Salvero Healthcare Limited

Acacia Lodge

Inspection report

Peveril Court
Sandham Lane
Ripley
Derbyshire
DE5 3NR

Tel: 01773570248
Website: www.acacialodge.org.uk

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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

This inspection visit was unannounced and took place on 10 August 2017. This was the provider's first inspection since their registration with us in July 2016. The service was registered to provide accommodation for up to 16 people. People who used the service had physical health needs and/or enduring mental health needs. At the time of our inspection 14 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had completed a comprehensive range of audits in relation to all aspects of the home and service. They had reflected them in an improvement plan and these were actioned to continue to drive improvements in relation to the home and the service provided. Staff felt supported and they received supervision and the opportunity to expand their roles through working in a team. People's views had been obtained and felt that their requests or suggestions had been responded to.

The home had systems in place to maintain people's safety. Staff understood the importance of reporting any concerns to avoid people coming to any harm. Risk assessments had been completed on an individual basis. These reflect the risks and provided options or guidance to manage these. People received their medicine as required in a safe way and referrals were made to a range of health care professionals when required to support people's wellbeing.

Some people using the service did not have the capacity to make their own decisions; they had been supported to ensure decisions were made in their best interest. When required some people received the support of an advocate or guardianship to support more complexed decisions. There were sufficient staff to support people's needs and the provider had increased the staffing to support areas of identified needs to reduce the risks to people. When staff were recruited checks were completed to ensure they were safe to work with people who used the service. Staff received an induction which provided them with training and the guidance they needed. Further training was provided to support the staff's role.

People enjoyed the food and had the opportunity to make choices about the meals they received. The staff treated people with respect and people told us the staff made time for them when they needed the support. People knew how to raise a complaint and any received had been responded to. People had the opportunity to contribute to their care plans and changes had been implemented following their comments or requests.

People felt the staff offered them support and guidance. They had established positive relationships with the staff and felt their dignity and opinions were respected. Stimulation and interests were promoted, and

further developments were being planned to consider therapies to expand opportunities for people. People felt able to personalise their space and make choices about their day.

The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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 were involved and supported to be safe within the home. Staff understood the importance of reporting concerns to protect people from harm. Risks to people's safety had been assessed on an individual basis and a range of options considered to reduce and manage the risk. There was sufficient staff to meet people's needs, and checks had been completed to ensure staff were safe to work with people. Medicines were administered in line with the appropriate guidance.

Is the service effective?

Good

The service was effective
Some people did not always have capacity to make their own decisions. We saw they had been supported to make decisions through a best interest process with the support of advocates. People enjoyed the food and had an opportunity to be included in the decision about their meal. Staff received training to enable them to support people and develop their role. Support from health professionals was requested and available when needed.

Is the service caring?

Good

The service was caring
People had established relationships with staff and felt they supported them. There was mutual respect between the people and staff. Relationships and friendship that were important to people had been supported.

Is the service responsive?

Good

The service was responsive
People had been involved in the planning of their care needs. Care plans had been routinely reviewed and updated to recognise changes. Stimulation and opportunities had been made available to people who wished to access them. Complaints had been responded to formally.

Is the service well-led?

Good

The service was welled
A wide range of audits had been completed to reflect any trends or areas of improvement. Staff felt supported and listen to and able to develop their knowledge. People's views had been obtained and any areas addressed. The manager understood their role in meeting the regulations

