Methodist Homes

Alexandra House - Harwich

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

Alexandra House is owned by Methodist Homes. It provides accommodation and personal care and support for up to 47 older people. The building was purpose built, offering accommodation over three floors. Alexandra House is supporting a range of people's needs, including people living with dementia. Nursing care is not provided at Alexandra House.

This unannounced inspection took place over two days, 2 and 3 June 2016. At the time of the inspection there were 47 people living in the service.

There was not 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. There was a new manager in post who had started working in the service on 1 April 2016, who was in the process of submitting their registered manager application with the CQC.

People and their relatives felt that the service was providing safe care. Risks to people were assessed and appropriate measures taken to minimise risk, without unnecessarily restricting people's independence. Where restrictive practices were in place to ensure people's safety, the service was aware of the changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Therefore where needed, appropriate referrals were made to external professionals.

People were cared for by staff who were safely recruited, supported, supervised, appraised and trained. There were sufficient numbers of staff to provide safe care, and the service were proactively recruiting to vacant posts.

The premises were purpose built and the manager / provider kept an overview of any on-going maintenance and refurbishment to ensure that the building was safe and fit for purpose. However, we found improvements were needed to the internal décor to support people living with dementia and have made a recommendation.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming, friendly staff. Staff had good relationships with people who used the service and their relatives. Staff interactions with people were caring, respectful and supported people's dignity.

People told us that the food was very good, and that they were supported to have enough to eat and drink. Dietary needs and nutrition were well managed and advice sought from appropriate health professionals as needed. Health care needs were met through developing good working relationships with external health care professionals.

People's, relative's and staff's views were sought about the service, and their feedback used to monitor the quality of the service, and be influential in driving improvements.

People and where applicable, their relatives, participated in the development of their care plans which stated their preferences. The service offered a range of activities for people to choose from and participate in. The 'in-house' magazine kept people updated on what was happening in the service.

People felt their concerns and suggestions were listened to and acted on to drive improvements in the quality of the service they received. A complaints procedure was in place to ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

There were quality assurance processes in place to monitor the quality and safety of service people received and used to drive continuous 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.

Suitable arrangements were made to minimise risks during care delivery and to safeguard people against the risk of harm and abuse.

Sufficient staff were employed to safely meet people's needs and provide people with continuity of care.

People were supported to receive their medicines in a safe manner.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to give them skills they needed to carry out their roles.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and had developed good relationships with people living at the home and their families.

People were able to make day to day choices and were supported in expressing their views about their care.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's needs were reviewed regularly and any changes were responded to quickly.

People had access to a range of activities.

Concerns and complaints were always taken seriously, used to learn from as part of driving continual improvement within the service.

Is the service well-led?

Good

The service was well-led.

Feedback was actively sought and acted upon, enabling people and their families to influence how the service was run.

Systems were in place for assessing and monitoring the quality of the service that people received.

Alexandra House - Harwich

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 unannounced inspection was undertaken by one inspector over two days; 2 and 3 June 2016.

Before the inspection, the provider 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 information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our visit we met 16 people using the service. We spoke with two people's relatives and a visiting health professional. We spent time with the manager responsible for running the service and seven members of staff, which included deputy manager, senior carer, carer, chaplain and administrator.

We saw records relating to six people's care, two staff files and records relating to the management of the service, recruitment, training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt staff looked after them well and were provided with safe care. A relative spoke about the comfort it gave them knowing at the end of their visit that, "I know when I go [person] is being looked after." This reflected the feedback given in the provider's annual quality surveys which showed that the majority of people felt it was a secure and safe place to live.

People were protected from the risk of abuse, bullying and harassment because there were robust systems in place which staff knew about, referred to and followed. Staff were able to explain what they would do if they had concerns about anyone. They had received training and had 'safeguarding prompt cards' which explained their responsibilities in identifying and protecting people from abuse. This included their duty in reporting any concerns which could impact on a person's safety and human rights to senior staff. Also what action they should take in speaking with external bodies such as the local safeguarding team and Commission if their concerns were not being listen to / acted on.

