changes within the organisation and staff kept them up to date with any changes in people's care and support. For example, people had been involved and made aware following a review of changes regarding the provision of the respite service. In the future the service would be providing assessment provision only. We were told anyone who required respite care was being made aware of other providers in the area who offered this service. Information was made accessible to people by use of pictures if people no longer read or used verbal communication. We saw evidence of this with the menus.

We saw that care was provided in a flexible way to meet people's individual preferences. For instance, people told us they could have a bath when they wanted, they could choose what they wanted to eat and they could get up and go to bed when they wanted.

Staff treated people with dignity and respect. We saw there was an emphasis upon promoting people's dignity. The provider had put several strategic measures in place across its services to remind staff about people's right to be treated with dignity. At Southernwood we saw staff completed a course about the 'Common Core Principles of Dignity' as part of their induction, dignity champions were appointed from the staff team to keep staff up to date with any new developments. A compliment from a relative said, "Excellent staff team giving [Name] their dignity back."

We saw staff knocked on people's doors before entering their rooms and staff ensured any personal care was discussed discretely with people. We observed that people looked clean and well presented. The ethos of the service promoted it as the person's home, albeit temporary. We saw all the staff respected this and

they described people's care and support needs to us with respect and understanding.

We observed the lunch time meal. The meal time was relaxed and unhurried. Staff interacted with people as they served them. People sat at tables set with napkins and condiments. Tables were set for three or four and staff remained in the dining area to provide encouragement and support to people. People were served with individual coffee pots and tea pots during the meal and they were available on the tables so people could help themselves. Staff provided prompts if required to people to encourage them to eat, and they did this in a quiet, gentle way. For example, "Would you like some more," "Is everything alright," and, "Have you had enough to eat." We observed menus showed people the choice of meals each day and staff informed people and described to them what was available.

We were told the service used advocates as required but most people had relatives. Advocates can represent the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. Comments included, "People come in for day care and we can take part in their activities," "We play bingo in the afternoon," "We can go and watch another television when the football is on," "Staff socialize and have time to spend with you in the evening," "We talk about current affairs and what's in the newspapers," "I'm off to book a seat to watch Coronation Street," "There are plenty of things going on and we can join in if we want to," "There's singing and dancing," and, "We play CDs." Staff told us they arranged drinks and a buffet for people at the weekend.

Southernwood Promoting Independence Centre provided assessment and rehabilitation to prevent an admission to hospital or preparation for returning home. The length of stay for people varied from an overnight stay to usually a maximum of six weeks. The service helped people to become more confident in areas of daily living in order to return home.

Records showed people's needs were assessed before they moved into the service to ensure that staff could meet their needs and that the necessary equipment was available to ensure their safety and comfort. Up-to-date written information was available for staff to respond to people's changing needs. We were told if a person was admitted in an emergency, information about them and their care and support needs would be received within 72 hours. In the meantime the service observed and carried out their own assessments to assist staff to meet the person's needs.

Care plans were developed from the assessments that outlined how people's needs were to be met. Care plans were individual and provided information so staff could provide support in the way the person wanted. For example a care plan for mobility detailed, "I have poor mobility, however I don't use a walking stick therefore at times I can be little unsteady walking and require one staff member to support me around the building."

Staff were aware of people's care and support needs and care plans reflected people's needs. A fortnightly review of care plans took place to ensure they accurately reflected people's needs if they had changed. The care plans gave staff specific information about how the person's care needs were to be met. They gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They detailed what the person was able to do to take part in their care and to maintain some independence. For example, care plans for personal hygiene for two people stated, "I will require support with all my personal care. Staff are to encourage me to remain independent but I will require supervision to get washed and dried, dressed or change my clothes," and, "[Name] states they can wash and dress independently but may require support with lower clothing. Staff to layout [Name]'s chosen clothing in correct order due to [Name]'s poor eyesight." Care plans were up-to-date and staff told us they were responsible for updating designated people's care plans.

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in people's needs. For example, with regard to mobility or nutrition.

Records were in place to assist staff with the management of distressed behaviour. Care plans were in place to inform staff of the monitoring that was required to assess people's care and support requirements when they became distressed or agitated. This guidance helped ensure staff worked in a consistent way with the person.

Staff completed a daily report for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. Charts were also completed to record any staff intervention with a person. For example, they recorded when people were bathed or assisted with personal care. These records were necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Information was available to help staff provide care and support for when a person was no longer able to tell staff themselves how they wanted to be cared for. A staff member told us, "We get family to complete the life history questionnaire if a person can't do it with us."

People's care records contained information which had been collected from the person or from their families about their life history and likes and dislikes. This gave staff some insight into people's previous interests and hobbies when people could no longer communicate this themselves. For example, "I like vodka and lemonade or lager," "I enjoy Match of the Day," "I used to enjoy yoga and keep fit," and, "I like quizzes and going shopping." People's care plans provided information about their social interests. For example, "I have been informed that staff will tell me daily of all events and activities that are taking place at Southernwood."