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 home was registered in July 2016 and this was the - first inspection, which was completed by one inspector. On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with six people who used the service and three relatives. Some people did not wish to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, one nurse, the cook, the deputy manager and the registered manager. During the inspection we spoke with a social care worker. Following the inspection we spoke with the clinical psychiatrist, we did this to provide us with information about how the home worked with other services to support people's needs. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. As part of our rationale process we reviewed care records for five people and the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People's safety was a priority for staff. People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Every member of the staff team from the manager to housekeeping staff had received safeguarding training. One staff member told us, "You need to be aware of any aspect of abuse, financial, physical, any concerns I would report them." Another staff member said, "Any concerns I would report to the manager and feel confident it would be followed up." Staff had received training in safeguarding and - knew how to raise any concerns. The provider had established a good relationship with the local authority. We saw any concern had been investigated in conjunction with them and outcomes had been shared with the staff to improve approaches to protect people from harm. One staff member told us, "We raised a safeguard last week and since then the manager has done something about it." This situation was in relation to the medicine room. Procedures were now in place to ensure the safety of the medicines and access arrangements. We saw the registered manager had made a safeguarding referral for a person who had returned from hospital with an injury.. A social care professional told us, "The provider takes a positive lead in promoting safeguards and has followed through on any required actions." This demonstrated the provider had a clear understanding of safeguarding and ensured this was embedded into the service.

Staff were responsive in enabling people to achieve a fulfilling life whilst keeping them as safe as possible. One person told us, "Staff are with me, so I don't fall down which makes me feel safe." Another person told us, "I have a lot of worries and the staff help me with them, this is important to me." We saw that risks to people's safety had been assessed - with the involvement of the person. The assessments covered all aspects of the person's care, wellbeing, lifestyle and environment.

The provider looked for solutions to support people's independence. Some people had specialist mattresses to support their skin integrity. However as the mattresses can be noisy the person had asked for the mattress to be removed. It was replaced with a pressure relief mattress and an agreed programme to monitor the person's skin. This showed that the person's views had been considered along with the need to maintain the their wellbeing. Some people had sensor mats or a door bell alarm to enable staff to be alerted when they required assistance. These had been put into place following incidents to reduce the risk. The registered manager told us, "We are currently looking into a modern approach to a call bell type system. We want to consider how we can use technology to support people's safety. For example, the use of motion detectors or portable alarms which can be used for different people dependent on their needs."

Risks associated with people smoking cigarettes had been assessed. We saw different risk assessments had been completed to reflect individual support needs. For example, one person was at risk due to their increasing physical needs of their clothes being set alight. The provider had purchased a fire retardant apron. The person was aware of the reason for the apron and accepted this. We saw when they required a cigarette, the apron was used. A staff member said, "Before we had the apron we had to make sure we stayed with them whilst they had a cigarette, this way they are able to have some independence.". Other people required guidance in relation to the use of a lighter and the number of cigarettes they received per

day. For each person the risk was identified and the least restrictive approach had been considered. For example, the incident records relating to cigarettes had been used to develop the risk assessment and plan. A smoke detector had been fitted in one person's bathroom due to the risk of fire; since there had been no ongoing issues this had been removed. One person said, I am happy here and understand the rules to protect me." All the risk assessments had been reviewed, and changes made to address the risk in real time.

The registered manager had established a link with the local police to identify people who may leave the premises and place themselves at risk. For these people the 'Herbert protocol' had been implemented. The Herbert Protocol is a national scheme which documents useful information which could be used in the event of a vulnerable person going missing. We saw these had been completed for some people. The registered manager said, "It provides details which can be accessed quickly if needed, which is vital when someone has placed themselves at risk." Some people that required support had left the home unaccompanied and measures had been implemented to support their ongoing safety. This included the erection of a large anti climb fence around the garden and a keypad alarm to the door. A relative said, "They have put a fence up, but it is open so people can still see through it, my relative likes watching the cars and they can still do this." Some people were able to access the community independently, they had been offered the keypad number; however all had declined and felt happy with the arrangements for access. One person told us, "We write on the board or let the staff know we are going out. No one stops you from going out." For other people who had authorised restrictions for their own safety when leaving the home, we saw they received support from staff. A staff member said, "We encourage people to go out and enable them as much as possible, we have the car which if you are a designated care driver you can use." The clinical psychiatrist reflected on how they had supported one person to regain their independence. For example, this person was now able to go out unescorted. The clinical psychiatrist said, "I have seen a real improvement for this person and their hospital admissions have also reduced." This showed that people were enabled to access the community with a range of support suited to their individual needs.