Where a safeguarding concern had been raised in the past year, it had been appropriately acted on and reported to the relevant authorities and dealt with effectively. The manager had worked jointly with external agencies to reduce the risk of it reoccurring.

People had risks to their health and welfare individually assessed, reviewed and monitored. Care records provided guidance to staff on risks associated with people's individual care and support needs. For example, people at high risk of; falls, skin breaking down, or not eating or drinking enough. Guidance was given to staff on how people needed to be supported to reduce risks of injury. For example, when supporting a person using a hoist or wheelchair.

We observed a staff member going to assist a person in their wheelchair. They checked that the foot plates were in correct position to offer support, and the person was comfortable, before moving the wheelchair. For another person we saw staff following the guidance given in their care records to ensure their safety whilst being supported using a transfer aid. This demonstrated that staff were aware of, and were following the guidance given. When changes were identified, for example in a person's mobility, records were updated and staff informed which ensured that the person received consistent and safe care.

The manager had systems to analyse trends and was able to demonstrate what actions were taken to reduce risks. All incidents which could impact on a person's safety were recorded internally and at provider level. This supported both the management of the service and the provider to gain an oversight into any themes and ensure that appropriate action has been taken. For example an investigation of an incident had led to the staff concerned repeating their manual handling training. This demonstrated that the service acted to ensure people's safety, and taken action to reduce the risk of it happening again.

Fire safety checks and tests were carried out and staff were given instructions about the actions they must take in the event of a fire. These actions were seen to be put in practice during the inspection, when the fire alarms were triggered. Although a false alarm, staff's actions demonstrated that in the event of a fire they

knew what was required of them to ensure people's safety.

There were enough staff available to meet people's needs safely. People told us there were sufficient staff to meet their needs and call bells were responded to. One person told us that staff were, "Usually quite good," at answering their call bells, "Do their best to come, can't expect them to come in with a hop, skip and jump." A relative commented that staff, "Work very hard, always the same, always very busy." We observed staff were busy and attentive, answering call bells and providing care in a timely manner.

On the day of the inspection, people's care and support needs were being provided by seven carers, two senior carers and a deputy manager. Staff told us that the staffing levels supported them to provide safe care. With one staff member telling us that they would be happy to recommend the service to their own family. Staff told us they felt people benefited from the introduction of staff working 12 hour shifts. They told us that people liked to see the same face during their day and it helped them to get to know people better and know their habits and needs.

Staff shared with us that the impact of having staff vacancies, meant that they were very busy at times, but this didn't impact on the quality of care and support people received. One staff member told us that the senior staff would step in and provide 'hands on' support when needed. The manager said that they had successfully recruited to two of the three care vacancies, and were awaiting start dates.

The provider had set staffing levels against how many people were using the service. The manager said they were able to use this flexibly and when extra hours were needed this was provided. They took note of our feedback about busy periods, and the comments people made, and would follow it up during future residents and staff meetings.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal records checks with the Disclosure and Baring Service (DBS), identification and employment history.

People told us that their medicines were given to them as prescribed and that they were satisfied with the way that their medicines were provided. One person said, "Just had them, generally bring them to me," on time. Another person told us that staff, "Comes around several time a day," with their medicines to ensure they received them on time.

People's medicines were managed safely. They were stored securely, recorded and administered appropriately. Records confirmed that only staff who had been provided with medicines training, and had their competency checked, were allowed to administer medicines. Regular medicines audits and competency checks were carried out. These measures helped to ensure any potential discrepancies, or staff not following safe practice, were identified quickly and could be acted on. This included additional training and support where required.

