Voyage 1 Limited

Plough Hill Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Plough Hill Road on 11 March 2016. The inspection visit was unannounced.

Plough Hill Road provides accommodation for people in a residential setting. Plough Hill Road is a respite service providing accommodation for people with a range of medical conditions and disabilities for a short period of time. It enables people to access supported activities and holidays away from their own home. There were 3 people staying at the home when we inspected the service. 26 people regularly used the home for respite stays.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post; however they were on extended leave at the time of our inspection visit. The day to day manager of the service was also on leave when we conducted our inspection visit. The home was being managed by a newly appointed interim manager. We refer to the interim manager as the manager in the body of this report.

We had not received a notification from the provider that the registered manager was absent from the home before our inspection visit. The provider is required by law to notify us of such events if the registered manager is absent for more than 28 days. The registered manager had been absent since 1 February 2016.

The provider had not ensured people were always cared for in a way that did not inappropriately restrict their freedom under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The newly appointed interim manager was undertaking assessments to ensure the appropriate applications were made to the local authority where people's freedom was restricted in accordance with DoLS and the MCA.

Quality assurance procedures were in place to identify where improvements needed to be made. Where issues were identified the provider had not always acted to make the necessary changes to the service. However, the provider had introduced procedures to review how this could be rectified in the future.

People were supported with their health and nutritional needs. There were systems in place to ensure that medicines were stored safely. Medicines procedures were under review to ensure people received their medicines according to recommended guidance.

Staff received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people

safe.

There were enough staff employed at the service to care for people safely. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular meetings with their manager in which their performance and development was discussed.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

Staff were caring and supported people to maintain their privacy and independence. People were supported in a range of activities according to staff capacity, both inside and outside the home. Staff encouraged people to be involved in decisions about their life and their support needs.

People who used the service and their relatives were given the opportunity to share their views about how the service was run. People knew how to make a complaint if they needed to. Complaints received were fully investigated and analysed so that the provider could learn from them. The provider acted on the feedback they received to improve their 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 felt safe living at the home. People were protected from the risk of harm or abuse as staff knew what to do if they suspected abuse. Staff identified risks to people who used the service and took appropriate action to manage risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's health and care needs safely. Medicines were stored and administered safely. Medicine procedures were being reviewed to ensure people's medicines were given to them in accordance with recommended guidance.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. People received food and drink that met their preferences and supported them to maintain their health. Where people could not make decisions for themselves, people's rights were not always protected because restrictions were placed on people's movements at the home without the appropriate authority to do so.

Is the service caring?

Good

The service was caring.

People told us staff were caring and supported them according to their wishes. Relatives spoke positively about the care and support received by their family member. People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were able to take part in activities, hobbies and interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and

their relatives were involved in the development of care plans which were regularly reviewed. People were able to make complaints about the quality of the service which were analysed to identify areas where the service could be improved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was not a clear structure in place to support staff at the home. We had not been notified about the absence of the registered manager before our inspection visit. There were systems in place so people who lived in the home could share their views about how the home was run. Checks were carried out to identify any areas where the quality of the service could be improved. However, identified areas for improvement had not always been followed up in a timely way.

Plough Hill 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 was planned to check whether the provider was 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 visit took place on 11 March 2016. The inspection was unannounced and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people who used the respite service.

We were unable to speak with people who stayed at the home during our inspection visit, as people were out at a local day centre. Following our inspection visit we contacted two people and six people's relatives by telephone and asked them about the care and support they received at the home.

We were unable to speak with the registered manager as they were on extended leave from the service. We spoke with three members of care staff, a newly appointed interim manager, a deputy operations manager and a service manager as part of our inspection process.

We looked at a range of records about people's care including two care files and medicine administration records. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at staff training records to review whether staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at the home. One person told us, "Yes I feel safe. I had a recent fall (at their own home) and I now use a frame and a chair, but I bring these with me." A relative said, "Yes, I'm sure [Name] is safe there."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff regularly attended safeguarding training which included information on how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager, or the provider, if they had concerns about anyone's safety. There were posters around the home informing people, staff and visitors how people could be safeguarded from abuse and how to report abuse. In addition there was information on display informing staff how they could report any concerns to the provider securely and confidentially. One staff member said, "I would not hesitate to report any concerns I had to the manager or provider." The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and any actions they had taken.

