

Comfort Call Limited

Comfort Call - Astley Court

Inspection report

Astley Court
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Manchester
Lancashire
M44 5DW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place at Astley Court Extra Care Scheme on the 6 September 2017. The service was newly registered in March 2017 and this was the first time it had been inspected.

Astley Court Extra Care Scheme is the registered provider, however, attached to this registration is one more extra care scheme, Amblecourt Gardens. Extra care schemes operate in purpose-built properties, which provide accessible and safe housing for older people who are unable to live completely independently. Each person lives in their own flat but has access to a communal room and dining area where their meals are prepared for them if they wish.

At time of the inspection there was a registered manager at the service who had been in post since March 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they considered themselves safe whilst living at Astley Court and Amblecourt Gardens. They also indicated that the care they received was delivered in a professional and caring way and that staff had the correct skills to undertake their role effectively.

People were provided with personalised care which was assessed by both the service and the local authority to meet their individual needs and requirements. People's care files contained a series of support plans which covered areas such as, skin integrity, social isolation, falls, personal care and meals.

The service also ensured appropriate staffing levels to support the safe and effective operation of the service. Comments from people supported there were enough staff to safely meet their needs and people told us they never felt rushed with their routine. The provider offered a variety of training to its staff which ensured the staff team were skilled and experienced to safely and effectively support each person using the service.

Staff interacted in a positive way with people. Their demeanour was that of a caring, respectful and understanding nature. The promotion of people's dignity and rights were supported which ensured people maintained control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires enabling them to influence the service they received. Comments were received from people during the inspection which supported these observations.

Staff had the correct knowledge about how to keep people safe and promote positive risk taking. Training was offered to staff to ensure they were able to confidently identify the signs of abuse and positively respond to any safeguarding concerns by notifying relevant individuals and authorities when required. People's files

contained a series of risk assessments which identified both environmental risks and risks associated with pressure care, falls and nutrition.

Recruitment systems were in place and appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a detailed induction plan was offered. This ensured staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

People we spoke with and staff told us the manager was approachable and we noted there was a senior person in each of the schemes. An 'on call system' was operated to deal with any emergencies out of office hours. People told us any concerns they had were dealt with appropriately.

Systems were in place to seek and act on feedback from people living at the home such as satisfaction surveys, staff/residents meetings and a complaints procedure. The home also maintained a record of compliments, where people had expressed their satisfaction with the service provided.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. External audits and visit were carried out by the provider's quality team and regional manager.

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 told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe recruitment procedures were implemented to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the requirements of the people who lived at the service.

Processes were in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were required to attend a mandatory induction process and probationary period. Staff received frequent supervision meetings in line with the provider's procedural guidance.

Staff actively sought people's consent prior to providing direct care and a training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

We observed staff interaction which was caring and patient.

People were involved in day to day decisions and felt able to express their views and opinions.

People referred to the service as their home and had built meaningful relationships with each other and staff.

Is the service responsive?

Good ●

The service was responsive.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support.

The home had procedures in place to receive and respond to formal complaints.

People expressed confidence in the manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service employed a manager who was registered with the Care Quality Commission.

Staff told us they felt well supported in their role by the manager and felt able to approach them with any issues.

Audit systems were in place to monitor the service's standards and develop identified areas of improvement.

Surveys were carried out and information was used to improve the quality of service.

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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 was 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 6 September 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. The inspection was carried out by two adult social care inspectors, a medicines inspector from the Care Quality Commission and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. At the time of our inspection there were 62 people receiving care at the service.

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 the plan to make.

Prior to the inspection we reviewed all of the information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints and safeguarding information. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with 17 people who used the service. We spoke with six staff members, including the registered manager, and regional manager. We looked at the care records of seven people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at five staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

Each person we spoke with stated they felt safe in their accommodation. Comments included, "They keep the place under lock and key, it is very clean," A second person stated, "I feel safe because I know that if anything happens, there is someone here to help you" and a third person commented, "I feel safest because I am here being looked after, I hated living on my own, I used to fall often." A fourth person added, "I feel 100% safe, been here for 10 years, and it was the best thing I did for myself." People also told us staff presence was good throughout the day and their daily assessed needs were met. People understood that they had, 'time slots' allocated to them as per their support plan agreement with the Local Authority, however, commented it would be nice to have more staff about to support them with outings.

We sampled a month's rotas for both of the schemes, these included the week of inspection. In addition to this we spoke with staff about their day to day working experience. Staff indicated there were enough staff to ensure people were supported in a safe and person centred way and that the staffing level was never at a level which would put people at risk. One staff member commented, "I feel that the service is adequately staffed to meet the needs of the service users," A second member of staff stated, "It can be busy at times when we have an emergency, but I would say there is definitely enough staff to ensure people are supported well." We spoke with the registered manager about the management structure in both schemes. The registered manager informed, "I oversee the running of both of the schemes, however, there is also a scheme coordinator in each scheme to oversee the day to day running. These are also supported by senior care staff and carers."

