Anchor Trust

Annesley Lodge Care Home

Inspection report

Annesley Road
Hucknall
Nottingham
Nottinghamshire
NG15 8AY

Tel: 01159555522
Website: www.anchor.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

We inspected the service on 22 and 23 August 2016. The inspection was unannounced. The service provides residential and personal care for 51 people On the day of our inspection 36 people were using the service. The service is provided across two floors with a connecting lift.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

The risks to people's safety were assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence.

Staffing levels in the home were sufficient and the recruitment processes were safe. People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if required. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care, they were treated in a caring and respectful manner. Staff delivered support in a relaxed and considerate manner.

People, who used the service, or their representatives, were encouraged to be involved in decisions about their care and their environment, and systems were in place to monitor the quality of service provision. There were systems in place to ensure that the care provided met people's needs. People felt they could report any concerns to the management team and would be taken seriously.

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 safe as the provider had systems in place to ensure staff recognised and responded to allegations of abuse.

Risks to people's safety were assessed and planned for to enable people to be free from restrictions whilst being kept safe.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions where possible and procedures were in place to protect people who lacked the capacity to make decisions.

People were supported to maintain a nutritionally balanced diet with sufficient fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was respected and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People were supported to make complaints and raise concerns to the management team.

People who lived at the home or those acting on their behalf were involved in the planning of their care and staff had the necessary information to promote people's well-being and provide individualised care.

People were supported with a range of social activities within the home and the broader community.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff received a good level of support and contributed to the running of the service.

There were systems in place to monitor the quality of the service.

Annesley Lodge Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 22 and 23 August 2016. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Before the inspection, the provider completed 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.

During the inspection we spoke with 11 people who were living at the service and four people who were visiting their relations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with six members of care staff, three kitchen staff and the housekeeper. We also spoke with the registered manager and a visiting health professional.

We looked at the care records six people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

The safety of the people who lived at the service was managed well and the people we spoke with who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. One person told us, "I am quite impressed, I feel very safe and would speak to the team leader if I had any concerns about anything." Another person told us, "It's very safe here I have never had any issues." A relative told us they had confidence in the staff to keep their relative safe, another told us, "You can tell it feels safe it has a lovely atmosphere." The people we spoke with and their relatives told us they would be happy to go to the registered manager or deputy manager if they had any concerns about safety in the home.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse, they understood their role in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us, "I would feel happy for my grandma to be in here." They went on to say they had never seen any behaviour from colleagues to cause them concern, they said, "If I saw abuse I would report it to my team leader."

All the staff members we spoke with told us they felt that abuse would be dealt with by the management team. The staff told us there were posters with telephone numbers for the both the local safeguarding team and the company's safeguarding team in the staff room. This supported information we received on the provider return document which stated that all staff had access to the company's whistle blowing policy and we saw this was displayed in the staff room.

Staff told us the registered manager had an open door policy and encouraged staff to protect the interests of the people they cared for. The registered manager demonstrated their understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and to us.

We discussed a safeguarding incident with a visiting health professional, which had occurred a number of month's previously. The health professional told us the registered manager and team leaders had responded well to the issues raised from the incident. They had worked with health professionals and had been proactive in working to reduce the risk of further incidents of this nature.

People were supported to manage risks to their safety whilst not restricting their freedom. One person told us they felt they had lots of freedom and could safely walk all over the home, they said, "It's a good place, lots of freedom I enjoy it here." Risks to individuals were assessed upon admission to the home and reviewed regularly to ensure they remained up to date. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as mobility, nutrition or managing their medicines. Where assessments had identified people were at risk of pressure ulcer formation appropriate pressure relieving equipment had been provided and was in use.

We saw people had the right equipment to allow them to move around the home safely and confidently.

Staff encouraged and supported people to do this. We viewed a risk assessment for one person who had a long term health problem that affected their ability to move independently around the home. The assessment gave clear instructions to staff on how to support the person giving an explanation of what the person was capable of undertaking with support from staff. This showed people's independence was promoted whilst having the support to keep them safe.

Where people were at risk of falls there were risk assessments detailing the preventative measures in place. There had been appropriate referrals to the falls prevention team to look at ways to reduce the risk of further falls through their assessment of the person's needs. We saw there was appropriate equipment in place for individuals to reduce the risks of falls such as sensor mats and crash mats beside beds.

We saw staff using hoist equipment confidently and safely. Staff confirmed they had received the appropriate training to use the equipment. They told us they knew where to get the information they needed to keep people safe. One member of staff told us they got information from the individual risk assessments in people's care plans, discussions in daily handovers and reading a communication book.