People told us there were enough staff to care for them effectively and safely, during the day and at night, with their health and care needs. Staff also told us they thought there were enough staff at the home to care for people safely. One staff member said, "There are enough staff here to protect people. There is always a member of staff here at night. In the day there may be more people than staff and if anyone wants to go out they need to be accompanied by a member of staff. Where people don't go out together we could always bring extra staff in from our nearby Stretton Lodge facility."

One staff member told us, "We sometime use agency staff. This is when permanent staff help to cover for other homes owned by the provider. Staff help each other out as a team across the different homes. However, I believe the provider is currently recruiting for more permanent staff so that we don't need to use agency staff." We asked the service manager how they ensured there were enough staff to meet people's needs safely. They told us staffing levels were determined by the number of people at the home and their support needs. Where people required one to one care, staffing levels were increased to meet this need.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the potential risks. Risk assessments were detailed, up to date and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed staff to support them when going out and about in their local community. There were plans which informed staff how the person should be assisted including the number of staff required to support the person safely, and how staff should manage the person's interaction with members of the public to reduce the person's anxiety. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by staff on the risks facing individuals.

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for so any disruption to people's care and support was reduced. This was to ensure people were kept safe and received continuity of care. Most of the people who stayed at the home had a personal emergency evacuation plan (PEEP) to instruct staff on how they should be supported when evacuating the building. This was important as people who used the service were not permanent residents and agency staff who did not know people sometimes provided cover at the home. However, we found one of the three people currently staying at the home did not have a PEEP in place at the time of our inspection visit. We were concerned the lack of information on how to evacuate the person from the building put them at risk in the event of an emergency. We brought this to the attention of the service manager. Following our inspection visit the provider confirmed all people staying at the home had a current and up to date PEEP in place. The interim manager confirmed these would be reviewed each time a person came to the home for respite care.

The provider's recruitment process ensured risks to people's safety were minimised because the provider checked staff who worked at the home were of a suitable character to work with the people there. Staff told us they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Medicines were brought to the home by each person when they stayed there. Each medicine was recorded and counted by staff when brought into the home to check stock levels. Medicines were kept securely and stored in line with best practice and manufacturers' guidelines. Staff who administered medicines were trained and continually assessed as competent to do so. A stock count of medicines was taken daily to ensure people received their medicines. When people left the home procedures were in place to ensure people took all their medicines with them.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Each person had a medicines administration record (MAR) in place to record which medicines they received, when and how they should be given their medicines. MARs were completed by staff each time a person was given their medicines. People and relatives we spoke with confirmed people received their prescribed medicines when they needed them. One relative said, "They are always efficient in managing [Name's] medicines. Everything is documented and we share information about any changes to prescriptions."

We reviewed the MAR of two people who were staying at the home, as staff told us they checked the information provided on the MAR when administering medicines. MAR records did not always contain information staff needed to administer medicines safely. For example, one person was prescribed a medicine that needed to be given as a whole tablet and could not be chewed as this might cause an adverse reaction. The MAR said, 'Take one tablet at night'. Information from the medicine box (pharmacist) had not been transferred to the MAR for staff to follow. We found this put the person at risk of receiving their medicines incorrectly.

The service manager told us the provider had recently employed a clinical lead to review medicine policies and procedures, and to deliver up to date training for staff on medicines administration. We noted that on the day of our inspection visit the new clinical lead was training staff in the latest guidance for administering medicines.

Requires Improvement

Is the service effective?

