Anchor Trust

Trinity Fold

Inspection report

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Date of inspection visit:
24 May 2016

Date of publication:
07 June 2016

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

We inspected Trinity Fold on 24 May 2016 and the visit was unannounced. Our last inspection took place on 16 July 2014. At that time, we found the provider was not meeting the regulations in relation to staffing, records and assessing and monitoring the quality of the service. We told the provider they had to make improvements and found on this inspection the necessary improvements had been made.

Trinity Fold is a 50-bed home and is registered to provide accommodation and personal care for older people. Nursing care is not provided. The accommodation is arranged over three floors linked by a passenger lift. All of the bedrooms have en-suite toilet facilities and there are communal lounges and dining areas for people to use. The home is located a short distance from Halifax Town centre.
On the day of the inspection there were 44 people using the service and one person was in hospital.

There is a registered manager in post who has worked at the service for 10 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and deputy manager and were receiving formal supervision where their could discuss their on-going development needs.

People who used the service and their relatives told us staff were helpful, friendly and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

The chef and kitchen assistant had a good knowledge of people's dietary needs and preferences. People told us there was a choice of meals and the food was good. We also saw there were plenty of drinks and snacks available for people in between meals.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well groomed and well cared for.

People's healthcare needs were being met and medicines were being managed safely.

Activities were on offer to keep people occupied both on a group and individual basis. The activities co-

ordinator was aware of people's interests and was providing relevant sessions for them. People also had the opportunity to participate in the local community and enjoyed visits from children from a local nursery and school.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Visitors said they were made to feel welcome.

There was a complaints procedure in place and we saw where concerns had been raised these had been dealt with appropriately.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address these shortfalls. People using the service were asked for their views and were able to influence the way the service was managed.

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 were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and
knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a social and pleasant experience for people. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS)
were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.
People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied and people were participating in the local community.

People knew how to make a complaint and the complaints procedure was
displayed in the home.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who provided leadership, direction and support to the staff team.

Quality assurance systems were in place which were effective in making further improvements to the service. The views of people using the service were sought and acted upon to make sure people's preferences were met.

Trinity Fold

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 24 May 2016 and was unannounced.

The inspection team consisted of three inspectors 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 service. This included speaking with the local authority contracts and safeguarding teams. 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 the service does well and improvements they plan to make. This document was completed and returned to us.

On the day of our inspection we spoke with 15 of the people who lived at Trinity Fold, three relatives, one night care worker, five care workers, the activities co-ordinator, chef, kitchen assistant, housekeeper and the registered manager..

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; eight people's care records, four staff recruitment files and records relating to the management of the service.

Good

Is the service safe?

Our findings

When we inspected the service in July 2014 we found there were not always enough staff on duty to care for people safely. On this inspection we found improvements had been made. We asked people using the service if they felt there were enough staff to meet their needs. One person told us, "I think there are enough, call bells are answered in around five minutes." Another person said, "I haven't noticed any shortage of staff." A third person told us, "If I ring the bell it's always answered." Staff we spoke with told us the current staffing levels were sufficient to meet the needs of the people currently living at Trinity Fold.

Staffing levels had been increased so in the morning six care workers were available. The registered manager explained this was to ensure a staff member was always available in the lounge to provide interaction with people. They also told us staffing levels were going to be increased to the same level in the afternoons. We found overall there were enough staff to meet people's needs. Team leaders we spoke with told us staffing levels could be increased if people's dependency changed and more support was required. Our observations of the care and support provided showed these levels were sufficient to meet people's current needs.

Safe recruitment procedures were in place. Staff files showed completed application forms detailing previous employment and qualifications. Proof of identity documents were on file. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken.

We saw when necessary the registered manager had used the service's disciplinary procedures to ensure staff were working safely and in line with policies and procedures.

People using the service told us they felt 'safe' at Trinity Fold. Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and how to raise any concerns.

Safeguarding documentation showed us appropriate referrals had been made to the local authority where concerns had been identified. Safeguarding incident reports were also sent to the provider's internal safeguarding team. This was done so the provider could monitor these incidents and ensure strategies were put in place to keep people safe. We looked at a number of safeguarding incidents and the documentation demonstrated appropriate action had been taken to keep people safe.

There were risk assessments in place which identified risks to people who used the service and methods of mitigation. For example, people who were able to mobilise and lived with dementia were supervised discreetly, which enabled them to move safely around the home. They were able to access all communal areas freely. We saw risk assessments had been completed where people had expressed a wish to administer their own medicines which had led to two people self-medicating. The meant the balance

between people's safety and their freedom had been achieved.

