Akari Care Limited

Wallace House

Inspection report

Ravensworth Road,
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Website:

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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

Overall summary

Wallace House is a care home which provides nursing and residential care for up to 40 older people, including people who were living with dementia. There were 38 people living in the home at the time of this inspection.

This was an unannounced inspection, carried out over two days on 12 and 17 November 2014. The home was last inspected on 9 December 2013 when there were no breaches of legal requirements.

A registered manager was in post, having been registered in November 2013. 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.

Good systems were in place to protect people living in the home from harm. Staff had been given regular training in the safeguarding of vulnerable adults, and were clear

Summary of findings

about their responsibilities to recognise and immediately report any incidents of abuse. People told us they felt very safe living in the home and believed staff protected them very well.

There were enough staff on duty to meet people's needs in a safe and timely way. Staff had time to engage with people, individually and in groups, and did not appear to be rushed. Any new staff were carefully checked before they started working in the home to make sure they were fit to work with vulnerable people.

People's prescribed medicines were stored and administered safety, and clear records were kept of all medicines received, administered and disposed of.

People's needs were carefully assessed before they came into the home, to ensure those needs could be met. People were encouraged to be fully involved in the assessment of their needs, and were asked for their wishes and preferences about how their care should be given. Detailed plans were drawn up to meet each person's individual needs and wishes, and these were regularly evaluated to make sure they remained appropriate and effective. People told us they felt their care and welfare needs were consistently met, and that they received very good care.

People living in the home enjoyed a varied and nutritious diet, with plenty of choice. Any special dietary needs were met. People told us they were very happy with quality and quantity of their meals.

Staff closely monitored people's health needs and accessed the full range of community and specialist healthcare services, where necessary, to make sure people received the healthcare they needed. People told us the staff were very good at picking up any changes in their health or demeanour and responded quickly. Health professionals who supported the home told us the home made appropriate and prompt referrals and always followed any advice they were given regarding people's care and treatment.

There was a positive and relaxed atmosphere in the home. Many of the people, staff and visitors we spoke with commented on the 'family' feel to the home. We saw that staff were caring and sensitive in their approach and actions. People told us they were very well cared for, and were treated with warmth and affection by staff.

People told us they and their families were encouraged to express their views and be actively involved in their own care and in the running of the home. Frequent residents' meetings were held to give people the opportunity to voice their opinions and ask questions. People told us they could speak to the manager whenever they wished. Information was displayed on notice boards telling people about the services and activities available to them.

People told us they were always treated with great respect by staff, and said that their privacy and dignity were protected. Regular reviews allowed people to comment on their care and ask for changes to their care plans. People told us they received their care in the ways they wanted, and that staff were flexible and responded positively to any requests.

Complaints or concerns were taken seriously by the manager, who addressed such issues promptly and appropriately. Complainants were given detailed and sensitively written responses which acknowledged failings, where relevant, and gave details of actions taken (for example, the replacement of damaged clothing).

People were given a wide range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them, and said that staff made every attempt to meet individual preferences, as well as providing group activities.

The registered manager demonstrated clear leadership and ensured there was an open and positive culture in the home. Staff told us they were clear about their roles; were proud of the quality of care they provided; and were happy working in the home. They said they felt supported and respected by the management team. Visiting health professionals commented very favourably on the quality of the management of the home.

Summary of findings

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

This service was safe. Risks to people living in the home were fully assessed and appropriate steps had been taken to minimise such risks.

Staff had been given training to enable them to identify any actual or potential harm to people, and to take the necessary steps to report any harm or abuse.

There were sufficient staff to meet people's needs in a timely way. Careful checks were carried out to make sure new staff members posed no risk to people's safety.

People's medicines were administered and stored safely.

Is the service effective?

Good

This service was effective. There was a stable, skilled and well-motivated staff team, who had good knowledge of people's needs and wishes and provided people's care in the ways each individual person preferred.

Staff were given the necessary training, support and supervision to carry out their roles effectively.

People's rights were protected, and they were asked to give their consent to the ways in which their care was given.

Effective systems were in place to assess and meet people's health needs, and people enjoyed a varied and nutritious diet.

