Bupa Care Homes (CFHCare) Limited

Mersey Parks Care Home

Inspection report

99 Mill Street
Toxteth
Liverpool
Merseyside
L8 5XW

Tel: 01517094791

Date of inspection visit:
02 November 2016
03 November 2016

Date of publication:
21 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection visit at Mersey Parks Care Home took place on 2 and 3 November 2016 and was unannounced.

Mersey Parks Care Home is a purpose built care home and provides care in four separate buildings on the one site. Each building can accommodate up to 30 people. One of the units provides nursing care and three provide residential care. The home provides nursing and personal care to older people and people who are living with dementia. The home is located in a residential area with good access to public transport. At the time of our inspection there were 103 people living at the home.

The service had 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 2008 and associated Regulations about how the service is run.

At the last inspection on 29 July 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, we observed the administration of medicines at lunchtime. People said they received their medicines when they needed them. However, staff did not always administer medicines safely because records had not been completed in line with the service's policies and procedures.

We made a recommendation about the safe administration of medicines and have been provided with evidence to demonstrate this has been addressed.

Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were being met.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding from abuse training and understood their responsibilities to report any

unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were being met. We saw the management team had responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Mersey Parks Care Home. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always administered safely.

Staffing levels were sufficient to support people safely. Recruitment procedures were safe.

There were suitable procedures to protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

Mersey Parks Care Home

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.

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority and a national consumer champion in health care, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to share verbally their experiences of life at the home. This was because people were living with dementia. We therefore 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. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included five people who lived at the home and nine relatives who visited people during our inspection. We spoke with the registered manager, six members of the management team and 14 staff. We spoke with three visiting health professionals and a regular visitor to Mersey Parks Care Home. We took a tour of the care home and spent time on the four units that were open when we inspected. We observed staff interactions with people and checked documents in relation to 13 people who lived at Mersey Parks Care Home. We reviewed five staff files and records about staff training and support, as well as those related to the management and safety of the home.

Requires Improvement

Is the service safe?

Our findings

Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. One person who lived at Mersey Parks Care Home told us, "I feel safe here." A relative remarked, "I go home happy knowing [my relative] is safe." A second relative told us they had no concerns, "I go home feeling reassured [my relative] is in safe hands." A staff member commented, "I am positive people are safe here. They are protected here."

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During this inspection, we observed medicines administration at lunchtime on two separate days. The medicines were stored in a locked trolley, which when unattended, was stored in a locked room. The staff member administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

However, during one observation, we noted the staff member signed the MAR form before they supported people with their medicines. On the second observation, we observed the staff member administer medicines to one person without reviewing the information on the MAR form. This could place people at risk as medicine administration policies and procedures were not followed. We discussed this with the registered manager and area director who told us they would investigate the incidents.

We recommend the service remind staff about good practice guidelines related to the safe administration of medicines and check this advice is followed.

The registered manager contacted us after our inspection visit to share they had taken immediate action. The registered manager told us both staff members had received medicine competencies training and successfully completed observations of practice. This showed the provider acted in a timely manner to minimise risk and keep people safe.

During the inspection, we took a tour of the home, including bedrooms, the laundry room, bathrooms, the kitchens and communal areas of the home. We found these areas were clean, tidy, well maintained and smelled pleasant throughout. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our tour the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

We checked the same rooms for window restrictors and found not all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be

vulnerable from falling. We spoke with the unit manager about our findings and the windows were made safe that day. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding.

When asked about safeguarding people from abuse, all staff spoken with told us they had received training on the subject. One staff member told us, "If I had any concerns, I would not hesitate and report to the nurse in charge. If need be I would report to CQC and social services." This showed the management team had a framework to train staff to protect people from abuse.

We checked how accidents and incidents had been recorded and responded to at Mersey Parks Care Home. Any accidents or incidents were recorded on the day of the incident. We saw there were separate logbooks for recording accidents and incidents with injury and without injuries. The registered manager completed a monthly analysis of incidents and submitted this to the quality manager for their analysis. Any themes or patterns related to the incidents were discussed as to why they had occurred and what could be done to minimise the risk of the incidents reoccurring. This showed the provider had a framework to monitor accidents and incidents and promote people's safety.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. The registered manager used a dependency tool to guide them on the safe level of staff required on each unit. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. On the nursing unit, a hostess role had been created to support the care staff. The hostess liaised with visitors on the unit and supported people with drinks and snacks. One staff member told us, "Staffing levels are fine. We have time to monitor and check people are safe and to sit and chat to them."

