A L A Care Limited

ParkHouse Grange

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

The inspection visit took place on 17 October 2016 and was unannounced.

ParkHouse Grange is a residential care home providing accommodation for up to 40 people. The home is purpose built with accommodation on two floors. People have use of four communal lounges, a summer house and garden. At the time of our inspection 36 people used the service.

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.

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed. Staff understood and discharged their responsibilities for protecting people from abuse and avoidable harm.

People's care plans included risk assessments of activities associated with their personal care and support routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. At the time of our inspection the service was using agency care staff to ensure enough staff were available to support people with their needs. An agency staff almost put a person at risk but for a timely intervention by permanent staff.

People were supported to receive the medicines by staff who were trained in medicines management. Medicines were stored safely, but temperature checks of storage areas were not consistently carried out.

Care workers were supported through supervision and training. People who used the service told us told us they felt staff were well trained and competent.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. There were people at ParkHouse Grange who were being cared for under Deprivation of Liberty Safeguards.

Staff understood the importance of people having healthy diets and eating and drinking well. They supported people at meal times to have their meals. They also supported people to access health services when they needed them.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support.

People told us they were treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service. They were a `dementia friend' and `dignity champion'.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the service.

The service had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The provider carried out weekly visits to ParkHouse Grange to monitor the quality of service. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and put into practice their responsibilities to protect people from abuse and avoidable harm.

The provider operated safe recruitment procedures. Suitably skilled and knowledgeable staff were deployed to meet the needs of people that used the service.

People were supported to take their medicines by staff who were trained in safe management of medicines. Storage of medicines was safe but temperature checks of medicines were not always carried out or recorded, though safety of medicines was not compromised.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff understood people's nutritional requirements, though this was less understood by agency care workers.

Staff supported people to access health services when they needed them.

Is the service caring?

Good

The service was caring.

Care workers were attentive to people's needs. They

communicated well with people whilst supporting them.

People were involved in discussions about their care and support.

Care workers respected people's privacy and dignity when providing care and support.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their personal individual needs.

People were supported to participate in stimulating activities.

People knew how to make a complaint if they felt they needed to.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People's views were listened to and acted upon.

The service had effective arrangements for monitoring the quality of the service.

ParkHouse Grange

Detailed findings

Background to this inspection

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

This inspection took place on 17 October 2016 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

We reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at ParkHouse Grange since our last inspection.

On the day of our site visit we spoke with five people who used the service, six relatives of other people and a friend of a person. We also 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 to us. We observed how people were supported with their meal at lunchtime.

We looked at four people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits. We spoke with the registered manager, assistant manager, a senior care worker, a care worker and the cook.

We contacted the local authority that funded some of the care of people used the service and Healthwatch

Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service. We also contacted three health and social care professionals for the same reason.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at ParkHouse Grange. They gave a variety of reasons why they felt safe. These included the quality of care and support they experienced. A person told us, "Oh yes, I'm safe. They look after me very well". Other people told us they felt safe because staff were kind and friendly. Relatives we spoke with told us they believed people using the service were safe. A relative told us, "[Person using the service] is a lot safer than she was at home. She's in a safe environment".

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. A care worker told us, "I look out for signs of unexplained bruising or marks, people's appearance, changes in mood and eating patterns to alert me to that a person may be at risk of abuse or harm". They told us they had reported concerns in the past and that these had been investigated. They said they were confident that the management teams took safeguarding concerns very seriously.

The registered manager and assistant manager reviewed incidents that occurred between people that used the service. We saw that they had carried out investigations to identify why a small number of people sometimes displayed behaviour that challenged others. They had taken action to protect people from being harmed by others and to support the people who presented challenging behaviour. Those actions had significantly reduced the number of incidents between people using the service.

People's care plans had risk assessments of activities associated with their care routines, for example eating or supporting people with their mobility. The risk assessments were detailed and included information for care workers on how to support people safely and protect them from harm or injury. We saw care workers safely support people to stand and transfer from armchair to wheelchair. Wheelchairs were used safely, for example care workers ensured that foot rests were adjusted correctly so that people's feet were off the floor. We also saw staff support people to wear non-slip footwear that reduced the risk of them experiencing a fall. Very few people that used the service had experienced falls since our last inspection which showed that people assessed at high risk of falling were adequately protected and supported.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. A relative told us, "There are always staff around". People told us that when they used call alarms to request attention staff responded quickly. A person said, "If you want the carers you call them and they come. They come quickly" and another person told us, "Last night I accidentally pressed it and they came straightaway". Our observations throughout the day of our inspection were that staff responded quickly to call alarms.