There were robust recruitment procedures were in place to verify each new employee, which aimed to protect each person who accessed the service. In each of the five personnel files we viewed, we saw new staff had the required checks in place before employment commenced. This included a Disclosure and Barring Service checks (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

In addition to this staff files also contained two references, one from the most recent employer and photo identification. Personnel files were stored securely which meant personal information was kept confidential. Each personnel file had a fully completed application form which had a detailed job history confirming dates of employments and any gaps. Each file contained an employment contract to ensure staff had been provided with specific information regarding the expectations around staff conduct.

The registered manager added, "Our recruitment drive has just finished. We have recruited nine new staff to ensure we can meet the changing needs of the people we support. We are now ensuring we have an extra staff on each shift at Astley Court, however we will still run with one staff member throughout the night as extra staff on this shift is not required as yet."

Disciplinary procedures were in place to ensure the service followed a fair and independent process when required to investigate an incident of staff misconduct. Disciplinary procedures were in place to support the provider to take immediate action against employee misconduct or failure to follow company policy and

procedure. The registered manager informed us there had been one disciplinary hearing since the service was registered in March.

We looked at how the service managed risk. In each of the care files we looked at we noted people had risk assessments in relation to areas of individual assessed risk, including falls, pressure sores, waterlow (for skin) and malnutrition. These were regularly reviewed and updated to ensure staff were aware of the latest information. Accidents/incidents were recorded in a central file for each of the schemes and identified the detail of any incident including the cause and the detail of any immediate and subsequent action that was required to minimise any further risk.

An overall review of accidents was completed each month across each scheme and detailed any actions that had been taken. Environmental risk assessments were also evident covering areas within the person's home where care and support was undertaken. They considered factors such as floor covering, electrical appliances, electrical sockets, loose trailing wires, pets, risks associated with the person smoking and cleaning products subject to the Control of Substances Hazardous to Health regulations (COSHH).

Safeguarding policies and procedures were in place to ensure the safety of people using the service and protect them from abuse and the risk of abuse. Each scheme held a safeguarding register which serves as an index for the provider's central monitoring system. Each alert had its own unique reference number which could be cross referenced to the incident documentation in each file. In addition to this the person's name, date alert raised, referred and closed with detailed action. Staff confirmed they had received training in safeguarding matters and had the ability to confidently speak with us about the types of abuse and what action they would take should witness an incident or be required to report abusive practice.

The service had fire risk procedures in place and detailed annual fire risk assessments were followed. Staff had received fire training and we noted fire signage and equipment was visible throughout the schemes we visited. Each person had an individual personal emergency evacuation plan which detailed areas such as the individual's awareness of emergency the location of the flat, any assistance required and the person's mobility. A grab file was located at the main office giving emergency services easy access to people's details. The registered manager added, "It is the responsibility of the housing provider to carry out fire checks, building checks and alarm tests. These are carried out both planned and unplanned and fire drills are done quite frequently."

We looked at how people needing support with their medicines was managed. We looked at documents including procedures, training and audits. We visited people in their flats and looked at their medicines. We checked eight medicine administration records in detail and spoke with people using the service and their carer's.

People told us they were offered the choice to look after their own medicines or have support. Everyone we spoke with was happy with the service and had confidence in the staff. We were told it was a "first class service," "carers enable you and support your independence" and "I love every carer, they are worth their weight in gold." A range of different pharmacies were used to supply medicines depending on personal choice. People had their own medicines stored safely in their flats.

Each person had a medicines administration record (MAR) with their medicines and staff completed the chart when medicines were given. However, the charts did not have the persons GP details in line with current guidance. A complete list of prescribed medicines was also not included on the chart. This meant, if a person looked after some medicines themselves, such as inhalers, care staff did not have a complete account of their medicines. We spoke with the registered manager and regional manager who assured this

would be looked into and actioned appropriately.

The MAR charts were handwritten by care staff each month and not checked by a second member of staff. This followed the service's medicine policy, however, we saw some errors on the charts we inspected including the wrong frequency written for one medicine. The medicine had been given properly following the instructions on the container label. We saw that some medicines with particular instructions, such as 'take before food' had not been given at the appropriate time and may not have been as effective as a result. We spoke with the registered manager about this who informed she would address this as a matter of priority.

There were no gaps in the administration records we saw. Staff had signed each time medicines had been given, and noted on the chart the reason when not given. The amount and time was recorded when a person had a variable dose medicine, for example for pain relief. We did not see any additional information to help staff when a person had a medicine 'when required' this information can be helpful, particularly if the person has difficulty communicating their needs.

The service provided training and regular checks to ensure staff were competent when handling and giving medicines. Regular checks were done to ensure any errors were monitored and improvements could be made. We spoke with managers who told us a new medicine administration record had been developed and would address the issues raised.