We observed staff safely administering lunch and tea time medicines. Staff were checking people's records to confirm that they were administering the right medicine to the right person. When staff entered people's bedrooms they introduced themselves, confirmed what medicines they had brought with them, and offered assistance as required. This included checking to ensure the person had a drink to help them swallow. Then updating the person's medicines records to confirm they had been given. Staff followed safe produces when leaving the medicine trolley unattended by ensuing it was locked.

Good

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. One person remarked that the, "Physical care is very good." Relatives spoke positively about staff having the skills and knowledge to provide good care. One relative commented, "Care is very good…carers do a wonderful job." This reflected a health professional's comments who also described the care as, "Very good."

Records showed that new staff had been given an induction and training relevant to their role. This included training in core subjects to enable them to support people effectively. For example, how to move people safely, and monitoring people's nutritional and hydration needs. We saw the effectiveness of the training as staff supported a person to transfer from their armchair to a wheelchair in a safe manner, using the correct equipment. Their confidant manner and explaining to the person what was happening provided the person with reassurance as they engaged with staff.

The provider had systems in place to ensure all new staff gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting. This included being assigned a mentor who supported them through the induction process and working 'shadow' shifts. This enabled new staff to put their training into practice, and gain further insight and confidence in their role alongside an experienced member of staff. The service was in the process of implementing the care certificate for new staff. This is a recognised set of standards that staff should be working to.

People were supported by staff whose work was supervised and appraised. One staff member spoke positively about their supervision sessions, as it provided them with, "Continuous feedback," on their practice as part of monitoring the quality of service people were receiving from individual staff. They said that their supervisor, "Will let you know and then tell you how you can improve."

The manager told us how they kept an oversight of people's pre-admission and ongoing needs, arranging additional training where needed to ensure people's needs were constantly being met. For example, records showed training had been arranged to support people living with Parkinson's and diabetes. A 'dementia facilitator' was supporting staff to update their knowledge in dementia care. One staff member told us how 'the person inside' training had supported them to gain a greater insight into the experiences of people living with dementia.

People were supported to have enough to eat and drink. People told us they were offered choice, and the quality of the food was good. One person said, "Best thing about this place is the food." Another person commented that, "Food is good, cooking is good no doubt about that…Get a choice at breakfast cereals, porridge, boiled egg, I have Rice Krispies," and a choice of two main meals at dinner time. One person told us how staff came round each day to ask them their menu choices, "Come around and ask if you would like so and so, how about so and so, I say that sounds good." A relative spoke about the, "Really good food," and told us how staff, "Will spend time having a discussion of what [person] likes to eat, what [person] finds easy to eat." Which we observed happening during the inspection.

All the care plans we looked at showed that people's nutritional needs were being assessed. This included regular checks of their weight so staff could monitor, and act on any changes which could impact on the person's welfare. Where staff had concerns about a person's nutrition their records showed they had involved appropriate health professionals. This included advice sought from the dietician, and records showed that their advice was being acted on. For example, to encourage offering extra nutritious snacks to encourage people of low appetite and promote weight gain. Which we observed happening. When visiting a person in their bedroom, they pointed out the small bowls of different snacks they had within easy reach. The person remarked, "Sometimes I say I don't want anything," then staff would leave snacks. We noted that one of the bowls, which they told us had contained pastries, was empty.

The ground floor environment provided people living with dementia space to purposely walk around. However, we found the signage and colour system used was not supportive of promoting independence. The use of light neutral colours in the corridors, lack of dementia appropriate signage, or visual prompts such as memory boxes, resulted in people not always being able to locate their bedroom.

One person told us they were looking for their bedroom, "I think it is around here somewhere, think it is this one," and walked into the wrong bedroom, as it was already occupied, "That's funny I can't find it, it's around here somewhere." There were no names or prompts that might trigger a memory that it was the person's bedroom. When we did locate it, we noted that the person had walked past their bedroom several times. We brought this to the manager's attention, who took action straightaway to arrange for the provider's specialist in dementia care to visit and look at the issues we had raised.