Our findings

People told us staff had the skills they needed to support them at the home. One relative said, "The staff are good. They know my relative's needs well." Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who used the home. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. One staff member told us, "Although I had worked in care settings before the provider made sure I completed a full induction for this home." This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager encouraged them to keep their training and skills up to date so they could support people at the home effectively. One staff member told us, "Our training is regularly updated and we are reminded to attend." The manager maintained a record of staff training and staff performance, so they could identify when staff needed to refresh their skills. The manager told us the provider supplied and funded regular training sessions to develop staff skills to support people at the home. The manager and provider also invested in the personal development of staff to support them in furthering their career at the home. Staff told us they were supported to achieve nationally recognised qualifications. One staff member commented, "If I want any training I can ask for this in my performance meetings with the manager."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "I reviewed my training needs in my last one to one meeting. I have requested some training in mental health conditions which is being arranged."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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).

The manager had undertaken some mental capacity assessments for people who stayed at the home, to determine which decisions each person could make themselves and which decisions should be made in people's best interests. Some decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their own finances. However, people did not

have a capacity assessment in place to determine whether they could consent to their stay at the home.

No-one had a DoLS in place at the time of our inspection visit, and no DoLs applications had been submitted to the local authority. We found in one person's care records it stated no DoLS restrictions were in place, however, it also stated the person would not be safe to go out independently. In addition the records stated that the person required staff support at all times. When we asked staff about this one staff member said, "The person would not be able to go out on their own". They followed this up by saying, "No-one here could go out alone, they all require staff to support them when leaving the home."

Another staff member told us, "One person recently wanted to visit a friend in one of our bungalows. We persuaded them that this wouldn't be appropriate, due to the late time to visit someone and because people can't go out alone." They said, "No-one goes out at night. It's too late after about 9.30pm for people to go out. We can't leave the home unattended." This confirmed that people's movements were being restricted. Because people had not consented to their stay at Plough Hill Road we were not confident people understood the rationale behind these restrictions. We asked the newly appointed interim manager how they reviewed each person's needs to assess whether they were being deprived of their liberties. They told us, "After speaking to the local authority we plan to review mental capacity assessments that are in place. We will assess whether people have the capacity to agree to their stay. We will also assess whether people require continuous control and supervision and if they were to go out; would it be safe for them to do so alone. We will then make the appropriate applications to the local authority for DoLS." This demonstrated the registered manager had not made the appropriate assessments in accordance with the MCA. The manager stated, "We will prioritise these according to how soon people are due to visit the home again."

The comments we received from staff confirmed that staff did not have a good understanding of MCA and DoLS and how these principles should be applied to people at the home. We brought this to the attention of the manager who stated, "All staff have received up to date training in MCA and DoLs. However, we plan to discuss how the principles of this legislation should be applied to refresh staff knowledge. This is planned for our March staff meeting."

People told us they were offered food choices when they stayed at the home. The manager told us the shopping was done online by staff following discussions with people when they arrived at the home. They added, "People can also request alternative food if they don't want what is on the menu that day, or the prepared meal." We saw the freezer and food storage areas at the home were well stocked with a range of meal choices. In addition on the day of our inspection visit a shopping list was being prepared by staff following discussions with people at the home. This demonstrated staff took into account people's food preferences.

Staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet or a diabetic meal plan. Information on people's dietary needs was kept in their care records. The information was up to date and included people's likes and dislikes.

People told us there was always plenty to eat and drink and they could request anything they wanted. Fruit, biscuits and drinks were available throughout the day for people to help themselves. This helped people to maintain their nutrition and hydration.

Each person had a health care plan in place called a hospital passport. The plan provided information about the person, their health conditions, their likes and dislikes, and how they wished their care and support to be

delivered. The plans were quickly accessible so that if a person needed to visit a healthcare professional or attend a medical appointment, they could be taken with the person and provide information in an emergency. The service manager commented, "We review the hospital passports every six months to ensure they are up to date."

Staff told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so that any advice given was recorded for staff to follow. Records confirmed people had been seen by health professionals when a need had been identified.

Good

Is the service caring?

Our findings

People and their relatives told us they enjoyed staying at the home and that staff had a caring attitude. Comments included, "Yes, [Name] enjoys their stay there." "The staff are really nice." "The staff are good, we have no worries."