Staff we spoke with told us they felt enough staff were available. The registered manager explained that they service sometimes relied on agency care staff to ensure enough staff were on duty. They said this was because recruitment of suitable staff was a challenge because many people who applied to work at ParkHouse Grange were unsuitable. The operated recruitment procedures that ensured as far as possible

that only staff suited to work for the service were recruited. Candidate's suitability was assessed through review of their job application form then at interviews when they were interviewed by the registered manager and another member of staff. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. There was a particular focus of people providing evidence that they were compassionate and understood how to practice dignity on care. People using the service could be confident that the provider took great care in deciding who they employed.

The provider used a commercial electronic medicines management system to support people with their medicines. A benefit of the system was that it reduced the risk of medicines administration errors. No errors had occurred at ParkHouse Grange since the system was introduced. A senior care worker who administered people's medicines told us, "It's a safe system. The chance of an error being made is very small". People told us they received their medicines. A person told us, "Yes I have a lot of medicines but they got it all in hand" and a relative told us, "They [medicines] are at the right time". There were aspects of the system that were outside the provider's control which they had reported to the manufacturer. One was that IT devices that were an essential part of the system could go `off-line' and one side effect of that was that administration of medicines could be delayed by up to an hour.

The arrangements for the ordering and disposal of medicines no longer required were safe. Medicines were safely and securely stored. However, checks of the temperature at which medicines with recommended storage temperature of under 25 degrees were stored were not consistently recorded. One of the rooms where medicines were stored had no temperature control and no thermometers in the cupboards. This was not likely to pose a risk in autumn, winter or spring because the room was `cool' but it could in summer months when outside temperatures exceeded 25 degrees. We discussed this with the registered manager who immediately ordered thermometers and temperature control for the room.

The provider took action in response to 'safety alerts' from the NHS England. For example, we saw an alert NHS England had issued about risks associated with certain medicinal creams. The provider acted on this and displayed information for relatives about this requesting that the registered manager be informed if relatives bought such creams to use by people who used the service.

Good

Is the service effective?

Our findings

People who used the service didn't say whether they felt that care workers were skilled and knowledgeable about their needs. They did tell us that they liked the staff, for example one person told us, "I think they're very good". However, relatives told us they felt staff were well trained. A relative, who told us they had many years' experience as a carer, told us, "The staff are well trained; I'd say the training is brilliant". Another told us, "I have never witnessed anything that causes me concern about the quality of the staff".

All staff had a training and development plan they had agreed with the registered manager or deputy manager when they first joined the service. They were supported through induction and a probation period of three months during which their competence was regularly assessed. Staff were also supported through one-to-one supervision meetings that took place every three months and an annual appraisal meeting. We saw that one of the results of a recent staff survey carried out by the provider was that staff were satisfied with the training they received because it supported them to carry out their roles effectively.

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual, for example either speaking slowly or using gestures and were always at eye level with the person. We heard staff explain how they proposed to support people, and then talked to people whilst supporting them. People's responses to staff made clear that they understood what staff were saying. This was particularly evident when staff supported people to the dining room for lunch and during the meal time. Staff spoke with people as they supported them, always maintained eye contact. It was clear from people's cheerful and confident responses that they felt comfortable and relaxed.

The Mental Capacity Act (MCA) 2005 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 process 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.

The registered manager had a thorough understanding of the MCA. Care workers we spoke with had a good understanding of the MCA and its importance. They understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that were people lacked capacity they were supported in their best interests in the least restrictive way. At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA.

Staff supported people to have enough to eat and drink. Staff supported people to choose their meals either by explaining and describing what the meals were or showing pictures of meals. We saw people choose meals when the choice was offered this way. A person told us, "We have a choice of food at dinnertime, they

give you two choices and you get to choose". We saw from the four week cycle of menus that people had a choice of healthy and nutritious meals that were freshly prepared. The cook had information about people's special dietary requirements which meant that people had meals presented in ways that met their needs. Staff were aware of people's needs. For example, a person made a choice of meal that was incompatible with the medicines they took and a care worker explained this and told the person about other meals that were available. Another worker made an intervention when they saw an agency worker about to offer a person a desert that was not suitable for the person.