We recommend that the service uses a reputable source and latest guidance to support them in identifying and providing an environment, supportive to people living with dementia.

People told us their day to day health needs were met and they had access to healthcare professionals when needed. One person said, "I never ask to see a doctor the few times I have needed [one] they have got them." They told us that staff would also call out a nurse if they noted any changes in their skin and wanted a medical opinion, "Better get the nurse to see that… be extra careful if they see something."

A visiting healthcare professional told us that staff were observant and did not hesitate to call them out if they had concerns about a person's health. They said staff always implemented the advice and instructions given by the healthcare professionals. We saw this reflected in people's care records. People's day to day health needs were met effectively.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service had submitted DoLS applications to the appropriate supervisory body which were waiting approval. The manager was aware of their responsibilities in ensuring the conditions of any approved authorisations were met.

Staff were able to demonstrate that they understood the principles of the MCA. They had 'prompt' cards, to refer to and keep the subject fresh in their mind and were able to provide examples of what depriving people of their liberty meant in practice and the importance of gaining consent and permission from people before providing care. We observed this during the inspection, for example, when assisting people to mobilise, or making menu choices and choosing where they would like to eat.

Good

Is the service caring?

Our findings

People told us they had good relationships with the staff and were happy with the support they provided. One person smiled as a staff member entered their bedroom, "Nice to see you, there's a lovely [member of staff] I could also most call [member of staff] a friend." One person told us, "I have a good laugh with most of them." A relative described staff as, "Very good…very helpful," telling us that all staff demonstrated, "Patience and understanding." A health professional described staff as, "Very attentive."

We observed staff interacting with people, instigating meaningful conversations which demonstrated that they had an insight into the person's interests and those who played an important role in their lives. For example, we heard a person discussing and laughing about their choices of music with a member of staff, which resulted in an impromptu sing along.

Staff told us they enjoyed their job, and spoke about people in a compassionate and caring way. One member of staff spoke about the personal rewards they got out of their job, telling us what represented a good day in their eyes, was the little extras they did, which they knew would make a person happy. For example, "Taking [person] an extra coffee," knowing the person always enjoyed this, and it enhanced their wellbeing.

People and their relatives confirmed they were encouraged to express their views about their care and the service in general. This was done in a variety of ways including during individual care review meetings, 'residents and relatives meetings', and completing surveys about the quality of the service.

Staff provided examples of how they adapted their approach, to support people living with dementia to ensure they were supported to be able to make the same choices as others. For example, we saw staff take both menu choices to the table at lunch time, giving the person time to look, smell, and if they wanted to, try a sample of both to support them in deciding. This demonstrated an understanding that the use of senses could trigger a memory of foods people liked and to support them in making the choice.

People were supported to maintain relationships with friends and relatives who mattered to them. We saw people's relatives and visitors arriving on both days of the inspection. A relative told us they visited whenever they wanted and were always made to feel welcome.

People's records identified the areas of their care that they could attend to independently and how this should be respected. For example, where a person was able to do part of their personal care themselves and the areas where they needed support.

The provider had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. Records showed that staff received training in this subject. We found staff were respectful of people's privacy and dignity. For example, where a person living with dementia was sitting in a public area, and had chosen to remove some of their clothing, staff discreetly placed a cover over their legs. Staff did this in a responsive, kind and dignified manner, which promoted their person's dignity, without drawing it to the

attention of others.

A health professional said they, "Couldn't fault," the excellent end of life care people received. One person shared with us their feelings about growing old, and how they had benefited from being able to talk to the 'in-house' chaplain. This was because they had been able to discuss the topic, as well as shared religious beliefs. Discussion with the chaplain showed that their focus was to provide comfort and support by being able to spend one to one time with people, regardless of their beliefs.