Is the service caring?

Good

The service was caring. People told us they were very well cared for. We saw that staff were sensitive, respectful and affectionate in their approach and actions. The atmosphere in the home was relaxed and positive.

There were frequent residents' meetings and people and their relatives were encouraged to express their views and be actively involved in their own care and in the running of the home.

People told their privacy and dignity were respected at all times.

Is the service responsive?

Good

This service was responsive. People and their families were fully involved in deciding how care needs were to be met by the staff. People told us they received their care in the ways they wanted, and that staff were flexible and responded well to any requests.

The registered manager took any complaints or expressions of concern very seriously. Complaints were resolved promptly, and to the satisfaction of the complainant.

The service had a range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them.

Summary of findings

Is the service well-led?

Good

The service was well led. The registered manager provided clear leadership and ensured there was an open and positive culture in the home. Staff told us they felt the home was well-managed and said they were happy working in the home.

People living in the home said they felt listened to by the manager and her staff, and were encouraged to express themselves freely.

Health professionals who supported the home commented very positively on the quality of the management of the home.

Systems were in place to monitor the quality of the service provided, and to continually develop the service.

Wallace House

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 12 and 17 November 2014 and the first visit was unannounced.

This inspection was carried out by one adult social care 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 reviewed the information we held about the home, including the Provider Information Return. This is a form in which we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed the notifications of significant incidents the provider had sent us since the last inspection. We contacted local commissioners of the service, GPs and other professionals who supported some of the people who lived in the home to obtain their views about the delivery of care, and have included their views in this report.

During the inspection we spoke with 12 people who lived in the home, five visitors, three senior care staff, six care workers, three ancillary staff, an RGN and the registered manager. Most of the people were unable to communicate with us verbally because of the nature of their condition. We observed care and support in communal areas, using 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 spoke with people in groups and in private and looked at the care records of four people. We also looked at records relating to the management and running of the home.

After the inspection we talked with three social workers, a nurse specialist, two GPs, a Chartered Psychologist and the challenging behaviour team, to gain their experiences and views on the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and relaxed living in the home. They told us they had confidence that staff protected them from harm, and acted in their best interests at all times. They told us there were enough staff to meet their needs, and they never had to wait long for attention.

Visiting family members said they felt their relatives were kept safe in the home. One visitor, who had moved their relative from another care home, told us "It's so much better here; we feel she is safe now." A second relative said, "He's in safe hands now, it's a weight off our minds."

Visiting professionals told us they had no issues regarding the safety of people living in the home. Comments included, "I have no concerns about this home" and, "I think people are kept very safe here."

Staff were well aware of their duty to prevent, recognise and report any abuse or concerns they might have. One told us, "We know we can't take any allegations of abuse in confidence. We know we've always got to report abuse." This staff member said they had reported an issue of potential abuse in the past and felt it had been followed up properly by the management. Staff told us they had never seen anything in the home that caused them any concern regarding people's safety.

Staff members we spoke with told us they felt the home was adequately staffed, and they had the time necessary to meet people's needs in a safe and timely way.

The home had a policy and procedure for the prevention of abuse and the safeguarding of vulnerable adults. We saw these were consistent with the local authority guidance to care homes in its area.

We saw in people's care records that any risks to the person were identified through an assessment of their needs. Where a risk of, for example, falling had been established, there was a clear statement in the person's care plan of the steps the home had taken to minimise the risk of harm. Risk assessments were updated at least annually. Each person had a personal emergency evacuation plan in place.

We saw people were allowed to take risks, following assessment, where it was an issue that was important to the person. A visiting psychologist told us she was impressed by the 'positive risks' that staff were prepared to support. The professional gave an example of where staff had correctly assessed that the risks to a person's emotional well-being, by not being allowed to enjoy a certain activity, outweighed the physical risk the person might encounter. Where there were concerns that a person might lack the mental capacity to make informed decisions regarding their own safety, a formal mental capacity assessment was carried out, and decisions made in the best interests of the person.