Throughout our inspection, we tested the call bell system and found staff responded in a timely manner. We saw the deployment of staff throughout the day was organised and staff moved between units when required. A staff member commented, "I have worked on a couple of units, all of them are different. It is good to get to know how they work if one of them is short staffed." This showed the provider had a co-ordinated approach that ensured there were sufficient numbers of suitable staff to meet peoples' needs and keep them safe.

Good

Is the service effective?

Our findings

People and relatives we spoke with were complimentary and positive about the care provided at Mersey Parks Care Home. One person who lived at the home said, "The staff are marvellous. They are very obliging, very helpful." A second person told us, "The staff must be well trained because they know what they are doing." A staff member commented, "The training is really good. That's important to me. It helps me do my job properly."

We spoke with staff members and looked at their training records. Those we spoke with said they received induction training on their appointment. One staff member told us, "The training was intense. We had a four-day induction and then we had to shadow staff." They told us the training they received was provided at a good level and relevant to the work undertaken. One staff member said, "There was quite a lot of training." A second staff member commented, "We have people here who have dementia, so that training was really good. It helped me understand this better and how to support people."

There was an in-house area trainer who delivered face-to-face training to staff. They co-ordinated the training for the care staff and informed people when their training needed to be refreshed. They told us staff completed a written test as part of their refresher training. If there was a poor response to the knowledge check, staff had to complete the full course again. This showed the provider had a framework that ensured staff had the knowledge and skills to carry out their roles and responsibilities.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "The supervisions are fine, they ask how I am, any concerns and what's going well."

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Mental capacity assessments were always carried out before a person was admitted to the home. We spoke with the staff to check their understanding of these. They told us they determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Care

plans we looked at showed best interest discussions had taken place for people who lacked capacity.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. One staff member told us, "I have done the MCA training and know it is all about giving people choices." Throughout our inspection, we observed staff offer people choices on food, drink, activities and clothes to wear.

The management team showed us recent DoLS applications. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

As part of our inspection, we looked at what foods and drinks were available. People could choose from a selection of meals on a set menu. However, there was also an alternative menu, if required. The provider also had a night-time menu for people who were hungry during the evening and early mornings. A member of staff told us, "People eat where they want and when they want."

As part of the inspection, we observed people receiving their breakfast and lunchtime meals. The food was plentiful and people took the opportunity to have more than one helping. One person told us, "There is plenty of food on offer and if you don't like it they [the staff] will get you something else." They further commented, "If you want it [food] you can have it. Nothing is restricted." We observed staff offered support to people with their meals when required. Meal times were relaxed and staff were able to offer one to one support. We saw one person had a mini fridge in their room fully stocked with snacks.

We visited the main kitchen during the inspection and saw it was clean, tidy and well stocked with food. We were told all meals were home cooked and freshly prepared. We confirmed this by comments we received from people who lived at the home. The chef was aware of food preferences and which people were on special diets or required pureed or soft foods.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising its rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Within several people's care files we saw they had been assessed by trained health professionals to make sure the food and drinks they consumed were of the correct consistency. This showed the provider ensured people had sufficient food and drink. They consulted with health care professionals to ensure all risks related to the consumption of food and drink were managed effectively.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs, district and palliative nurses. During our inspection, we observed visits from three different health care agencies to support people with their ongoing health issues. One member of the management team told us they had a good relationship with the local GPs. A visiting nurse told us they thought the staff were good at monitoring and managing people's poor health. They told us the provider worked really well with the health teams and was keen to develop and maintain the positive relationship.

This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were friendly and caring. One person told us, "I cannot speak highly enough of the home. The staff are so caring and kind." A second person commented, "We do have a laugh. I can't fault the staff in any way." A member of staff told us, "I am looking after people who need me. What is important is that I respect them, I care for them and help them to be happy." A second staff member said, "We are doing this job for the 'residents', they are like our second family."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. We observed people spoke to staff using colourful language to emphasise their point. Staff we spoke with said they respected the people they supported and enjoyed their company. One staff member commented, "The person comes before the dementia."