When people were nearing end of life, care records contained 'final wishes' which provided staff with guidance on how the person wanted to be supported. This included what type of music they would like playing in their bedroom, and use of appropriate physical contact from staff, such as holding their hand, to provide comfort and reassurance. By people being asked their wishes, enabled staff to advocate on their behalf to ensure their wishes were met.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us, "All the treatment is very good." A health professional described staff as being, "Very attentive," in responding to people's changing needs.

The manager told us how they viewed people's care plans as an ever evolving document, and were continually working with people and staff to ensure the contents were person centred. This ensured care plans were individual to that person, to enable their holistic needs to be met.

Care plans were stored discreetly in people's bedrooms, which enabled people, and where appropriate their advocate, to read the contents to check it was correct. Care plans provided information covering the range of people's needs. This included their spiritual, physical, mental and emotional care needs and how they were being supported. Records showed that people, and where applicable, their families, had been involved in discussions about resuscitation, and their wishes recorded. A 'resident transfer and discharge page' provided a summary of information about people's needs useful to health professionals if they needed to go to hospital in a hurry.

With their permission we spent time with one person going through their care plan. They told us it reflected the level of care and support they received, as well as their individual preferences on how the support should be given. This showed that the information was being kept up to date and reflected people's needs and choices.

We asked the manager and staff questions about people's individual needs, and the information they gave us reflected what we had read in people's care plans. This demonstrated that staff had read the documents and had a good insight into people's needs. Where one person told us about some extra assistance they would like with their personal care, but had not pointed it out to staff, with their permission we informed the manager during our feedback session. The manager told us they would go straightaway to speak with the person, and update the care plan to incorporate their wishes.

People told us that there were social events that they could participate in. One person said, "Lovely home always something going on." Another person spoke about the, "Wonderful music and quizzes," arranged by staff. Some people told us that they preferred to stay in their bedroom, rather than join in with organised activities. One said, "Do puzzle books and puzzles…I like to be here with all my things." One spoke about regularly attending the weekly, "Gentleman's club," which they had just been to. They said that the topic of conversation that day had been, "Politics." In the afternoon we observed 14 people, taking part in a music session, joining in using different instruments and singing along. We observed a person living with dementia, walking around the garden, which their care notes said they enjoyed doing. The range of social activities offered took into account people's differing needs.

The 'in-house' Alexandra Sea View magazine kept people and their relatives updated on future planned activities, so they could join in. It also provided photographs and information on recent social events. The

manager said as part of maintaining links with the local community, they were planning a "Great British style bake off competition," encouraging local sheltered housing schemes to take part.

People were very complimentary about having a 'home chaplain' and how it enhanced their wellbeing. One person described them as being, "Very inspirational, very good," in the way they translated the Bible by acting out scenes, using props, which they left out to encourage / trigger further conversations. The chaplain, employed for 20 hours a week, told us their role was to provide support to all the people living in the service, regardless of their beliefs. Their role included befriending people who were at risk of social isolation if they chose to stay in their bedroom, and assisting with activities. One person told us, "I asked for [chaplain], very glad I did, now been around six times and we have had some very interesting talks."

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person said they would, "Tell the manager."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. There were systems in place for recording, investigating and responding to complaints. The manager said that no complaints had been raised complaints in the past 12 months and by addressing any concerns at the time had prevented formal complaints being made. A relative provided an example of where they had raised a concern about a person's food going cold before they had a chance to finish, and how they worked with the manager to address it. The manager told us how they used feedback from concerns raised in a positive manner, ensuring they took action to reduce the risk of it happening again, as part of driving continuous improvement within the service.

Good

Is the service well-led?

Our findings

The open and relaxed culture of the service supported the friendly and welcoming atmosphere. One person describe it as an, "Excellent care home." Relatives spoke about how the service's reputation within the community had influenced their decision in choosing the service. One relative told us, "This one has a very good name and reputation". People praised the monthly 'Alexandra Sea View' magazine which one person said kept them, "Up to date with things and is informative." The April 2016 edition updated people on changes within the staff team, and welcomed new people living in the service.