Some people expressed themselves in a way which could cause a risk to their safety and the safety of others. We saw a planned approach was in place to support them. The care plans identified personal preferences which could be used to deflect their behaviour or ideas relating to distraction techniques. For example, a radio station, choice of refreshments or outside activity. One care record stated, 'I need staff to distract me and talk on a one to one.' We saw this person expressing themselves in a distressed manner and the staff followed the guidance which was documented in their care plan. This showed that the staff had read and understood the actions to take to support the person in the way most suited to their needs.

The service had plans and procedures in place to deal with emergencies. All staff had received fire safety. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building. These plans were within the individual care plans and within a 'grab bag' used in the event of an emergency.

Staff we spoke with all felt that the registered manager cared about their safety and that of the people who used the service. One staff member said, "I feel safe here, there is always someone to provide you with support or insight of knowledge so you can understand things." Another staff member said, "They are always here to guide you in the right direction." The clinical psychiatrist told us, "I have no concerns re safety, they have certainly made improvements in the last few months." The evidence above shows the approach to risk was reflected on an individual basis to maintain the safety of the people that used the service and staff members.

There were sufficient staff to support people's needs. One person said, "There is enough staff, they have their

different techniques. There is always someone around." Staff we spoke with all felt there was enough staff. We saw throughout the inspection there was enough staff to support people and respond to peoples wishes. One staff member said, "There is plenty of staff and we are able to be flexible to people's needs." A social care professional said, "There is always enough staff, they are not just sat in the office, they're focussed on the people." The registered manager told us they had a dependency tool which they used to reflect people's needs and the level of staffing to support them. They told us, "Recently it was highlighted we required an additional member of staff at night. We have implemented this increase straight away supported by agency staff, however we are recruiting with new starters pending their checks." We saw posters discreetly placed for staff to consider a recommendation to work for the provider. Successful applicants would provide the recommender with an incentive payment. The deputy told us, "It had been a good initiative and some new staff had been recruited this way."

Some people had funding for one to one hours. We saw that the staff rotated this role. The registered manager told us this was done to reduce any impact of isolation for the staff member and provide variety for the person. At the handover each day there was a clear process for allocation of this role so staff knew when they would be required to provide the one to one. When staff provided this support, each hour was recorded so they could review the activity level for the person and if the support level was effective. The deputy manager told us, "We have funding for 14 hours to provide the one to one and the provider has funded the other hours so they receive the support for 24 hours." They added, "This has been evaluated and now they have settled and we have a routine the additional hours will be withdrawn, however we will keep it under review." Other people received funding for one to one hours to support them in the community and we saw this was managed in conjunction with the person's wishes and their energy level for that day.

We saw there had been a recruitment drive at the home and new staff had received a range of checks prior to them commencing their employment. One staff member said, "They obtained two references and I had to wait for my police check to be completed." They added, "Throughout they kept in touch with me, explaining the process and discussing my start date and availability." Records confirmed that checks had been completed which included references and the person's identity through the disclosure and barring service.

People received support with their medicine. One person said, "Staff are good with the medicine, you get it on time and can have other medicine if you need it." We saw people were supported throughout the day to receive their medicine. One person was very particular about their medicine and wanted to know all about it. The nurse said, "It's important to them and helps then feel stable, they like to count the tablets and know what they are for." People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this on the medicine administration record (MAR). On the day of the inspection one person had refused their medicine. The nurse told us, "I made several attempts, but today they are refusing so I have disposed of them." They added, "We record this information and due to the relevance of the medicines in managing people's mental health if they have refused for two days, we contact the GP or the clinical psychiatrist as it can quickly have an impact on the person's behaviour." There was a clear process in place to record the stock and relevant checks for the storage and disposal of medicines.

We saw some people had medicine which was administered on an as required basis (PRN). For these people a protocol was in place to provide details of when the medicine should be given. For one person we saw the medicine had been given consistently over a one week period. This person was currently being them. Other people required an - their medicine through an injection which was on a three week or monthly basis. We saw this was recorded on the MAR sheet and the next planned date noted on the MAR and in the dairy. The nurse said, "It's important we make sure we have these dates recorded as the injections are part of the person's needs in managing their mental health." Some people had rescue medicines in relation to an

allergic reaction. We saw there was a process in place for the use of this medicine and if the person left the premises this was taken with them.