Meetings were held with people who used the service. The registered manager told us monthly meetings were held and these provided feedback from people about the running of the service. The cook told us they attended the meeting to get feedback about food and suggestions for menus. Resident meeting minutes showed that people were kept informed about health and safety and the amenities fund and they were asked for suggestions for activities and use of the amenities. For example, it was suggested that some televisions in people's bedrooms be replaced.

People said they knew how to complain. The complaints procedure was on display in the entrance to the home. People were reminded at the resident meeting of the complaints procedure. They also had a copy of the complaints procedure which was available in the information pack they received when they came to stay at the service. A record of complaints was maintained and we saw no complaints had been received since the last inspection. A record of compliments was maintained and the PIR showed 120 compliments had been received in the last 12 months. They included, "Excellent care, high standards," "Thank you all for the care and support you give," and, "Southernwood is like a five star hotel with an excellent staff team and excellent care."

Is the service well-led?

Our findings

A registered manager was in post and they were registered with CQC in 2012. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities.

The registered manager was able to identify and provide us with the necessary documentation and records during our inspection and they were open to working with us in a transparent way. They were knowledgeable about people who used the service and staff.

Southernwood Promoting Independence Centre was achieving its aims and objectives with some success. The service user guide, given to people before they started to use the service, clearly set out the objectives of the service and what people could expect to receive from their stay. It stated, "The aim of the service is to increase or maintain a person's confidence and to facilitate the promotion of their independence to enable them to return home." People we spoke with and a visitor were very appreciative of the care and support provided. They spoke enthusiastically of the opportunities available and the chance to return to their own home.

The PIR showed areas that the registered manager had identified where the service was looking to improve over the next 12 months to ensure the service was equipped to meet its aims and objectives. This included ensuring staff continued to be trained and records reflected the needs of people who used the service.

The atmosphere in the home was vibrant and friendly. Day care was provided at the service from a separate area and people who were staying had the opportunity to meet up with people who came in for day care. They also had the opportunity to attend some day care sessions if they wanted. People moved around different areas and sat and watched the comings and goings around the service. People and visitors said they were always made welcome. Peoples' comments included, "The staff are so welcoming," and, "The manager and staff are very approachable." Staff told us they felt well-supported. Their comments included, "I definitely feel supported," "The manager is very approachable," "We're a staff team, all staff get on well," "I love working here," "We're a good staff team," "There is a much better atmosphere with things going on now the day centre is here," and, "Staff support each other and if there's a problem there is always someone to go and see."

The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the running of the service. Staff we spoke with were passionate and enthusiastic about ensuring people who used the service were encouraged to lead a fulfilled life whatever their level of need.

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. Staffing rosters showed there was a large overlap of time when staff shifts changed which gave staff the opportunity to spend some time working together. There was also a handover record

that provided information about people, as well as the daily care entries in people's individual records. Staff members' comments included, "Communication is really good," "Communication is reasonable," "Communication has got better and handovers have improved," "Good staff communication" and, "Handovers are much better."

Staff told us regular staff meetings took place and these included business meetings and general staff meetings. Staff meetings kept staff updated with any changes in the service and to discuss any issues. Recent minutes showed topics discussed at meetings had included care planning, risk assessments, health and safety, staff performance and record keeping. The registered manager told us reflective practice and learning took place at staff meetings. For example if an incident had occurred it was discussed at a staff meeting to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Records showed audits were carried out regularly by the management team and updated as required. These included care records, infection control, medicines management, complaints and compliments, health and safety, the environment and finances. Staff meeting minutes also reminded staff of the fortnightly audit that was carried out for care documentation including risk assessments to ensure that records contained up to date information that reflected peoples' needs. The registered manager told us a comprehensive three monthly peer audit was carried out by a manager from another service that was aligned to the CQC Key Lines of Enquiry (KLOE) evidence gathering as well as talking to staff and people who used the service. We saw comprehensive reports of the last visits and actions that had been highlighted to make improvements to the service. We were told an annual audit was carried out by the provider which scored the service and the PIR showed the service had scored well in the last audit. We saw evidence that any highlighted areas for actions had been carried out following the audits which demonstrated that the service used the information gathered from the audits to improve the service.

The registered provider monitored the quality of service provision through information collected from comments, compliments and complaints and survey questionnaires that were given to people at the end of their stay. We saw the comments were overwhelmingly positive. We saw that results were analysed so that action could be taken as a result of people's comments, to improve the quality of the service. People's comments from the last survey included, "I thought the treatment by staff was excellent, they helped me when I needed them," "All good and excellent," "I'll miss them (staff)," and, "Staff are very good to me. It is a wonderful place, when I first came in I was not feeling well and now I'm ready to go home."