People could be assured the environment they lived in was safe. The manager and regional manager undertook regular environmental audits and we saw action plans in place relating to issues that had been raised and subsequently addressed. The company employed a maintenance person who maintained records which showed that up to date monitoring and servicing of equipment and the environment took place. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People we spoke with told us there were sufficient staff to meet their needs. One person told us, "There are sufficient staff here." Relatives we spoke with were happy with staffing levels. One relative told us, "Yes there seems to be enough (staff)."

Staff we spoke with told us in general the staffing levels were sufficient but sickness sometimes affected the numbers. One staff member told us, "Yes, it [staff ratio to residents], is enough but if there is sickness then the short fall is difficult to cover, especially at weekends." Another care worker we spoke with told us, "Sometimes it feels short, but the team leaders help." Staff members we spoke with told us at a recent staff meeting staffing levels and allocation of staff had been discussed. They told us suggestions from staff on alterations to the way staff were allocated in the home had been listened to by the registered manager and team leaders and this had a positive impact on workload. Another member of staff told us the registered manager and deputy manager had rearranged their work pattern to include covering some part of each weekend. The registered manager told us this had been done to extend their support of team leaders and any short term staffing issues could be dealt with straight away.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined five staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Management of medicines was safe and people told us they got their medicines when they needed them. The majority of people had their medicines administered by staff and staff had been appropriately trained. One person managed their own medicines and told us they got the support they needed to do this. We saw documentation to show an assessment had taken place to ensure the person was safe to manage their own medicines. There was appropriate information in people's care plans to show how they like their medicines

administered and the staff member we shadowed undertaking the medicine round showed good knowledge of people's preferences and needs. The staff who undertook administration of medicines had regular spot checks of their practice by the deputy and registered manager.

The overall management of medicines was undertaken safely, we saw the storage of medicines was secure and ordering of medicines was well organised. The home was supported by the pharmacist from their supplier who met regularly with the team leaders and a representative from a local GP practice to ensure any issues with supply were dealt with quickly.

Senior care staff audited people's medicines records daily to ensure all medicines were given. The manager undertook regular medicines audits and we saw up to date records that these audits had taken place with actions identified and followed up.

Good

Is the service effective?

Our findings

People who lived at the home told us they received care appropriate to their needs, One person we spoke with told us, "The staff are trained well." Another person said, "Yes they (staff) know what they are doing." Relatives we spoke with had confidence in the skills of the staff who cared for their relations. One relative told us, "Yes you can see the way they (staff) work."

Staff we spoke with told us they had training which enabled them to effectively carry out their roles and had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. The provider return information document we received prior to our inspection stated the service would be working with the local district nursing team to provide further training on tissue viability. During our inspection we spoke to staff and visiting health professionals who told us this training had taken place. Staff and visiting health professional felt this had been beneficial to staff and had a positive impact on the people who lived in the home as staff were identifying issues early and responding quickly.

Staff told us that on commencing employment they were required to undertake an induction process. Staff confirmed to us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. The induction process included a period of probation and a member of staff we spoke with told us, "I wasn't allowed to work alone or undertake any moving and handling before I was given training." A member of staff told us they had been made to feel very welcome by their peers on commencing employment. We spoke with the registered manager who told us new staff with no previous care qualifications undertook the care certificate training induction which is regarded as the best practice for inducting new staff in health and social care.

The information on the provider return information document and discussion with the registered manager highlighted that some staff in the service had completed the company's accredited program which celebrates best practice for person centred dementia care. Staff we spoke with were able to describe how the training they had received had assisted them better meet the needs of individuals living with a dementia related illness.

People were supported to consent to their care. One person we spoke with told us, "They don't do things before they ask." One relative we spoke with told us they had seen staff ask people things. "You see them just going over and quietly talking to people and then helping them." Records we looked at showed that consent to care forms had been signed by the person or their chosen representative.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments were on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "Always assume [a person has] capacity, - go back and re ask questions of people in a different way if they can't answer straightaway." Another member of staff said, "Most people here can make they own decisions about daily things such as personal care, but if someone hasn't got capacity this would need assessing properly." They went on to say that they knew some people were able to make decisions for themselves on one day but not on others, so they managed their care to match the person's need." This showed a good understanding of supporting people to make decisions and ensured people were protected under the MCA.

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 the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw one completed authorisation and noted the conditions of the authorisation were being met.

People we spoke with told us they were given enough to eat and drink and they enjoyed the meals in the home. One person told us, "In six month there has only been one meal I didn't fancy." They told us they were offered an alternative. Another person told us there were always snacks available, "We can get tea, coffee, biscuits and cake." During the inspection we saw there were cakes, biscuits and fruit available for people both at meal times and when they were offered beverages throughout the day.

We observed the dining experience and saw people who required assistance with their meals were helped in a discreet and unhurried manner. They received meals that were hot and well presented; people who sat together were served together making the mealtime experience a pleasant one.