Only nursing staff dispensed- medicine. We saw they had received competency checks in relation to their practice. The nurses had meetings to discuss any concerns and ongoing changes to improve their practice. This demonstrated - medicine was administered safety and in line with guidance.

Good

Is the service effective?

Our findings

Staff had received training for their roles. One staff member told us, "There is a lot of training here and they are on top of any refreshers." Another staff member said, "You learn something new every day, I have some training booked this afternoon. We saw there was an audited approach to training which identified when people required refreshers. Within the staff survey some staff had identified they did not have enough time to complete some of the training. We saw on the 'you told us, and what we did' poster that an incentive had been introduced for staff to be paid additional rates to complete the training. This demonstrated that the provider listened to the staff in supporting their training needs.

The registered manager was aware of the care certificate which sets out common induction standards for social care staff. They told us all new starters completed the care certificate along with additional training to support people -. A new staff member told us, "I already have the NVQ2, but I have gone through the list of training which I need in addition to support my knowledge." We spoke to some new staff members who told us about their induction. One staff member said, "Everyone is really friendly. I have been able to shadow the experienced staff and get to know people."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity or where decisions needed to be considered we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. We saw following an incident relating to a person choking a best interest meeting had taken place to consider the best approach to support them during meals. The meeting included the person concerned and an agreed approach was for the person to receive supervision with all their meals.
Some people who lacked capacity had the support of advocates to enable them to have support with their decision making. People who had capacity had also been given guidance on how they could access advocacy support. An advocate supports someone who may otherwise find it difficult to communicate or to express their point of view.

Other people had been supported through the court of protection in relation to medical decisions. We saw how the registered manager worked with health care professionals in relation to the decision and during the medical procedure process. This meant the person was able to receive treatment to improve their health.

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 Deprivation of Liberty Safeguards (DoLS). Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe and people's changing health needs. For example one person had a DoLS authorisation; following changes to the person's mental health they were no longer subject to this under the Act. The person's recovery in their mental health meant they met the DoLS requirements again. The DoLS team were contacted to request another assessment. This showed that the registered manager took an active role in ensuring the permissions relating to peoples restrictions were correct and in accordance with legislation.

People told us they enjoyed the meals. One person said, "It's very good and you get a choice." Another person said, "There is a nice choice." There was a four week menu and people had a choice of meal. The cook told us, "If people want something different they can ask on the day and we have other options we can offer." We saw peoples birthdays were celebrated with bunting in the dining area and a cake with candles. For milestone birthdays party celebrations had been planned to include family members.

We spoke with the cook who had systems in place to ensure they had all the information to prepare meals to support a variety of dietary needs. One person had a set routine, which related to the meal and the plate used. We saw this information was followed. The relative told us, "They are really good at following the menu, the other week one of the plates broke, and they contacted me so that I could provide the exact replacement as they knew this was important to [Name]."

People had completed a profile of the types of food they liked or disliked and any support they may need with the meal. We saw these profiles had been updated and changes noted. The cook told us they developed a menu from the preferences on the profiles. At one of the residents meetings it had been identified that refreshments and snacks were not always available in the evening. The cook told us they now have a basket of snacks and staff are able to make toast when the cook is not present. People were able to help themselves to drinks throughout the day.

People's weights had been monitored and we saw when required health care professionals had been contacted to obtain guidance. Where people had a plan to support their weight loss this had been recorded in the care plan and the cook informed. We saw some people had specialist equipment to enable them to eat their meal independently.

We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. The adults social care team had regular meetings with the home, they told us, "As the link worker it is good to have an overview at the home so we have a regular meeting, they also ring me in-between if needed." The provider also held multi-agency meetings at the home to include a range of professionals. The clinical psychiatrist said, "These meetings make a real difference. Having all the people together who support in the person's care." They added, "The home meets people's needs and knows when to step back." We saw any guidance provided by health care professionals had been recorded in the care plans.

