Z & M Care Limited

Z & M Care Limited - 4-10 Lyndhurst Road

Inspection report

4-10 Lyndhurst Road
Hove
East Sussex
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Date of inspection visit:
28 June 2016

Date of publication:
25 July 2016

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 inspection took place on the 28 and 29 June 2016. Z&M Care Limited, 4-10 Lyndhurst Road was last inspected on 13 January 2014 and no concerns were identified. Z&M Care Limited, 4-10 Lyndhurst Road is located in Hove. It provides accommodation with personal care and support for up to 37 people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes, sensory impairment or a learning disability. Accommodation was arranged over three floors. On the day of our inspection, there were 34 people living at the service.

There was 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 were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here because there is always someone around". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of a fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of people, which included diabetes management and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "They support me and help me with my training. I am doing an NVQ (a diploma in health and social care) at the moment".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "I like the food here [the chef] is very good to me". Special dietary requirements were met, and people's weight

was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "They have a lovely garden, with birds here and we have barbeques in nice weather". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. A relative told us, "My [relative] is very happy with her care. She is well looked after". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their role and responsibilities. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Relationships with family members and friends continued to play an important role in people's lives.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and people were aware of how to make a complaint.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Z & M Care Limited - 4-10 Lyndhurst Road

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 & 29 June 2016. This visit was unannounced, which meant the provider and staff did not know we were coming.

One inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had also 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 observed care in the communal areas and we spoke with people and staff. We observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with 14 people living at the service, four visitors/relatives, four care staff, the registered manager, the care manager, the deputy manager and the chef.

Good

Is the service safe?

Our findings

People said they felt safe and that staff made them feel comfortable. One person told us, "I feel safe here because there is always someone around". Another person told us, "It is safe, people are nice". Everybody we spoke with said that they had no concerns around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "I've had training, I would recognise the signs of abuse".

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with people and staff about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The care manager said, "We review risk and allow people to take risks. We have people who smoke and we risk asses to allow them to access the garden and conservatory when they want to smoke. Some people go out and about and others are assessed to make their own teas and coffees". One person told us, "I am safe. I can go out into town on my own".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The care manager told us, "We look at the appointments and activities we've got planned for the week and introduce extra staff as we need them. We look at the care needs of the people and we cover that with the right staff". We were told agency staff were not used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I have a call bell in my room, they answer very quickly". A relative added, "Safety and security is ensured by the diligence of the caring staff". A member of staff said, "There are definitely enough staff. We plan ahead for appointments and we support each other. All the staff are helpful and happy to cover".

In respect to staffing levels and recruitment, the care manager told us, "We recruit when we need to. We're looking for staff with compassion, who are caring and have the right attitude". The deputy manager added, "We also look for flexibility and a willingness to learn". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I have to take pills. They come at the same time each day and they watch me take them". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "They [staff] are well trained, they never upset me and we have a laugh". A relative said, "They have been dealing with age related difficulties for many years and their experience shines through". Another relative added, "They understand my [relative] and know when to intervene in her best interests".

Staff had received training in supporting people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example, diabetes, the care of people with dementia and stoma care. A stoma is an opening on the front of the abdomen (tummy) which is made using surgery. It diverts a person's faeces or urine into a pouch (bag) on the outside of their body. The care manager told us, "Staff have a 12 week induction period, receive mandatory training online and face to face training with the Local Authority. The induction has been adapted to be in line with the Care Certificate". The Care Certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life. The deputy manager added, "There has also been specific training around epilepsy, diabetes and dementia". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as a diploma in health and social care. One member of staff told us, "They support me and help me with my training. I am doing an NVQ at the moment". Another added, "I asked for further training for medication and they gave it to me".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I have supervision every three months". Another added, "I can speak openly in supervisions. I talk about my training and any problems".

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. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager and staff understood the principles of DoLS and how to keep people safe from

being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom or the lounges. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. Staff constantly checked with people that they liked their food and offered alternatives if they wished. For example, one person stated they did not want the lunch they'd ordered and asked for a sandwich instead, which was made for them.

People were complimentary about the meals served. One person told us, "I like the food here [the chef] is very good to me". Another said, "I like the food". We saw people were offered drinks and snacks throughout the day. People could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. We saw that details of people's special dietary requirements, allergies and food preferences were recorded to ensure that the chef was fully aware of people's needs and choices when preparing meals.

Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "The other day somebody was off colour, so I checked to see if they had an infection. They didn't, so I phoned the GP". An optician was visiting the service on the day of our inspection, and if people needed to visit a health professional, such as a GP or an optician, a member of staff would accompany them. A relative told us, "They took my [relative] for an x-ray".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I like the carers". A relative said, "My [relative] is safe and happy".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people. A relative told us, My [relative] is very happy with her care. She is well looked after". A member of staff added, "I've got the passion for caring for people here".