People could be assured that their nutritional needs would be managed. The staff showed a good understanding of the type of diets individuals required. They monitored people's weights and worked with the home's chef, dieticians and other health professionals to ensure people maintained a healthy weight. The chef and staff worked together to ensure people received diets appropriate to their needs. We saw a folder in the kitchen which detailed the special diets different people required. When a person was admitted to the home the chef received a completed diet plan prior to providing food for the person.

People had access to health care professionals when required and staff sought the advice of the appropriate health professional to support people with their health care needs. One person told us, "If I need them [a doctor] the staff get them quickly." The person went on to say sometimes if they had a minor problem or was feeling under the weather the staff would ask the visiting district nurse to see them.

Staff told us that sometimes they needed a bit of advice and said they had a good relationship with the district nurse team and their support had meant a doctor wasn't called out un-necessarily. The health professional we spoke with confirmed the staff were responsive to advice and worked with them to ensure people's health care needs were well managed. We discussed the different health professional services available for people who lived in the home and the registered manager told us there were regular visits from chiropodists and opticians. We examined people's care plans and saw records of health professional's visits with supporting information for staff on treatments which individuals required.

Good

Is the service caring?

Our findings

People we spoke with told us the staff who worked at the home were caring towards them, one person told us, "I am happy here, the staff look after you." Another person told us, "I have excellent care I cannot fault them," and a third person said, "I love it here I like everything about the place." One person told us the staff tried to make time to talk to them and said, "Staff give you time they come and have a chat." All the relatives we spoke with were complimentary about the staff's attitude towards their loved ones. One relative told us the staff obviously cared for their relation, they said, "The staff are very helpful to [name] they look after them well." The relative went on to say they found the staff communicated with them well and were helpful.

Our observations supported what people had told us. Staff interacted with people in a relaxed and caring manner. We saw a member of staff serving lunches, chatting to people and ensuring people were happy with their meals. Staff responded to people's requests in a timely way chatting easily with them as they provided support. We found staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. For example we saw a number of people moving around the home and staff allowed people to move at their own pace assisting when necessary, not rushing people.

Staff we spoke with enjoyed working at the home. One member of staff told us, "Yes it is a caring environment; I see staff and the way they are with people." Another member of staff told us they encouraged people to develop friendships with each other and we saw people spending time together chatting in the communal areas.

Staff were able to discuss the different needs of the people in their care and understood their care needs and preferences. One member of staff discussed how one person had come into the home following a sudden deterioration in their health. The member of staff was able to discuss what the person's present needs were and how they and other staff members were both meeting these needs but also assisting the person regain their independence.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith and arrangements were made for some people to attend their local place of worship. We spoke to the registered manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us no one in the home was using this service but information was available for them should this be required.

People were encouraged to express their views and felt their opinions were valued and respected, they felt staff listened to their decisions and involved them in managing their daily care, and their wishes were acted upon. People were able to get up when they wanted to and undertake their daily routine in the way they wanted. The provider information return document stated and staff we spoke with told us they worked with people to involve them in their care plans, and we saw care plans had enough information in them to ensure staff were aware of people's preferences and choices.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "Oh yes they are very careful about that [privacy] I like my privacy and they know that." Relatives we spoke with told us they felt that their relations' privacy and dignity was respected. One relative told us, "Yes staff speak properly to residents."

Staff we spoke with showed a good understanding of how they should maintain people's privacy. One member of staff told us about being discrete when talking to people regarding personal care and said, "I am very careful about people's privacy, I would want to be treated with respect and that is how I treat people." The registered manager told us they had dignity champions in the home. Dignity champions re-enforce to the importance of maintaining people's dignity. This is done through leading by example or challenging poor practice. The manager said there were regular discussions in staff meetings about people's privacy and dignity.

Good

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who understood their needs. The different aspects of care for each person was recorded, clearly covering areas such as how to support people with their personal care or communicating well with them. People told us they felt their care was tailored to their needs and a relative we spoke with said, "My relative's care is specific for them."

The provider information return document stated there were systems in place to involve people in the development of their care package and ongoing reviews of the care plans. We saw evidence of this during the inspection. People and their relatives told us they were encouraged to attend these reviews and felt the management team respected their contribution to the review process.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us they had a group of care plans it was their responsibility to keep updated. They told us they worked to make sure staff knew of any updates and changes to people's care through discussion at handover meetings. The staff member said, "Every month I do a review of my care plans, I sit with the person or talk to their relative and their key worker to make sure they tell me what they want."

People could be assured that staff could be responsive to potential risks which may compromise their health and wellbeing. We looked at the records of people who had difficulty in maintaining their skin integrity and people who had a chronic illness such as diabetes. We found the documentation was effective as they had enough detail to inform staff of ways to respond to any complications.