Staff ensured that people had enough to eat. We saw that one's person's meal had gone cold after they'd fallen asleep. A care worker took the meal away and brought a fresh warm meal after the person awoke and supported them to eat it. A relative told us that care workers brought their mother snacks whenever they wanted. People were supported to lose or gain weight through careful monitoring of their food intake. A person told us, "They help me with my weight I have to be careful because of my health". A doctor who participated in a survey about ParkHouse Grange wrote that `ParkHouse Grange has always been excellent with regards to [people's] nutritional needs.

Our observation was that the meal time was a pleasant experience for everyone and that the meals and dining room were very well presented.

People were supported to access health services when they needed to. For example, people told us about chiropodists coming to support them. Others told us that staff arranged for a doctor to visit them when they felt unwell. A person told us, "If I need a doctor they get one out for me".

Staff were attentive to people's health needs. We heard a person tell a care worker that their arm was hurting. The care worker asked the person about this and explained they would call a doctor. Later, the care worker acted on advice from the doctor to relieve the person's pain. A relative gave an example of staff recognised that a person might have a urinary tract infection and acted on that which made a difference to the person's experience at that time. Other relatives gave examples of staff acting promptly by arranging for health professionals to visit ParkHouse Grange when their relatives showed signs of illness. One comment that, "Mum was poorly yesterday and they sent for a doctor. They spotted she wasn't well and they did really well". This was representative of what other relatives told us.

The registered manager worked closely with other services to support people. This included supporting people to transfer to nursing homes when their daily needs requirements went beyond personal care and required daily nursing care.

People using the service could be confident that their health needs were met.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were kind and caring. A person told us, "I wouldn't want to be anywhere else. They [staff] are very good here". Some people we spoke with made complimentary comments about individual staff, for example "[Care worker] is lovely, he is very helpful". Relatives' comments included "We find them really nice"; "They seem very pleasant" and "They seem very nice. My granny normally says nice things about them. She gives me good vibes". Another relative told us that staff showed kindness towards her father and her. They told us, "The staff are very caring. They've helped me a great deal too".

We saw several of examples of staff being kind and caring and doing things to show people that they mattered to them. Every time we saw a care worker support a person they spoke to them and explained what they proposed to do and waited for the person to show that they wanted the support. This mattered to people. A person told us, "They tell me what they're going to do. It helps me". What we saw and heard showed that the work the provider had done to promote dignity in care had been put into practice. For example, there were eight staff who were trained to be 'dignity champions'. One of them told us, "The approach we take is to ask ourselves `if this person was my mum or dad would I like them to be looked after this way?'". We heard a person using the service tell a care worker that they had no family, to which the care worker replied, "Well you've got us we're your family". Relative's comments in 21 thank-you cards we saw showed they appreciated how kind staff were. Comments included, `Thank you for the loving care you provided, we could not have wished for more' and `Such care and dedication, it was most appreciated'.

The kindness that staff showed to people included relieving people's distress. We saw and heard care workers asking people why they appeared to be unhappy then offering them comfort and reassurance. A relative told us that staff were very attentive to changes in peoples demeanour. They told us, "I was concerned about [person] using the service] yesterday afternoon. The staff really listened". When a person told a care worker they felt pain in their arm the care worker talked about this with them and offered support then acted on advice they received from the person's doctor. We found that staff were observant and attentive to people's needs and that they ensured people were comfortable. For example, when people walked into a communal area a care worker was always on hand to ask the person where they wanted to sit and they supported the person to what was evidently their favourite seat.

The majority of people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives or representatives had opportunities to be involved in decisions about how their care and support was delivered. Their relatives or representatives contributed to their care plans. For example, care plans included sections about how people wanted to be supported. A relative told us, "I've been involved. The home have consulted with me". Relatives told us that they were kept informed about their family member's care. A relative told us, "They keep me informed about things straightaway". Although most people were not involved in longer term decisions about their care and support they were involved in every day decisions about when and how they were supported with their. We saw and heard staff giving people information about how they proposed to support them and offering them choices. The way people responded showed that they understood what staff said.