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. A relative told us, "My [relative] has difficulties with relationships, but they [staff] handle challenging behaviour very well. I trust them with her care". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some men chose to wear shorts and t-shirts, and others wore suits with ties. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. A relative told us, "They take [my relative] to the shower and they treat her with dignity and respect". The care manager told us, "We have a dignity champion and we ensure that doors are closed and curtains are shut when personal care takes place. All our documents are secure and we talk with staff in supervision about dignity, privacy and confidentiality".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I like it here. I am free to come and go. You can have privacy, or join in if you want to". Another person said, "I choose what to wear, what time to get up and go to bed". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We get the time to sit and have a chat, so we get to know people and what they want to do". Another added, "We give choices around food and when they want to rest. We

listen".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The care manager told us, "The staff always encourage people to do things for themselves". We saw examples of people being encouraged to be independent, one person told us, "I can control my own money. I go to the shops and buy diet coke. I drink lots of it. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "I prompt people to promote their independence. Sometimes they can be very responsive, but if they are in a low mood I'll do a little dance and it makes them and me happy. I get inspired when they are happy". A person added, "I can wash myself, but they supervise and help me in the shower".

Visitors were welcomed. The deputy manager told us that friends and family could visit at any time and were welcome to join their loved ones for a meal. One person told us, "My sister comes every week". A visiting relative told us, "We can come any time and we are welcome". A member of staff added, We traced [person's] relative with the help of social media and now she has a visitor".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I like being here. I go out when I want and I know how to complain. Not that I do". A relative said, "They have always asked for my consent around anything that matters".

There was regular involvement in activities and the service employed a dedicated activities co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a musical session. There was a lot of laughter and dancing and people appeared to enjoy the activity. People told us that they enjoyed the sing-a-longs and other activities such as hoopla and magnetic darts. Activities outside the service were regularly planned and a visitor told us, "The manager takes [my relative] and the others out".

The service ensured that people who preferred to remain in their rooms were included in activities and received social interaction to reduce their risk of social isolation. We saw that staff and the activity co-ordinator set aside time to sit with people on a one to one basis, and a visiting musician played for people individually in their rooms. A relative told us, "My [relative] is not interested in activities, but she is well occupied". The service also supported people to maintain their hobbies and interests, for example one person was supported to attend an art class. Another person was a football fan and had been assisted to watch football matches. People were given the opportunity observe their faith and to attend a place of worship of their choice, and religious services were made available for people. A relative told us, "They have church services and sing hymns".

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Each person had a key worker assigned to them. One member of staff told us, "I am a key worker for some people. I read their care plans and sign to say that I have". Another added, "When I'm key working, it's about providing that extra bit of care for those people. Like tidying up their room, or getting some extra bits for them down the shops and making sure their care plan is reviewed". The overall aim of key working is to ensure the provision of holistic care and support to meet the individual needs of the person and their family.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on people's likes, dislikes and daily routine with clear guidance for staff on how best to support individuals.

The care manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I would never make a complaint, because they are very kind, but if anything was wrong I would tell [the registered manager], she always listens". Complaints made were recorded and addressed in line with the policy with a detailed response. The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "They always ask me before they do anything, and I tell them to carry on". A suggestions box was available for people and regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and management team, and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "There is good leadership. [The registered manager] is here all the time and it makes a tremendous difference in general care". A relative said, "They all love [The registered manager], she goes to Tesco's and gets shopping for anyone, and it's all in her own time". Another person added, "I put my trust in [the registered manager]".

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing decorations and paint /colour schemes for their rooms and communal areas. The care manager told us, "This is their home. It's about what they want. From the feedback we got from people, we got a marquee for the garden, so they can have parties. There's also the raised beds and regular barbeques, they were all suggestions from people". A member of staff added, "It was my suggestion to change the medication supplier. I raised it that I wasn't happy with the chemist and they changed it for me".

We discussed the culture and ethos of the service with people, the registered manager and staff. A relative told us, "They really know what they are doing. The manager and owner have been dealing with dementia for over 20 years". The registered manager said, "I'm proud that the residents call this their home". The care manager told us, "We are a unique, outstanding care home. We are very person centred in respect to the choices we give to the residents and we strive to continue. We can provide care for people with unique and varying needs". A member of staff added, "We are a very unique home, people have very different patterns, based on their choices and needs. The home has developed so much as people's needs have changed through the years. We want to keep learning and keep improving". In respect to staff, the registered manager added, "This is a friendly home, where we work as a team. Staff have gripes, but I think we have good morale and we have an open door policy". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I really love working here". Another said, "The support and the teamwork here is really good. We provide good care".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the management team. The registered manager told us, "I am open to suggestions from staff on how to improve. For example we changed the hours of the shifts to help with care delivery". The management team was visible within the service and the registered manager, deputy manager and care manager took an active approach. The registered manager told us, "I am very approachable". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The manager listens to us and acts right away if there are concerns". Another member of staff added, "I can raise concerns and I'm taken seriously. Handover meetings are really good, so we can start the shift with a clear head and know exactly what is going on".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures

could be put in place when needed. For example, after one incident, discussions took place with the Local Authority in order to determine the correct level of care for this person. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care planning and infection control. The results of audits were analysed in order to determine trends and identify areas for improvement. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and inform plans to improve the quality of the care delivered.

The registered manager informed us that they and the management team regularly attended management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. The service had also been awarded Investors in People (IIP) status. Investors in People is an assessment framework which reflects best practices in the workplace. Additionally, the service had achieved CHAS accreditation (Contractors Health and Safety Assessment Scheme). A CHAS compliant supplier meets nationally recognised acceptable standards of health and safety.