Good

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, "They look after you here." Another person said, "If you need anything they sort it out." A relative said, "[Name] has a good rapport with the staff, all the staff are very approachable." Staff felt positive about working at the home. One staff member said, "The people are great and the staff work as a team." Another staff member said, "You feel like you have achieved something with people, even the little things."

People had been encouraged to personalise their own living space. For example, people had pictures from family which had been hung on the wall and other people had brought items from their home. One relative told us, "They have their old armchair in their room and the staff keep it as clean as I used to." Another person had a fridge in their room as they chose to have their own snacks to hand.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "They are good at keeping in touch in relation to events or any changes about my relative's needs." During the inspection, we observed one person received a telephone call. The phone was taken to the person and then they were left to speak with the caller in private. We saw visitors were welcomed, one person told us, "Its good my visitors can come anytime." A relative told us, "I can telephone anytime."

People told us their cultural needs had been supported. One person said, "I asked at the meeting for a vicar to come and they have sorted that." The information relating to the vicar attending the home was displayed on the notice board. Another person had requested to receive holy communion and this had been provided in the privacy of their own room. A relative said, "Staff are always friendly and courteous." They added, "They include [Name] with decisions and respect their answers."

On the day of the inspection one person was unwell. The staff showed empathy and kindness to the person in supporting them. This involved the nurse completing medical checks and providing the person with regular pain relief. The GP was also contacted to provide advice. The person was given regular fluids and staff completed observations on the person. Staff asked the person how they felt and listened to them and provided appropriate responses to offer comfort. This showed that staff respected people and responded to them as individuals.

Good

Is the service responsive?

Our findings

People told us that they felt involved in decisions relating to their care. One person said, "I feel able to contribute to my care. They listen to me and I think they would respond to my requests."
We saw a section within the care plans which showed people had been consulted about their care plans. One care plans noted, 'I don't feel ready to go through my support plan at this stage' this decision was noted and respected. Some care plans detailed life histories; however one care plan we reviewed recorded that a person had declined for this information to be formulated from themselves or others, this was noted and respected.

Care plans reflected people's needs and preferences. The plans had been written in conjunction with the people that were important to them. One relative said, "I have been involved in the care planning, but they always consider [Name's] opinion." The care plans had been reviewed; when there were no changes to reflect, the staff had still provided a note of the previous month not a standard, 'no change to care plan.' This showed an individual approach to the review of the care plan documentation. The social care professional said, "People are encouraged to attend the meeting or have the opportunity for their views to be considered." They added, "Staff are well informed about people, when they attend the meetings they have all the information to hand and following the meeting any changes are updated." We saw care plans had been updated to reflect any changes. Staff told us the care plans were, "Easy to navigate." Another staff member said, "There is enough information and I feel they reflect people."

New staff told us they had been given the opportunity to read the care plans. One staff member said, "There is a lot to take in, you can tell whose care plan it is without the name as they have covered all their needs and personal aspects."

Within the care plans there was a 'Grab sheet' this provided details to be shared with health care professionals if a person required medical attention. This supported people to receive treatment which took into account aspects about them and their preferences.

The staff told us and we saw that they received a daily handover. One staff member said, "It's really useful as it's on an individual basis. You get a longer handover if you have been off for a few days." The sheet covered any changes which had occurred with people and any actions required by the next staff member who was working. There was also a clear allocation of roles so that staff knew their responsibility for their shift. This ensured that people received continuous care and that staff were prepared.

People's lifestyle choices had been respected and they were encouraged to join in activities or outings. Some people made choices about how they spent their money which had an impact on their ongoing financial allowance. People had been encouraged to budget their money without compromising their choices. One person said, "Staff helps me to budget and work through my spending." For example, some people chose to spend their money at the bookmakers or on horse racing. One person said, "I get pleasure from the bookies, it's my social thing." We saw there was a care planned approach which identified the risk

and budget planning. A social care professional told us, "I have seen some improvements in the person's budget management since being here."