Risk assessments were also carried out regarding the building and any specialist equipment used. Examples included weekly audits of hot water temperatures in bedrooms, bathrooms and showers, and regular checks of fire alarm systems and fire-fighting equipment. The home's handyman told us the provider responded promptly to any building safety issues. Staff told us they were required to immediately report any hazards they identified during their work.

The home's accident book showed us that all accidents were routinely recorded. Entries were completed in good detail, and included the steps taken by the home to minimise the risk of repetition, such as the provision of a sensory chair mat and sensory bedside mat, to alert staff to the risk of a person falling, when unattended.

We found the provider employed sufficient staff to keep people safe. The registered manager told us she calculated the number of staff hours needed to meet people's dependency needs on a regular basis and staffed the home accordingly. We observed staff had time to engage with people, individually and in groups, and did not appear to be rushed at any time. Staff confirmed they felt there were enough staff on duty to meet people's needs, especially as they worked as a team and helped each other out. One care worker said, "We don't need to use agency staff very often. We all prefer to take on extra shifts." A second staff member told us, "There's plenty of staff. We all help each other." Another commented, "We have enough staff. We don't feel pressured." We heard a care worker say to a person, "Do you want your hair done? It's up to you – I've got plenty of time to do that."

We asked staff about their recruitment. They told us it was rigorous and included checks with the Disclosure and Barring Service (DBS – formerly CRB). We looked three staff records which confirmed this.

Good

Is the service safe?

We asked an agency nurse who was dealing with medicines if she felt the systems for administering medicines in the home were appropriate. She told us she was not familiar with the medicines administration record (MAR) used in the home, but found it clear and easy to use. We saw information about each person's medicines was recorded on the dosette box and the MAR, and included the name of the person, along with the names, doses and times of their medicines. Each person's MAR included their photograph and pictures of each medicine, to make sure no one was given the wrong medicines. As another safety measure, the nurse wore a red tabard when giving people their medicines, to warn other people not to interrupt her. We saw that medicines were stored safely, in a locked metal drugs trolley, and secured in a locked room when not in use.

Good

Is the service effective?

Our findings

Professionals told us that the staff showed skill and knowledge in proactively dealing with any behaviour, such as disputes between people living in the home that might cause distress to the person or to others around them.

We asked two recently employed staff about their induction to the home and their roles. Both told us they felt their induction, which included time shadowing experienced workers and completing a comprehensive work book, was taken seriously and gave them the knowledge they needed to provide effective care. One staff member said, "The manager made sure we were properly prepared."

Staff told us training was frequent and relevant to their roles. All the staff we spoke with said they received training in the care of people with dementia, in safeguarding, whistle-blowing (exposing poor practice) and in person-centred care (that is, care tailored to the specific assessed needs of each individual). All had either achieved a National Vocational Qualification (NVQ) in social care, or were working towards this qualification.

Staff training records showed that all staff were either up to date, or had training courses booked, with all areas of training required by legislation, including fire safety, moving and transferring, health and safety, and food hygiene covered.

We saw that staff were given training in people's individual care needs, such as the use of specific techniques for working with a person with communication problems, and in the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes for people who could not take food by mouth.

Staff told us they received regular formal supervision of their work, approximately every three months, and more frequently when new in post. Staff also received an annual appraisal of their performance, in which areas for development were identified and actioned and training needs considered. New staff received an appraisal of their work after the first six months.

Staff told us, and training records confirmed, they had been given training on the implications of the Mental Capacity Act 2005 (MCA). We saw, in people's care plans, an appropriate assumption that the person had mental capacity, unless a formal assessment of their capacity concluded otherwise. This meant that people's rights were upheld and they were not unfairly discriminated against.

The manager and her staff were fully aware of their responsibilities to avoid deliberate or unintended unlawful restraint of people and their movements. Where there was a concern that a person lacked the capacity to make informed decisions about their safety by, for example, leaving the home unsupervised, appropriate steps had been taken to apply the Deprivation of Liberty safeguards. These safeguards are part of the MCA. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately their freedom.

We saw efforts had been made to adapt the physical environment to meet individual people's needs or wishes. Bedrooms were personalised to the individual's wishes, and, where necessary, arranged to give access for mobility aids such as hoists and walking frames. One person's bedroom had been arranged to look as much as possible like the living room in their own home, following the advice of family members. As a result the person was much more settled and less restless in the home.