We saw risks associated with potential loss of services to the building or issues such as fire and floods had been incorporated into a business continuity plan. The plan described immediate actions for staff to take and how people would be safely cared for both during and after the incident. Staff we spoke with were able to tell us where the plan was kept and how they would participate in any actions required. The manager told us there was always a senior member of staff on-call to give advice or actively support staff. Staff with whom we spoke confirmed this to be the case.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw all people had a Personal Emergency Evacuation Plan (PEEP) which were up to date. This meant in an emergency staff knew what to do to keep people safe.

We asked people if they were happy with the accommodation. One person told us, "I have my own room which has a nice view from the window and I can see Halifax town centre. The room is spacious and I have an en-suite. There is a very good handyman who fixes everything. You can't find anywhere cleaner than this place." A relative told us, "It's always clean and Mother's room is always tidy."

We looked around the building and found it clean, tidy and odour free. We spoke with one of the housekeepers who told us there were enough staff to keep the home clean and tidy.

We looked around the building and found it was well maintained. Communal areas were well decorated and comfortably furnished. Adapted bathrooms had variable height baths and all of the bedrooms had en-suite toilets. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw the food standards agency had inspected the kitchen in May 2015 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We asked people using the service if they received their medicines when they needed them. One person told us it was important they received their medication at specific times and told us this happened. Another person told us they had fallen the previous day and had hurt their shoulder we saw from their medication record staff had made sure they had been given pain relief.

Medicines were administered to people by trained care staff. We were told people were assessed as to their capability to self-medicate. We saw two people were administering their own medicines. These people's medicines were stored in a locked drawer in their room. The process demonstrated the provider was maximising people's independence.

We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge temperatures were taken daily and recorded. The treatment room was locked when not in use. We looked at medication charts and reviewed records for the receipt, administration and disposal of medicines. We conducted a sample audit of six boxed medicines to check their quantity. We found on all occasions the medicines could be accounted for. We found people's medicines were available at the home to administer when they needed them.

The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

We saw medicines being given to people at the correct times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

We saw all 'as necessary' (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given.

We saw evidence people were referred to their doctor when issues in relation to their medication arose. Written correspondence from GP's regarding changes to medicines was held with the current MAR sheets.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Allergies or know drug intolerances were clearly annotated on each person's MAR sheets.
Whilst no person was receiving their medicines by covert means two care workers who were administering medicines on the day of our inspection had a good understanding of the legal framework which applied.

We concluded medicines were being administered safely and in line with the prescribers instructions.

Good

Is the service effective?

Our findings

We asked people using the service if they felt the staff had the right skills and training to meet their needs. One person told us, "The staff know what they are doing." A second person said, "The standards are very high here. Carers are very organised and they work as a team. Carers, team leaders and cleaners are meticulous." All of the staff we spoke with told us they received appropriate training, received supervision and an annual appraisal. They all said they felt supported in their various roles.

We spoke with the registered manager about training provision. They told us new staff, without previous experience in care, were required to complete the care certificate. The Care Certificate provides care workers with standardised training which meets national standards. Staff were also given a local induction to the service's policies and procedures, completed other mandatory training such as practical manual handling and undertook a period of shadowing an experienced member of staff.

Staff received regular training updates in subjects such as infection prevention, safeguarding, dementia, Mental Capacity Act and nutrition. This was role specific for example senior care workers were required to complete more in-depth medication training. Most staff were up-to-date with training. For example, the overall training compliance figure was 89% across all training and 91% for statutory training. Where training had expired this was flagged up by the registered manager and action taken to arrange the necessary refresher training.

Staff also received specialist training, for example, some staff had received training in pressure area care, palliative care and diabetes. The registered manager told us they were looking at a way to ensure evidence of this training was presented in a clear and accurate manner.

We looked at the records and saw most care staff had received between two and four supervisions within 2016. At these meetings they discussed any concerns which had been identified as well as their developmental needs. Competency assessments were also conducted in some subjects such as medicine management to help ensure staff had the right skills and knowledge to provide appropriate support.

We found the environment was suitably adapted to people's needs. For example, bedrooms each had a letterbox and doorbell to give them the feel of a flat, and help empower people to be more independent. There were sufficient quantities of pleasantly decorated communal areas for people to spend time in and an enclosed garden. A piece of work was being undertaken to develop and adapt the environment further to help ensure it met the needs of the people who used the service. For example, an "inside out" garden was planned and a dedicated games room.