The provider promoted dignity and respect through policies, staff training and supervision. This was reinforced by supporting eight staff to be dignity champions. Our observations were that staff treated people with dignity and respect. For example, staff talked to people quietly about whether they needed or wanted support with a care routine which meant other people were not aware of a person's intimate needs. When people were supported with personal care in their bedrooms a light above their door was used to communicate that people should not enter the bedroom. Staff respected people's privacy whether they were in their bedrooms or in communal areas where they were engaged in a solitary activity. Staff were always present and available but they were not intrusive.

People were supported to be as independent as they wanted to be. Their care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. For example, when a person who was able to walk unassisted asked a care worker to support them to a bathroom, the care worker told them they would but that they would walk alongside them without physically supporting them. They encouraged and praised the person as they walked to the bathroom. We saw other examples of a similar nature where staff prompted and encouraged people to do as much for themselves as they could.

People's relatives were able to visit ParkHouse Grange without undue restrictions. We saw from the visitor's signing in book that relatives visited the home from early in the morning to late evening.

Good

Is the service responsive?

Our findings

People we spoke with told us that they experienced a good quality of care. A person who used the service told us, "You couldn't get a better place than this". And another said, "I'm quite contented".

We saw from information in care plans we looked at that people using the service contributed to the assessments of their needs, though their relatives or representatives made more of a contribution. Relatives and representatives were invited to participate in reviews of care plans every three months or sooner if a person's circumstances changed.

People's care plans were 'person centred' because they contained information about people's life history and individual preferences. The care plans also contained detailed information about people's assessed needs and how those needs should be met, including by taking people's preferences into account. A relative of a person who used the service told us, "The staff are very attentive. They do what is in the care plan". Staff paid attention to detail and people's preferences. A person told us, "They bring me clean towels every day which I like". Another told us, "I like to go to bed early, they [staff] will take me early". We saw records that routines associated with people's care and support were recorded. For example, if people's care plans included that they liked or needed to have a bath or shower daily, needed to be weighed weekly or have their food and fluid in-take measured and monitored records showed that happened. One of the results of the provider's most recent satisfaction surveys was that relatives were very pleased with the quality of care their family members experienced. A doctor who visited the service wrote that `The residents are well looked after. I would send a family member to this home'. Our observations were that people received care that was centred on their individual needs.

People were supported to maintain their interests and hobbies and to participate in stimulating and meaningful activities. For example, some people had faith needs which were met because staff supported people to form a bible reading group. They also arranged for faith services to take place at ParkHouse Grange and for faith representatives to visit individual people. People participated in arts and crafts activities where they painted and made flower arrangements that were displayed n communal areas. Some people participated in cooking activities. A person told us, "I've got my colouring. On Friday we're going to make pizza for tea. They do all kinds of activities. I've got my colouring it helps me relax". The registered manager told us that music was important to a lot of the people. We observed and heard that the music played was music they evidently enjoyed. People sang to the music and one person was supported to dance which they and people watching enjoyed. That person's relative told us, "Did you see her doing that? She does that all the time. My gran definitely appreciates that". Another relative told us, "The music's on quite a lot and you can see people tapping their feet and singing along". People who preferred to watch television did so in another communal lounge.

Other activities included visiting entertainers and visits to places of interest. In August 2016, ParkHouse Grange participated in a 'Twilight Games', a five day 'mini Olympic games' sports event involving eight care homes in the Hinckley area. The event was aimed at supporting people with their co-ordination, concentration and mobility through a series of different sports. Staff supported people with exercises they

could do whilst seated in their armchairs. We saw a group of ten people enthusiastically participate in an exercise session. A relative told us, "When I've been here I've seen staff doing exercises with them in their chairs". Most people at ParkHouse Grange either participated or spectated. We saw lots of photographs of people participating in these activities.

People also participated in meaningful activities that encouraged them to feel part of the ParkHouse Grange community, for example helping folding napkins or making flower arrangements for dining room tables. A relative told us, "When I come sometimes my [person using service] is in the dining room pottering about and helping out and that's fine".