Family and friends we spoke with said they were made to feel welcome. Relatives told us they could visit whenever they liked. One relative commented, "I visit a lot, every day." Other visitors told us they made sure their relative had daily visitors. Relatives told us the staff made them feel very welcome. One relative told us, "The girls [staff] are part of our family." We were told by visitors and observed during our inspection, that they were warmly welcomed and offered a drink on arrival. This showed the provider valued and maintained positive relationships with people's loved ones.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. Staff were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We looked in people's bedrooms and saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

The nursing unit felt homely, not clinical. There were different styles of carpet in people's bedrooms due to their personal choices. One staff member told us, "You will notice the flooring is different in bedrooms. That is because people tell us their preferences and we will change that for them. They also choose the colour schemes in their rooms." This showed the provider listened to people and involved them in their care planning and decision-making.

Care files we checked contained records of people's preferred means of address and used their name throughout the care plan and when discussing their care and support needs. For example, one person liked two pillows and a duvet on their bed, a second person preferred a bath to a shower. A third person did not like to bathe or shower and preferred female carers. This showed the provider had listened and guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements. We saw people or their relatives had signed consent to care forms which confirmed this.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and told us they had used advocates in the past. At the time of our inspection, several people had support to manage their finances and help with medical decisions.

Some of the care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and/or health care professionals. Not all care plans had a DNACPR as people had chosen not to discuss the subject.

Health care professionals we spoke with told us the provider was very good at supporting people who were at end of life and had a good understanding of palliative care. Staff had received training on how to support people and their families sensitively. One staff member told us, "It's the last thing they see, it is about their dignity." They further commented, "It's the families that need support, they are frightened. They stay here, we offer drinks, something to eat, and they can have a shower." The provider had created a pub environment on one unit. We were told families had set off from the 'pub' on the day of the funeral of people who had lived and died at Mersey Parks Care Home. This showed the provider respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care, the provider assessed each person's needs before they came to live at Mersey Parks Care Home. This ensured the placement would meet their needs and staff would have the skills to keep them safe. One relative said, "All the staff are great. I really can have a laugh. They get me, they are on my wavelength." One relative told us, "Mum would not be here now if it wasn't for their care and dedication." A second relative said, "This place is good for [my relative] it suits him." A member of staff commented, "Everyone is different, I have to change according to what they want."

To ensure the support was responsive to their needs, people had a care and support plan. Within each person's plan, a personal profile provided a pen picture of the person, 'My day, my life, my details.' There was information about people's communication, daily life, cultural preferences and spiritual beliefs. For example, one person liked to receive mass. The provider ensured a member of the clergy visited regularly to meet their spiritual preferences.

Care plans provided staff with details about people's preferred name, their GP details, past and present medical history and how they wished to be supported. There was information on people's mobility, safety, breathing and circulation, morning routines, mental health and future decisions. One file identified the person liked their solitude rather than groups. It stated '[person] likes her bedroom she thinks it is her little flat and she can lock the door.' Within a second person's plan it stated, '[person] likes to be in his bedroom when discussing decisions.' This showed the provider had developed care plans responsive to individual care needs.

People received personalised care that was responsive and specific to an individual or individuals. For example, we noted the provider had respected people's wishes and choices and provided smoking rooms on each unit. The communal enclosed rooms gave people the opportunity to maintain their established lifestyle whilst residing at Mersey Parks Care Home. During our inspection, we saw the smoking rooms were visited frequently.

The registered manager told us they encouraged people and their families to be fully involved in their care. This was confirmed by talking with staff and relatives. A relative told us they were kept informed about their family member's care requirements. One relative commented, "They phone us up and let us know if anything changes." This showed the provider made sure families were informed and included in care planning.

We asked about activities at Mersey Parks Care Home and received mixed messages. We saw each unit had a timetable of activities scheduled for the week. During our inspection, we observed the hairdresser visit. We heard staff acknowledge people had had their hair washed, cut and set. We noted people were pleased with the staff comments. We observed people having their nails painted and a trip took place to a nearby community centre for a game of bingo. We saw people visit the in-house pub for a pie and a pint at lunchtime. However, one relative told us their family member never got the opportunity to visit the pub. A second relative told us activities had deteriorated and they were not as good as they used to be.