The registered manager was in the process of identifying members of staff as dementia champions. These were staff who would be responsible for promoting good dementia care within the home. We spoke with one of these staff who had been on the "Dementia Care matters" training. They told us the training had given them the confidence and knowledge to promote good dementia care within the home and to facilitate discussion with their peers during staff meetings. Dementia care mapping had also taken place within the

home, with two staff currently being trained in its use. This would help staff monitor interactions within the home to ensure they were positive and appropriate and further drive up the quality of dementia care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw four people had DoLS in place with one further authorisation waiting to be processed by the supervisory body. We saw where the supervisory body had attached conditions to the authorisation these were being met.

People's liberty was restricted as little as possible for their safety and well-being. We spoke with the registered manager about the use of restraint which included the use of bed-rails. We were told of the infrequency of needing to assess people's needs in this respect. The registered manager told us they relied on the input from the care home liaison team to carry out any assessments which may limit people's freedoms. Scrutiny of care plans showed this to be the case. We saw care staff translated the outcome of the assessment into effective care. We saw members of the care home liaison team participated in reviewing their original assessments.

Our discussions with the registered manager and team leaders demonstrated they understood the principles of the MCA and the DoLS and how to apply these in practice. For example, staff gave us three examples of people using the service had made their own decisions in specific areas, which may have been seen as unwise. Staff understood they had the capacity to do this and were providing appropriate support.

We saw where issues around lasting powers of attorney required consideration in care planning this was clearly annotated in the care file, thus ensuring inclusive consent procedures were being enacted in determining people's care needs.

We observed staff communicating with people to seek their consent during the medicine round. Staff communicated with people well and very clearly. They gave people options and spoke to them directly to their face so that they could hear and understand what was being asked of them. Where people were seated staff knelt by their side. We saw the staff asked people before they did things for them. For example, a person was asked, "Would you like me to place your tablets in your hand."

People told us they were able to make choices about their day to day lives. People said they chose what time they got up, when they went to bed and how they spent their day. For example, one person said, "Staff will make suggestions about what I might like to wear; sometimes I agree other times not." We asked about the choices they had when going to bed and rising in the morning. They told us "I go to bed when I please but staff encourage me to get up in a morning". We asked if staff told them when to rise in the morning. They said, "No, they just encourage me or I would stay in bed too long and that would not be good for me."

People told us meals at the home were good. One person said, "The catering is marvellous, everything is homemade. I like to have my breakfast in my bedroom. You can have as much as you want and there is always a good choice." A second person said, "There is a chef employed in the home and there is always a choice of main meal. I have breakfast served the way I like it." A member of staff said, "The meals are

restaurant quality."

The registered manager monitored people's weights on a monthly basis to identify any changes. We looked at weight records which showed no concerning trends with people being supported to maintain a healthy weight. We saw some people were having their food and fluid intake monitored so staff could check they were having sufficient nutrition and hydration.

The kitchen assistant showed us a file which detailed each person's dietary preferences and other relevant information. For example, if the person needed to have a plate guard or special cup. We saw this file was available to all staff to refer to.

We observed the breakfast and lunchtime meals and saw they were social, relaxed occasions. Everyone was offered a choice of meal and people were shown the two options at lunchtime so they could make an informed choice. Vegetables were served in tureens so people could help themselves and each other. Where people required assistance staff provided the necessary help.

Tables were set with cloths, placements cutlery, crockery and condiments. A choice of cold drinks were available with meals followed by a choice of hot drinks. The food looked and smelt appetising. For people who choose to take their lunchtime meal in their bedroom we saw trays were set with a placemat, cutlery and condiments and the plate of food was covered

Mid morning and mid afternoon a choice of drinks and a wide selection of sweet and savoury snacks were available, which we saw people enjoying.

A visitor told us staff were very good at making sure their relative was drinking enough. We saw fresh jugs of water were delivered to people's bedrooms during the morning. We saw there were ceramic 'water drops' hanging outside of some of the bedrooms. One of the care workers explained these were a discreet means of reminding staff and visitors to offer the occupant of the room a drink every time they went. This was to make sure people's hydration needs were being met.

We asked people using the service what happened if they felt unwell. They told us staff would arrange for a doctor or the community matron to come and see them. One person said, ""If I feel unwell I let the staff know and they call my GP."

People had access to health care professionals to meet their specific needs. During the inspection we looked at eight people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses and speech and language therapists.

We saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms were completed appropriately in discussion with people who used the service and/or their relatives and signed by relevant professionals.

Good

Is the service caring?