We found that people participated either in social activities or were happy to do activities by themselves. A person told us, "I don't always join in activities; I have my colouring books which I enjoy". Other people liked watching wildlife from their bedrooms which was possible because staff had provided bird-feeders outside their rooms. Staff supported people with the activities they wanted to participate in. The range of activities protected people from social isolation.

People who used the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall alongside a poster showing the ratings we gave at our previous inspection. Relatives told us they knew about the complaints procedure and that they felt comfortable about approaching the registered manager or assistant manager if they had any concerns. The complaints procedure made clear that complaints were an important source of feedback and learning. No complaints had been made since our last inspection.

Relatives had opportunities to provide feedback about the service. There was a suggestions box clearly visible in the entrance hall, but the registered manager told us relatives did not use it. Resident and relatives meetings took place every three months where people had opportunities to provide feedback. Relatives told us they knew they could speak with the registered manager at any time.

Good

Is the service well-led?

Our findings

People using the service and relatives told us ParkHouse Grange was a pleasant place to be and that staff were friendly. People told us they were happy to be there with one person saying, "It's a beautiful here. I wouldn't want to be anywhere else".

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included relatives and residents meetings which the registered manager used to inform people of developments at the service and to invite suggestions and ideas. For example, relatives made suggestions about activities which were acted upon.

The registered manager had raised the profile of the ParkHouse Grange in the local community through organising a summer fete, social events at the home and participation in the 'Twilight Games'. Residents and relatives meetings were open to people in the local community to attend and learn about developments in adult social care and listen to guest speakers. For example, a GP gave talks about end of life care and the registered manager talked about and explained what the Deprivation of Liberty Safeguards were. This showed that the registered manager reached out to establish links with the local community.

Staff were supported to raise concerns about what they felt was poor practice. This was through policies and incident reporting procedures. They were also supported to raise any concerns during one to one supervision meetings. A care worker we spoke with told us they had used the procedures and had received feedback about the concern they'd raised. Incident reports we looked at showed evidence that the incidents had been investigated and actions were taken to reduce the risk of similar incidents happening again. For example, risk assessments were reviewed. Incident reports were discussed at staff meetings.

The provider promoted caring values through policies. Their aim was to provide quality care and support that helped them to be as independent as possible. The registered manager was a 'dementia friend' and they and seven care workers were 'dignity champions'. The registered manager told us they "nurtured" staff to be able to demonstrate how they provided care and support that was kind and compassionate. Our observations throughout our inspection were that staff put their training and support into action. The registered manager and assistant manager monitored through daily 'walk-about' observations that staff provided care in line with the provider's values and standards. The care worker we spoke with told us staff shared the same values as the provider and that was a reason why they felt ParkHouse Grange was a friendly home.

People using the service and relatives knew who the registered manager and assistant manager were. They welcomed visitor to ParkHouse Grange and their presence was visible. They were accessible to people using the service, relatives and staff. A person using the service told us, "I know I can talk to them at any time". A relative told us, "I know who the manager is, they are very approachable".

The registered manager understood their responsibilities under the terms of their registration with the Care Quality Commission (CQC). They kept the CQC informed of events at the service, such as deaths, accidents

and incidents. This was important because it meant the CQC could monitor the service. They had a clear vision of what they wanted to improve at the service which they told us about in the Provider Information Return they sent us before the inspection visit. These included making improvements to a 'sensory room' by adding furniture that dated back to the 1950s and 1960s.

The registered manager met with their counterparts in other services run by the provider to discuss common issues and share learning. For example, there had been discussions recently about the impact of the new medicines management system that had been introduced and how these would be shared with the supplier of the system.

The provider had effective systems for monitoring the quality of the service. A key part of that was their six-monthly satisfaction surveys which included questions about people's experience of the service. The outcome of the surveys was consistently good. The registered manager was considering how additional questions could be added that covered the areas we cover in our inspections; that is whether a service is safe, effective, caring, responsive and well-led. Other monitoring included observations of staff practice, supervisions, and audits of care records. Audits were used to identify areas that required improvement and actions were taken to achieve improvement. For example, more flexible arrangements were introduced to ensure that staff had supervision meetings. They could now have the 'meetings' either in person or by scheduled telephone call.