Nevertheless, we spoke to another relative on the same unit who commented that activities were good and shared an example of coming to visit their relative to find staff dancing and singing with people. On a different unit people told us how they had enjoyed that staff had decorated everywhere for Halloween.

We spoke with the registered manager about activities. They told us the activities were constantly under review. They stated they supported people to visit two community-based centres to access and arrange day trips. To confirm this, one relative told us, "I like Mersey Parks because they are very much part of the local community." On the day of our inspection, the local primary school children made one of their regular visits. We saw in the summer the provider had arranged a 1950's themed summer fair. Friends, relatives, the deputy mayor and local dance groups were invited to attend. Staff dressed up in the style of the era.

The registered manager told us about the night owl club they had introduced. The club delivers evening activities to people who may be confused between daytime and night-time. The registered manager told us this helped people who had recently moved to Mersey Parks Care Home. The registered manager explained that as a visual guide to help people, staff wore night clothes and pyjamas to show it was night-time. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

Two activity co-ordinators worked at Mersey Parks Care Home. They co-ordinated all the group activities and spent time chatting with people on a one to one basis. The co-ordinator had daily notes on people's involvement in the activities. The documentation included notes on people's interaction with others, engagement and mood.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one relative told us, "I have had no reason to complain." We saw evidence complaints received had been documented and addressed. At the time of our inspection, we noted the regional director was investigating one complaint. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive.

Good

Is the service well-led?

Our findings

People, their relatives, visitors and staff we spoke with during our inspection site visit told us the service was well led. There was a clear line of management responsibility throughout Mersey Parks Care Home. One staff member talked about the registered manager and told us, "She really does have an open door policy." A second staff member commented, "All the managers are amazing. It really does feel like we are a family." A third said, "[The registered manager] is a good manager, she keeps people informed." A relative said, "[member of the management team] is here all the time, she knows what's going on."

The registered manager had daily 'Take ten' meetings. These were short meetings with the head of each unit after the registered manager had completed their daily walk around the care home. The meeting was to discuss any current issues.

The registered manager had introduced 'everyday hero'. This was in recognition of staff that had gone over and above within their role. At the time of our inspection, staff had their name placed on the staff noticeboard and wore a badge acknowledging their efforts. The regional director told us this was under review with "in the moment feedback" and alternate acknowledgments being introduced.

We asked the management about dignity champions and their role within the service. The regional director told us champions completed person first training. They commented, "They are the trustees of best practice."

All the staff we spoke with told us they had regular staff meetings. One staff member told us, "The staff meetings are good. You get up to date information and share any problems." A second staff member commented, "Staff meetings are our time to get across any issues to [registered manager]." We noted all staff meetings followed the same structured format. Minutes of meetings showed the introduction of new paperwork, discussion on communal areas and thank you to staff for their hard work.

The registered manager arranged surveys to seek feedback on the care provided. For example, we saw the provider had acted on comments that the units looked untidy. They had acted on the feedback, sought new dining tables and decluttered the units. This showed the provider had a system to gain people's views and respond.

The registered manager had procedures to monitor the quality of the service being provided. On each unit there was 'resident of the day'. This quality assurance system identified one person whose care plan would be reviewed. It gave staff a methodical means to track and audit people's support information each month to ensure it was valid and correct.

The registered manager received a weekly print out of nurse calls and response times. The registered manager told us any concerns would be investigated immediately.

Further audits included the monitoring of the environment and equipment, maintenance of the building,

water temperatures and infection prevention. There had been an upgrade of the water systems to reduce to risk of legionella bacteria. There were comprehensive records that showed checks had taken place. There was a daily tour to seek out any issues that might need attention. Any areas requiring repair identified by staff were documented to be prioritised and dealt with by the on-site maintenance man.

The regional director visited monthly and completed their audit. This was a quality check to ensure the provider was working in accordance with company policies and procedures. We noted the audit highlighted areas of improvement and these were revisited the following month to ensure improvements had been made. This meant the provider monitored and maintained the home to protect people's safety and well-being.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a current fire safety log and fire risk assessment. There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. There were three copies of this document stored in separate locations so it could be accessed in a timely fashion. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.