Staff members told us they always asked a person's consent before beginning any interventions, and people confirmed this when we spoke to them. One person told us, "Yes, they always ask you, first." Areas of consent were documented in people's care records, including consent to their care plans, to having 'flu vaccinations and to having a photograph taken for identification purposes.

Staff demonstrated a good awareness of people's dietary needs, and specialist needs such as soft diets and weight-gaining diets were in place. People told us they were very happy with their meals. They felt the quality and variety were acceptable, and there was always ample food available to them. One person told us, "The food is good". A second person said "I like the soups, they are very good." Drinks and snacks were available throughout the day. We saw a sign telling visitors that meal times were 'protected', that is, kept free from interruption by healthcare visitors or relatives, so they could enjoy their meals. However, people were told they were welcome to join their family member for the meal or to help them eat, if they needed assistance.

Systems were in place to assess and meet people's health needs. Where a need for specialist care was identified, this

Good

Is the service effective?

was acted on quickly. Professionals told us the home made appropriate and timely referrals to them, and followed any advice or guidance given. A GP said, "There are no problems, here, they always do as we ask, and we are called when we are needed." Care records showed that each person's health was kept under constant review, and that routine check-ups of people's eyesight, hearing, mouth care and podiatry needs were arranged.

Good

Is the service caring?

Our findings

People living in the home told us they felt well cared for. One person said, "The staff are always nice and have lovely smiles." A second person told us, "I enjoy living here. The carers are lovely". Another person told us that on the previous day some staff had come in on their day off to take residents out shopping.

Staff told us they really enjoyed working in the home. One care worker told us, "There's a really lovely atmosphere, it's like a family, very loving." Another staff member said, "We are encouraged to sit and talk to people."

Relatives seemed to be well known to staff and were greeted pleasantly by name. Relatives told us they felt welcome and at ease in the home. One relative said, "We come and go as we like, they always ask us about care. They tell us about everything." Another relative commented, "This is a very caring home - caring and respectful." A third relative told us, "They are very caring, here, and very kind." In a survey of relatives' views (May 2014) 93% said they felt their family member was well cared for by the home.

We saw feedback from relatives and friends, in the form of 'thank you' cards and letters. Comments seen included, "[My relative] was so well looked after and I know you all genuinely cared about her", and, "Huge thanks for the love, support, friendship and impeccable care given to our mother."

There were frequent residents' meetings and people and their relatives were encouraged to express their views and be actively involved in their own care and in the running of the home.

Professionals spoke highly of the caring ethos of the home. A GP told us, "This is a very caring home – one of the best ones. They know their patients well, and are lovely with them." A nurse specialist commented, "It's a caring service, very friendly and very open."

We spent time observing care practices. We saw there was constant cheerful conversation between people and the care staff. People were treated with affection, but also with respect. People told us their privacy and dignity was maintained at all times, and said staff always knocked on bedroom doors and waited to be invited in. One lady was seated in the hall in her wheelchair having her hair done so she could see everyone. A care worker told us the person was going out with her family that day, so staff were making sure her hair, nails and clothing were as she wanted them. The person in question smiled in agreement, and pointed to her nails and hair.

Staff demonstrated a comprehensive understanding of each resident and what they may or may not do, their preferences, likes dislikes, and what may upset them. We observed staff quickly diverting people's attention from possible quarrels to find a different seat or occupation. People were helped to favourite seats or occupations, with new staff being instructed by longer serving staff that "Mrs X always sits there"; "This resident always has this doll"; "This resident likes to be here to see the television"; and "These ladies always sit together."

We saw staff were alert and watchful, but did not unnecessarily interfere with people's movements or interactions, allowing them to make their own decisions. People felt free to walk about the home as they pleased. One person said to us, "I'm off to have a nice hot bath, now." One person, who walked constantly around the unit, was assisted with their meals by staff who walked with them, and gave them sandwiches and finger food to eat, and gave drinks in non-spill containers.