Our findings

One person using the service told us, "I am waited on hand and foot. The staff are very nice and will help you in any way they can, both day and night." A second person said, "They [staff] are all very nice." A third told us, "The staff are very good and have a sense of humour." A fourth person told us, "The staff are wonderful, so friendly and always have time for a chat. I am extremely happy." A fith person said, "It's brilliant! I am treated well and the staff are absolutely wonderful." A sixth person told us, "The staff are so good to me and I am so fortunate to have found such a good place to live when I became unable to care for myself." A relative told us, "Staff are very caring. It's not home but it's the best alternative."

We found there was a pleasant, relaxed, calm and unhurried atmosphere in the home. Staff were up beat and smiling and this had a positive effect on people using the service. The call bell system was linked to pagers which staff kept with them. This meant there were no audible call bells which helped maintain a homely feel.

We found information in people's care files about their past lives and experiences, likes, dislikes and preferences. We saw from their interactions staff knew people using the service well. Staff we spoke with understood how people liked to be cared for. For example, the kitchen assistant told us how some people liked to have their meals served. This showed us staff used the information they had about people to provide them with a personalised service.

We asked people if staff respected their privacy and dignity. One person told us, "They are very good when they help me to the toilet and when I have a bath." A second person said, "Staff treat you respectfully."

One care worker told us, "Service users do what they want, when they want, which is the way it should be. If they don't want to get up they can stay in bed. If I had to live somewhere I would come here." One of the housekeepers told us, "People are always treated with respect."

Staff spoke and interacted with people in a calm and friendly manner. Staff knocked on people's bedroom doors before entering. We saw staff took every opportunity to engage with people and paid particular attention to people who chose to remain in their rooms. Where people were sat on their own for example, in the entrance area or one of the smaller seated areas in the home, staff took the time to talk to them to ensure they didn't feel left out.

We saw people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

Staff attitude, and dignity and respect was monitored by the service through various mechanisms. For example, these areas were covered by audits undertaken by the service. Dining experience audits had been undertaken and staff involved in dementia care mapping had observed interactions between staff and

people who used the service.

People using the service told us, "There are no rules and regulations, you don't have to get up at certain times and breakfast is a moving feast."

People's privacy was respected. All rooms at the home were single occupancy. This meant people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

We saw visitors were made to feel welcome and were offered refreshments.

People's religious beliefs were supported, there was a regular communion service at the home and staff assisted people to attend regular or special services.

Good

Is the service responsive?

Our findings

One of the people using the service told us they did not like the room they had been given so staff made arrangements for them to move to a bedroom which they liked. One of the team leaders told us, "It's a good staff team you can ask any of them about people's likes and dislikes and they know."

We looked at eight care files and saw people had been assessed before they moved in to make sure staff could meet people's care needs.

Care plans followed a standard format and it was easy to locate information quickly. At the front of each care plan there was a summary sheet which gave an overview of people's care needs.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered. We saw people using the service and relatives were invited to participate in these reviews. We saw the reviews gave a good overview of people's well-being for the previous month and identified any issues.

People using the service told us activities were on offer to keep them occupied. One person told us, "Weekly activities are posted on the notice board. We have quizzes and entertainment. The Vicar comes the second week of every month and leads us in singing Hymns." Another person said, "I get taken out when the weather is good."

We spoke to the activities co-ordinator who told us they worked at the home, from 10:00am to 4:00pm five days a week. We saw there was a programme of activities in place and staff had developed links with the local community. On the day of our visit some people went out to a singing group organised by the Alzheimer's society and dominoes and a quiz was on offer for people who remained at the home.

People using the service told us they enjoyed visits from children from the local school. The activities organiser explained children from a local nursery visited twice a week and children from a local primary school visited on a Friday. Other members of staff told us how much people using the service enjoyed these visits.

In addition to this a 'Pet as Therapy' dog visited once a week, there were twice monthly trips out to a dementia café, shopping trips and church services. The activities co-ordinator also showed us a computer based reminiscence programme they were using. They told us this generated a lot of interest and discussion with people.

One person using the service told us, "If there is something I don't like I tell the staff or manager." A relative told us, "Staff will act on any concern I may have."

Complaints were appropriately managed. The complaints procedure was brought to the attention of people who used the service through leaflets and material on display in the reception area. We found one formal

complaint had been received within the last 12 months, this had been investigated and responded to appropriately. In addition, the service logged verbal informal complaints and compliments on a 'customer feedback sheet.' We saw where any negative comments had been received, these issues were investigated and appropriate action taken to resolve them.