Relatives told us people were comfortable with the staff at the home because the permanent staff had been there for some time and knew their relatives well. One relative said, "[Name] is really comfortable at the home. The staff have been there a while and they understand [Name's] needs. [Name] is confident about speaking to them as well."

Staff told us they enjoyed their role at the home and spending time with people there. One member of staff told us, "I love my job." Another staff member commented, "I enjoy my role. I have worked in care before, but I find there is more interaction with people at Plough Hill Road. We sit with people watching TV or chatting, there are good interactions with people here."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, one person liked to go to bed late and have snacks in the evenings. A staff member confirmed, "Yes, [Name] likes to go to bed late. We try to respect this and support them as much as we can. Sometimes we encourage them to go to bed if they need to get up early the next morning, but it's their decision."

Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Care plans included a section called 'Typical day'. The section included brief information for each person about their preferences, likes, dislikes and people who were important to them. People and their relatives were encouraged to provide this information, so that staff could understand how each person wanted to be supported.

People were encouraged to maintain their independence and to develop life skills. Care records identified what each person could do for themselves and what they needed support with. We saw on one person's care records they should be encouraged to prepare food. Staff confirmed they supported the person to do this as it helped the person feel involved and maintained their independent living skills.

People's privacy was respected by staff. We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information. Staff told us they respected people's privacy in other ways, such as knocking on doors and announcing themselves before supporting people in the bathroom or the bedroom.

Good

Is the service responsive?

Our findings

People told us they were supported to take part in activities which they enjoyed, according to their own personal preferences. One person told us, "I choose what I want to do when I am staying at Plough Hill Road. I decide everything." A relative said, "They take [Name] out, sometimes for meals, whatever they want to do."

We saw a range of activities were arranged at the home each day. Most of the people at the home attended a 'day centre' where they were involved in socialising, crafts and games. We saw other activities were arranged for people during their stay at the home, such as eating out, visiting local attractions and going out in their local community.

We asked a member of staff how people were engaged in discussing the activities they might enjoy whilst they visited the service. The staff member told us, "We ask people what they want to do and this is written down in their activities plan." They added, "We also ask people at the end of their stay the things they would like to do when they come again, we review this with them the next time they visit." We saw records showed the activities people had identified for their next visit. However, the way activities were offered at the home depended on the levels of staff available to support people. The home did not employ extra staff to support people with activities. However, staff told us that extra staff could be brought in from another home nearby when necessary.

The manager explained, "Staffing levels are usually one member of staff to three people. This means activities usually need to be agreed by everyone staying at Plough Hill Road." This was because people were unable to leave the home unaccompanied by staff. Activities also depended on the availability of public transport, as the home did not have a car available for people to use to go out. One member of staff told us, "We could do with a car or form of transport to take people out in the community. We currently need to use public transport if people go out." The manager explained, "We are reviewing how transport is funded and how people are supported with activities at the home."

People and their relatives told us they were involved in making decisions about their care and how support was delivered. As part of the care planning process people's care needs were assessed and information was collected about what the person was able to do themselves and where they required support. This information was collected before the person stayed at the home for the first time, or on admission if this was at late notice. The manager stated, "People and their relatives are involved in writing and reviewing their care plans. People are consulted 48 hours prior to someone staying at the home and again at the end of their stay; this feeds into the care plan also. These are also reviewed during each visit." This helped staff tailor care around the abilities and needs of each individual.

Care plans were available for each person who lived at the home which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. For example, records contained details about people's preferences such as when people wanted to get up and go to bed, whether they liked a bath or shower and their food likes and dislikes. Care reviews were undertaken before each person returned to the home, so that people's care

records reflected their current support needs. One relative told us about how they were kept informed and involved in their relative's care, "We are always kept informed about what [Name] has done during their visit, as we have a log book which staff write in, each thing is recorded and sent home with [Name] to keep us up to date."

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. There was a communication book which was completed by staff during the day. Also people had daily records which described the support and care they had received from staff during each shift. Staff told us they reviewed the information in these records when they started their next shift at the home.