The staff at the home worked to ensure there were a range of activities on offer to stimulate and meet the needs of people who lived in the home. The activities co-ordinator advertised events on notice boards in the home and produced a newsletter which reviewed past events and advertised forthcoming activities. One person who lived in the home contributed to the newsletter by writing an article on a subject of interest to people. One person we spoke with told us there was regular dominoes, quizzes, bingo and history talks. We saw the activities co-ordinator had reproduced a virtual train journey around the British Isles. This involved having virtual stops at towns and cities and tailoring activities relating to that place.

The activity co-ordinator facilitated activities to suit the needs of the people who lived at the home. These activities ranged from gardening projects to music therapy and there were organised trips that people could take part in. The activities co-ordinator tailored the activities so as many people could join in as possible whatever their skill level.

The company's complaints procedure was on display in the entrance of the home and people felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way.

The people we spoke with told us they would be able to say if they had any concerns, but none of them had needed to. One person told us, "I can talk to the manager if I have any concerns, she is very nice and we can go to her office." Another person told us they had nothing to complain about and issues were sorted out by the staff for them. Relatives we spoke with told us any issues they raised with the staff were always dealt with quickly and to their satisfaction. The manager was able to show us their complaints file and we saw that where concerns had been raised these had been dealt with and resolved appropriately.

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "I would listen to the complaint, deal with it if I could or pass it on to the team leader and document it, complaints are listened to here."

The manager held regular relatives' meetings, which were advertised in the monthly newsletters sent out to relatives and displayed on notice boards around the home. However relatives also approached her individually on a regular basis. The manager was confident that any issues of concern were raised and dealt with to the satisfaction of both people who lived in the home and their relatives.

Good

Is the service well-led?

Our findings

On the day of our visit the registered manager was visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Many people knew the name of the registered manager and deputy manager and people told us they felt confident in approaching the registered manager if they wanted to discuss anything with them. A relative told us they had been offered support from the registered manager if they ever needed it.

Other relatives we spoke with confirmed what people had told us, one relative was able to tell us the management structure in the home and felt they were able to go key members of staff should they have any issues to discuss. They told us they felt there was an open culture in the home. The registered manager confirmed this to us when they spoke of their duty in relation to the duty of candour. They discussed a medication incident and their actions in relation to being open and honest with relatives about how the incident had occurred and how they had dealt with it. They felt through their honest and straightforward approach with relatives the family had more confidence in the care provided for their loved one.

Staff told us the registered manager and deputy manager were approachable and a significant presence in the home. They said they felt comfortable making any suggestions for improvements within the home and felt the management team were proactive in developing an open inclusive culture within the service. One member of staff told us they felt the registered manager and deputy manager were good leaders and worked well as a team.

Staff told us they enjoyed working at the service and felt the management team was proactive in developing the quality of the service. A number of staff we spoke with were able to give examples of suggestions they had made to the management team to improve the quality of care they could give to people. We saw evidence of these suggestions being put into practice, for example alterations to the allocation of staff to assist with the workload at different times of the day. Throughout our inspection we observed staff working well together and they promoted an inclusive environment. Staff supported each other and it was evident that an effective team spirit had been developed.

The staff we spoke with were aware of the organisation's whistleblowing and complaints procedures. They told us they would feel confident that any issues they raised would be dealt with confidentially and appropriately. The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). External agencies such as those that commission the care for some people who use the service told us they had not received any concerns about people who lived at the service.

On the day of our inspection the condition of registration in relation to the service having a registered manager was met. The service had a registered manager who understood their responsibilities and people benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us they were supported with regular supervision and appraisals; they told us the meetings were supportive, and useful. One senior member of staff told us they had received training to allow them to

offer effective supervision to a group of staff they line managed and we saw a training matrix which showed how the supervisions were taking place.

Staff felt the supervision meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, "I find the supervision one to one's useful helps you discuss things that are bothering you." The meeting also provided the opportunity for senior staff to discuss the roles and responsibilities with their teams so they were fully aware of what was expected of them.

The staff we spoke with and observed were confident and competent. They were aware of the staff structure and told us they always had someone to go to for help and support. The registered manager told us and it was noted on the provider information return document that she and the deputy manager undertook regular spot checks on the practice of their staff. There was also a senior person on call for the home 24 hours a day seven days a week. The registered manager told us they wanted to be sure the care people received was of a high standard.

People who lived at the home, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service via client satisfaction surveys which were sent to people annually. The registered manager told us the results were discussed at the resident and relative's meetings and the feedback acted upon to keep improving the service.

Internal systems were in place to monitor the quality of the service provided. These included audits of care plans and medicines management. They were undertaken by the registered manager and further analysed by the regional manager. The registered manager and the regional manager also performed environmental audits. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks.

The manager and provider used the information from the audits and spot checks to ensure the staff at the home were able to maintain a high standard of care. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.