The provider had a range of forums to support people, relatives and staff to share their views on the service, influence change and drive improvement. This included 'continuous improvement forms' available for people using, visiting or working for the service to feedback at any time. The forms encouraged people to comment on what they felt the service did well, make suggestions for improvements and raise any concerns. Annual 'residents' surveys were carried out by an independent market research organisation. The results were collated and compared against the previous year's results. This enabled the management to see where improvements had been effective, embedded and sustained plus any areas for further development. People's overall satisfaction of the service had raised from 94% (2014) to 100% (2015).

Action had been taken to address shortfalls in quality. For example, where people had said that they were not always able to speak to senior staff when they needed to an 'open door' policy was introduced and the manager regularly walked around the service in order to ensure they were available for anyone to talk with. Feedback from people and their visitors showed this was happening and they felt comfortable speaking with the manager who they described as being approachable. One relative commented, "She's lovely, no problem going to her."

People, visitors and staff spoke positively about the leadership of the service. All were aware that there was a new manager in post, and of their presence around the service. Records showed that they had started the process of applying to become registered with the Care Quality Commission (CQC). The manager understood their responsibilities to the people living in the service, and records we held about the service, showed that they had reported incidents to the CQC as required.

Having been promoted from within the service, the manager spoke how it benefited them as they had a good insight into people's needs, and the running of the service. A health professional spoke about the smooth transition between the managers as the welcoming atmosphere, "Felt just the same." The manager told us that since taking up their post on 1 April 2016, they were purposely taking their time to ensure any changes they brought in were as part of driving continuous improvement, not for change stake.

Staff spoke positively about the manager. One member staff member described the manager's leadership style as, "Brilliant, very approachable, very praising…comes out [of office] and talks to everyone, very good." They told us how this management style was supportive of making staff feel valued and had a positive impact on staff morale. The manager provided examples of how they monitored for any factors that could impact on staff morale, such as friction between staff, and act on it straight away, to prevent it escalating

and affecting the quality of the service people received.

A staff satisfaction survey completed in November 2015 included positive comments from staff about how they felt valued and supported. One commented, "The sense of belonging. An important cog in the machine…friendship and support from fellow staff and management knowing I can say 'I cannot do that' without fear of being run down about it. Being able to ask for help."

Records showed that staff were supported to question practice and make suggestions, through the open door policy, team meetings, survey feedback and one to one meetings with senior staff. Records confirmed this. Yearly staff satisfaction surveys were completed to identify where things were working well and areas for development. For example one objective had been to ensure staff received clear and easy to understand communications. The manager felt that this was one of the areas they were improving in, for example the introduction of safeguarding prompt cards so staff had clear information on what action to take. They said they would use the 2016 staff survey to check and reflect if improvements made were having an impact.

There were quality monitoring systems in place to ensure people were receiving quality care, and to address any shortfalls. This included monthly audits and checks of high risk areas, such as medicines, incidents, health and safety and fire. The service provided monthly information on the incidents and accidents to the provider, which enabled senior external management to have a good oversight of their services, to support them in themes and check with the manager that appropriate action was being taken.

The new manager felt supported by the provider, and told us that they met monthly with the provider's other managers. Records from the meetings showed that they provided a forum where managers were able to offer peer support and share good practice.

A healthcare professional told us how they had worked with the manager to reduce the amount of 'call outs' to the service. They felt that some of the call outs staff had been too cautious by calling out healthcare professionals early, where staff could have taken action first to address minor health issues. They said the service had been supportive of the new system put in place and that staff, where applicable, referred to the 'First steps folder' which provided staff with guidance on action they could try first. For example, trying a barrier cream first to treat rashes caused by skin rubbing together. They told us the staff had, "Taken that on board" which had led to a reduction in the number of calls. This demonstrated on how the service acted on the advice of professionals to improve their systems, but also, at community level, were making their contribution to using NHS resources more effectively.