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise a concern or provide feedback to staff members or the manager if they needed to. One relative said, "I'd let them know if there were any problems." In the complaints log we saw previous complaints had been investigated and responded to in a timely way. Another relative said, "I have had a problem with [Name's] clothing coming back to us after their stay. Sometimes people's clothes are mixed up." They added, "We have raised this with the home but we never get things back." We spoke with the manager about this comment. The manager explained they were looking at ways to improve their laundry systems at the home to prevent future occurrences.

The provider had a complaint tracking system which was completed by the manager each week. This identified trends and patterns of complaint to highlight any areas for improvement. We looked at how recent complaints had been answered. Information provided in the PIR showed a recent complaint regarding personal care routines. In response new instructions had been issued to staff on how the person should be supported with their personal care needs. This showed the provider and manager acted to improve the quality of their service following people's feedback.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service. However, at the time of our inspection visit the registered manager was on extended leave. We were unable to speak to the manager when we visited the home, but we spoke with a service manager and a deputy operations manager during our inspection visit. We later spoke with a newly appointed interim manager on the telephone.

We had not received a notification that the registered manager was absent from the home before our inspection visit. The provider is required by law to notify us of such events if the registered manager is absent for more than 28 days. The registered manager had been absent since 1 February 2016.

People told us they could speak to a staff member or manager when they needed to. One relative said, "They are always available, either face to face or on the telephone." However, staff told us there was not a clear management structure within the home to support them. One staff member told us they were unsure about who the current manager was. Another staff member told us they did not have much contact with the registered manager or the manager, but they were well supported by other members of the management team. One staff member said, "I can always speak to a senior care supervisor if I need to." They added, "There is always someone available on the phone or at the nearby Stretton Lodge if you require any support, even at night." Staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to.

One relative told us they had been disappointed by the level of service available to their relative by the respite home, in the last few months. They said, "We used to use the home so that my relative could go on holiday each year. Unfortunately this year a holiday wasn't arranged, and we weren't notified why." We spoke with the manager regarding this comment. The manager explained they were looking into the way services were offered to people at the home as part of their quality control procedures. They stated, "We plan to assess the services we can provide by looking at each individual's needs. We will then have a clear discussion with families about what we can deliver and why. This will help us plan and manage people's expectations."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, checks in medicines management, care records and health and safety. The manager also observed staff practice to ensure they were supporting people according to the provider's policies and procedures. The provider monitored the quality of the home through regular visits, during which they checked the manager's records, looked around the home and spent time listening to what people and visitors had to say about the service.

We found that some quality checks had identified a number of areas where improvements needed to be made. An action plan had been drawn up by the registered manager regarding the improvements. Action plans were monitored to make sure the improvements were made, by recording when the action had been completed. However, we saw that in a number of instances actions had not been marked as being

completed. For example, one action to update staff's understanding of MCA and DoLS was marked to be actioned by the end of January 2016. This had not been marked as completed. During our inspection visit we found the provider did not ensure people were always cared for in a way that did not inappropriately restrict their freedom under the MCA and DoLS. In addition staff did not have a good understanding of MCA and DoLS.

We spoke with the newly appointed manager regarding the actions identified in recent audits that had not been completed. They stated, "Quality audits had been completed in line with our quality cycle. However, there is evidence some actions have not been completed due to the change in manager. We had identified this and have just completed a further internal audit to identify areas that require improvement. An action plan following this audit will be closely monitored by the provider to ensure completion."

People were asked for their opinion about how the home was run. A yearly satisfaction survey was sent to people and their relatives to ask them about their experience of using the home. In addition, after each visit people were given a questionnaire to communicate their views about their stay and what they wanted to receive the next time they visited. The manager explained, "The questionnaire is also followed up with a phone call 48 hours prior to people's next visit to ask again about their wishes in terms of activities and food choices." They added, "This is also an opportunity to catch up with regard to any changes in health/medication etc. Families are also consulted during this phone call and the call is documented."

The manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included sharing information with relatives, the local safeguarding team and CQC.