Staff reported taking groups of people out, to local shops and cafes, and often to the Metro Centre, especially as the Christmas decorations were up and people liked to see them. People able to do so safely could go out alone. One person said "I go out to the Metro Centre, I go to the pictures there, I go to coffee mornings, I like doing that."

We carried out a SOFI observation on one lounge. We saw staff had a good rapport with people and there were many instances of positive and caring interactions. People were given choices, and time to make their decisions. Staff listened with patience and sensitivity, and responded appropriately to people's wishes. All the people we observed were engaged in meaningful activities, such as looking at magazines, drinking tea or interacting with staff and visitors.

The registered manager told us the home had links with a number of local churches. A Methodist minister held weekly services in the home, and a Catholic lay preacher also visited weekly.

Good

Is the service caring?

Information was available to people and visitors on notice boards. Information included large print menus, minutes of resident and relatives' meetings, activities and local community facilities.

Good

Is the service responsive?

Our findings

A registered manager was in post. She had been registered as manager at the home for less than one year, but had managed residential and nursing services for many years. The registered manager was very knowledgeable about the needs of the people living in the home and their conditions. She was enthusiastic and demonstrated an impressive commitment to her role and to those people for whom she was responsible.

People told us staff were sensitive and responsive to their care needs. One person said, "They ask me all the time what I want." A relative said, "We can't fault the staff. They respond very quickly when they are needed." A second relative said "They call me immediately if anything is wrong. We go to the relatives meetings." A third relative commented, "I noticed [my relative] scratching her legs and I told the staff. They have got cream from the district nurse and put it on, and it's much better now."

Staff told us they were aware of the need to watch carefully for any changes in people's behaviours and moods and to report any concerns immediately. One care worker said, "We are told to report every minor incident."

Visiting professionals confirmed the service responded quickly to people's changing needs and wishes. A psychologist told us, "In my experience the staff have demonstrated person-centred care. It is clear from my interactions with the staff and from my observations that the staff place the person foremost in the care." A GP said, "Staff appear to respond to both physical changes and emotional changes." A social worker commented, "The staff are very proactive, very 'can-do', and go out of their way to help people. Issues get resolved positively."

We looked at a sample of four people's care records. We saw people's needs had been comprehensively assessed before and after admission to the home. Care plans had been developed to meet each assessed need, and we saw that people were able to influence their care plans and say how they wished their care to be given.

Where specialist needs had been identified, prompt and appropriate referrals were recorded as having been made to relevant services such as the challenging behaviour team, psychologist, physiotherapy and the nutrition and dietetic service. Staff had received training in sign language to meet the needs of a person with communication difficulties and also used picture boards to give the person choices.

Relatives told us they were included in the assessment process, and their knowledge of the person was welcomed and included in the person's care plan, especially where the person was unable to communicate their wishes. We saw examples of relatives being involved in making 'best interests' decisions, where their family members lacked the capacity to make important decisions for themselves.

Most of the care plans we saw were very detailed and individualised to the person. The registered manager accepted that a few examples still needed to be further developed to make them less task-orientated, and more personalised. She was able to demonstrate that this work was already being undertaken. Regular reviews of people's care took place, and the person and their family members or other advocates were always invited to give their views.

We saw there was an action plan in place for the home to deliver a 'person-centred approach' to people's care. The registered manager told us the plan was well-advanced and would be completed by March 2015. We saw examples of this approach in practice, with detailed social histories and information about individual likes, dislikes and daily living preferences in people's assessments and care plans. Staff were knowledgeable about people's wishes regarding their care.

We saw many examples of people being able to exercise personal choice in their daily living. The main meal was in the evening with a snack at lunchtime at the request of people living at the home. We saw people could eat their lunch meal wherever they wished, mostly watching television in the lounges or in their own rooms. We saw one person who had slept late having a late breakfast in the lounge. People told us they had choices for their meals, could choose when to get up and go to bed, what to wear and whether or not to join in activities.

Complaints records showed that all issues raised with the staff or the registered manager were treated seriously and addressed appropriately. Complainants were given detailed and sensitively written responses which acknowledged failings, where relevant, and gave details of actions taken (for example, the replacement of damaged clothing).

Good

Is the service responsive?