The service had received a significant number of compliments and kept these in order to demonstrate the areas where it had exceeded people's expectations. For example, one of these read, "Many thanks to all staff at Trinity Fold for kindness and care shown to [person] on his recent stay." Another person praised staff on a really nice bath they had taken recently.

Good

Is the service well-led?

Our findings

When we inspected the service in July 2014 we found records were not up to date and the systems for assessing and monitoring the service were not effective. On this inspection we found improvements had been made.

The registered manager told us after a period of change, they now had a stable and competent team to support them. They also told us they had access to specialist advice and input to support them in the continuous development of the service. For example, recently a Care and Dementia Specialist and a regional support manager had both been involved with the service.

Staff we spoke with told us the service was well-led. They told us the registered manager and deputy manager led by example, were professional and worked well together providing both leadership and direction. One member of staff told us, "I'm proud to tell people I work at Trinity Fold." Without exception staff told us they would recommend Trinity Fold to people who wanted to move into a care home and also to people who wanted to work in care.

The registered manager was visible around the service. They knew everyone by name, their background history and current needs and circumstances. They had established good working relationships with staff and had a clear focus of how the service was run and delivered. We saw the registered manager spoke with staff in a supportive manner. For example, when we inspected the laundry the registered manager spoke very warmly of the laundry worker, telling us of their strengths and explaining to us how valuable they were in their specific role.

We found there was a very open and honest culture in the home. Staff all told us they worked well as a team and how much they enjoyed their jobs.

At the last inspection in July 2014 we identified three breaches of regulation and gave the service an overall rating of requires improvement. We found significant improvement had been made to the service based on our feedback and also as a result of the provider's own quality assurance processes.

We saw the regional support manager had supported the home over the last year to make a number of improvements to the service, for example, medicine management. Documentation showed a number of medication issues had been identified by the provider in 2015. This had been followed up by a number of comprehensive audits and additional support for staff. During this inspection we found medicines were safely managed which demonstrated the provider had been effective in identifying risks and taken appropriate action to improve the service.

Further continuous improvement of the service was planned, for example, the registered manger was undertaking a project to further adapt the environment to meet people's individual needs. The service was currently working towards internal accreditation for Dementia Care. The registered manager told us they had an initial visit to assess the quality of dementia care and were working on a number of

recommendations help ensure these accreditation was achieved in the near future.

Systems were in place to assess and monitor the quality of the service. Regular audits in areas such as medicines, infection control, mattresses and equipment and care plans were undertaken by the manager. We looked at these and saw they were effective in identifying issues and making sure action had been taken to rectify any problems. Care plan audits were thorough and identified issues such as care plans not being detailed enough or not reflecting current care arrangements. We checked a number of care plans and found positive changes had been made as a result of these audits demonstrating they were effective.

Audits were undertaken by senior management, for example, these included visits by the area manage and Care and Dementia advisor. These looked at a comprehensive range of areas and resulted in an action plan being produced for the registered manager to work through. A comprehensive audit had been carried out internally against the CQC domain areas which had resulted in a "good" rating. Where issues had been identified by these audits we saw action had been taken to address them, for example, around ensuring care plans reflected people's individual needs and ensuring annual reviews were undertaken.

The registered manager was required to submit information to head office on a regular basis to provide assurance on events occurring within the service. For example, the number of pressure sores, complaints and safeguarding notifications. This helped the provider monitor the performance of the service.

Incidents and accidents were recorded and investigated with appropriate preventative measures put in place. Following the last inspection improvements had been made to the way incidents were monitored and analysed. For example, the number, type, time and location of incidents was monitored on a monthly basis to identify any common trends and themes.

People's views were regularly sought through various mechanisms. An annual satisfaction survey was sent to people who used the service. We looked at the results of the 2015 survey which were very positive and above the provider's regional average with most people very happy with the quality of the service provided. Where negative comments had been received, we saw these had been investigated and action taken to act on these to help improve people's satisfaction with the service.

People were invited to regular care reviews to voice their opinions on their care and support. Monthly resident meetings took place. We looked at the minutes from these which showed areas such as food and activities were discussed. Where issues had been raised at previous meetings, a "You said we did" board had been set up which clearly showed how people's feedback had been used to make improvements to the service.

Periodic staff meetings took place; these included care meetings, team leader meetings, housekeeper meetings and management meetings. We looked at the minutes from these which demonstrated they were used as an opportunity to support staff in improvement of the service.
Staff feedback was also sought through an annual satisfaction survey to help monitor issues arising within the workforce.