People were encouraged to be independent and had choices about how they filled their time. One person said, "Staff encourage me to do things." We saw some people were engaged in a craft activity, others had gone out with staff to a small farm and some people sat at the table playing dominoes. Other people chose not to join in activities and told us they were happy with this arrangement. The registered manager told us they were trying to expand the options they offered for people and to develop therapies or other opportunities for people to engage in.

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed and routines were adaptable to suit the needs of people who used the service. For example staff had identified that one person was not at their best on the morning of the inspection and this was having a detrimental impact on them and others. The person was encouraged to have some time out with a staff member having a coffee at one of their favourite locations. This had a positive impact on the person.

People told us they felt able to raise any concerns. One person said, "I have no complaints, but feel able to raise anything if needed." A relative told us, "Whatever I ask they put it right." There was a complaints procedure in place. We saw this had recently been updated to reflect the current stages when raising a complaint. A copy of the updated guide had been issued to all the people using the service. We saw that a complaint had been received from the neighbouring bungalows. The registered manager had attended the residents meetings and offered to provide some training to raise people's awareness of mental health. The situation was being monitored; however there had been no incidents to support the neighbourhood concerns. This demonstrates that complaints and the process is recorded and monitored.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at the home. One person said, "I cannot say anything wrong about it." Another said, "I really like it here." During the inspection the home felt calm and people seemed relaxed to move around the home at their leisure. Staff also enjoyed working in the home, one staff member said, "It's the best place I have worked." Another said, "There is always a nice atmosphere."
Staff were clear on their roles and some staff had 'champion' roles which they were developing so that information was available to other staff in relation to their subject.

Staff felt supported by the registered manager and deputy. One staff member said, "They are a great company to work for, I never worry about asking anything." Staff told us they had received regular support through supervision. One staff member said, "We cover how you find the job, any issues, training." They added, "They cover my wellbeing, which is vital, considering my work life balance." Staff had completed a questionnaire about working for the provider and any concerns raised had been addressed. The 'You said, we did' approach was used for staff. For example, one staff member had asked about the pension scheme, there was a response to reflect the start date for those interested. The registered manager felt supported by the provider. There was a structured approach to how the company works. Information from this home and the providers other locations were considered, ideas and learning had been shared.

The provider used a range of audits to support the development of the home and company. We saw how the audits completed on a monthly basis fed into an improvement plan. The audits provided a clear trail of actions. For example, incidents and accidents had reflected reviewed risk assessments, installation of smoke alarms and when people had repeated falls sensor equipment had been considered and implemented. We saw a medicine audit had been completed, the outcome of this was discussed by the nurses in their meeting and actions agreed to address any outstanding areas of concern. For example, reviewing of the PRN protocols, signatures on the MAR sheets and stock control. The deputy manager completed a monthly walk around with the maintenance person. We saw areas which had been identified had been completed or larger projects added to the improvement plan.

There was an ongoing improvements plan, which was reviewed and updated on a monthly basis. For example, it had been identified that two people would benefit from a larger space for their equipment and personal care arrangements. The provider had considered some areas of the home which were not being used and was in the process of converting these spaces to larger bedrooms with wet rooms. The manager said, "This will enable us to continue to meet these people's needs."

The provider had introduced CCTV cameras to the communal spaces within the home. Prior to their installation there had been a meeting to discuss the reason for the cameras their usage and the security storage of the information. At the meeting people's views had been discussed, one comment was, 'It will enhance our safety and security.' We saw signage relating to the CCTV. One person said, "I feel alright about them, they protect us." The information from the cameras was stored securely with password protection.

People who used the service were given with the opportunity to provide feedback about their experiences of the service at regular meetings. One person said, "We have a meeting to talk about how things are going and what we want to see changed." Displayed on the notice board was, 'You said, we did' posters. For example, there was a request for a chiropodist; we saw the next schedule date had been placed on the board. This showed that things had been responded to, in making improvements to the service.

The provider and registered manager understood the requirements of their registration. We had received notifications of significant events which affected people and the management of the home.