We saw that any suggestions for improvement to the service made in, for example, residents' meetings and surveys of people's views, were responded to promptly. Recent actions seen to have been taken by the registered manager included reviewing social activities, introducing communication books and redecorating the dining room.

An activities co-ordinator was employed, and various activities were regularly made available to people in the home. Examples included film shows, chair exercises, games, bingo and singing to a karaoke machine. One lady said "I sing, I do all the musicals, I keep them (the staff) right." People were also encouraged to follow their individual interests. For example, raised vegetable beds had been provided in the garden area for people who used to have allotments. One staff member told us, "It keeps everyone happy when they are doing familiar things." Sensory stimulation was provided in the form of boxes of clothing, handbags and scarves for people to handle, and people were able to enjoy the use of 'carry dolls'. A staff member said, "I wasn't sure when we first had these that they would make any difference but they have been marvellous, we couldn't do without them now. The residents love them. It keeps people so calm. A lot of relatives get disturbed when they see them with them, but they soon see how good they are".

Staff had good awareness of those people who preferred not to join in group activities, but wished to spend time in their rooms, watching 'soaps' on television or reading. There were 'quiet' and 'noisy' lounges, so people could choose their environment. Individual hobbies were encouraged. Family members were made very welcome by staff and could make their own drinks. Relatives told us they enjoyed the relaxed, 'family' feel to the home.

Good

Is the service well-led?

Our findings

Surveys of the views of people living in the home, their relatives, staff and visiting professionals were carried out each year. The responses were very positive about all aspects of the home. Comments included, “Attitude, respect and care mostly excellent” (relative); “The manager is knowledgeable and professional. I would use this service again” (social worker); and, “There’s nothing I don’t like. I can’t think of any improvements” (person living in the home).

Staff told us they felt the home was well-run. All were very positive about how the home was managed. Comments from staff included, “The manager gives clear messages, we know what is required of us”; “The manager gets things sorted. She’s really good with us”; and, “I love working here, it’s really rewarding.”

Visiting professionals were equally positive about the management of the home. A psychologist told us, ”My interactions with the manager have been positive – she knows her residents. She appears to be a very open manager and staff, residents and families find her easy to approach. All the senior management of the home appear to share an ethos of the home and that is certainly evident in the daily care I have witnessed.” A GP said, “This one of the best-managed homes I know.” A social worker told us, “I would certainly say it’s a well-led home.” Professionals also spoke of the openness of the home, one commenting, “They are transparent in their working.”

Staff morale was very high. One staff member said, “I love it here. The residents and staff are great, and we all get on well together, and communicate well.” Staff were confident and told us they felt respected and listened to by the manager. A care worker told us, “We work as a team, and we can suggest changes to the way we work.” Another staff member said, “We have a good manager. Her door is never closed, and she tells us to come to her if we have any problems. She listens and you get affair hearing.” A third worker told us, “We’ve got a good manager; she’s pulled the place around. I can’t believe the changes for the better, and it’s improving all the time.”

We saw from staff meeting minutes that the registered manager gave clear direction to staff and sought to involve all the staff team in identifying and addressing areas for the further development of the home. Individual staff members had been given lead roles for areas such as dementia care, infection control, dignity and moving and handling.

There were regular meetings for people and their relatives, clearly advertised through notices on the walls around the home. People told us they enjoyed these meetings and felt their views were listened to and taken seriously.

The registered manager and designated staff carried out regular audits of all areas of the home’s functioning. For example, monthly checks were made of medicines, infection control practices, finances, people’s care plans and the kitchen. Any deficits were recorded and action taken, such as replacing a mattress and repairing uneven paving stones. The registered manager carried out a comprehensive audit of the home every six months. This included items such; as progress on the home’s development plan; statistics on accidents, infections, safeguarding issues and pressure ulcers; care records and staffing issues. An action plan was drawn up to address any areas for improvement and this was regularly checked and updated in detail with the progress made.

We found the home’s records to be well-maintained, accessible and kept up to date.

Providers of health and social care services have to inform us of important events which take place in their service. The registered manager reported every incident of potential abuse, including minor altercations between people living in the home that had caused no harm to either. She had also informed us of any deaths and other significant incidents.