The provider had a Business Continuity Plan. This was updated as necessary. This plan is in place to ensure the timely effective operation of the business should it be subject to any events which could compromise the service to people in any way such as adverse weather conditions.

Is the service effective?

Our findings

The people we spoke with told us they felt staff had the correct skills and knowledge to provide effective care. Comments included, "I am very happy with the care I receive here," A second person stated, "I don't like to get up early, staff know that, they listen." In addition to this people had mixed views in relation to the quality of food they received from the service and care staff. One person said, "I like the food, I don't have to cook for myself, when staff give me something I don't like I say 'sorry, I don't like it' they offer something different," A second person said, "The food is good, If you don't like what's being served staff is very accommodating, we are never left hungry," A third person also commented, "The meals are not bad, I like Shepard pie. Carers come in every morning to make my breakfast." However, one person said, "The menu is mediocre, some meals are better than others but there is choice and everything and a second person stated, "The food is alright, my only concern is that the meals come out cold, cold diners when you get it, yesterday I had omelette with rock hard and very cold chips, staff say there is nothing they can do, the meals comes prepared and their only job is to serve it."

We looked at the training and development the service offered staff to support them in their role and ensure each of their staff members were equipped to carry out their role effectively, safely and competently. The registered manager presented us with the services training matrix. This showed each staff member received a mandatory level of training which covered areas such as, safeguarding, moving and handling, infection control and food hygiene. In addition to this further specialised training was also offered such as dementia, care planning and recording.

Training records we viewed were in date and showed the staff team across the two schemes had been trained with each training aspect appropriate to the role of the job. Staff we spoke with told us they felt the training offered was of a good standard and following a training course felt able to introduce their new learning and skills into their care practice. One staff member said, "I receive lots of training," while a second staff member commented, "I am up to date with all my training, I have attended a lot of training such as, safeguarding, moving and handling, nutrition, dementia and privacy and dignity."

The provider ensured each staff member received an induction into the service before commencing work. As part of this induction the staff member was required to complete an, 'Induction to caring' learner handbook. The contents of the work book included case studies, and relevant policies. In addition to this the workbook contained essential information the new staff member was required to know in relation to, disclosure and barring renewal, supervision, staff competency and the services expectations of the staff member. Following the successful completion of the workbook the staff member was then required to be subject to an observational competency assessment which was completed by a senior member of staff. Once this process was complete the staff member would be 'signed off' as competent. Staff we spoke with informed the induction was thorough and equipped them for the role. One staff member commented, "My induction was intensive and one of the best inductions I have ever had." A second staff member told us how they felt the induction was very thorough and contained just the right amount of content."

Staff received supervision and appraisal as part of their on-going development. Each personnel file we

looked at contained supervision documents which confirmed that staff received regular supervision. Staff also confirmed they found this to be beneficial as it provided an arena to enable a two way discussion between the staff member and supervisor. Staff told us they were able to openly discuss any issues they may have and any future training needs. We noted additional one to one sessions were also held when bad practice was identified.

Staff handover meetings occurred before each shift. During these meetings important information was discussed. The registered manager added, "We have two different hand over documents. One is that hand over diary and the other is the communication book. The diary is used more for carer to carer messages such as, chasing the chemist or medicines deliveries and the communication book is used for day to day appointments and general information."

Meetings for staff were held at each scheme, these were held two monthly or more often if required. The registered manager told us, "Staff meetings are held by scheme coordinators, however, I attend most of them too." We noted agenda items included, safeguarding, medicines management, time keeping and infection control.

People's care plans contained records of visits by other health professionals. We saw a range of professionals including General Practitioners and community psychiatric nurses (CPN) had been involved in people's care. People's weights were being monitored where a need for this had been identified. This was by means of mid-upper arm circumference tool (MUAC). People's care files contained a malnutrition universal screening tool (MUST) and an associated monitoring sheet which was reviewed every month to ensure staff could take any necessary action as required.

People using the service had at least two daily food choices, but could choose an alternative option on the day if they wished. The service used a food delivery service which supplied competed meals to the schemes which the care staff were required to warm before serving. We observed a meal time in one of the services and noted the atmosphere was that of a communal dining experience. People were chatting and laughing and enjoying each other's company.

Food hygiene was part of the service's training programme. This helped to ensure staff had the correct knowledge and skills to prepare food safely. Each file we saw contained a nutritional care plan which provided detail of specific nutritional requirements people may have. We noted people had been referred to the dietician service when required.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Is the service caring?

Our findings

People told us they felt cared for. One person stated, "The care is brilliant, the staff really treat you smashing." A second person told us, "Staff are great, it's like we are one big family, everyone gets along well." Whilst a third person stated, "The care is great here, that's why I have been living here for close to four years."

Throughout the inspection we observed positive communication between staff and people using the service. Staff addressed people in an appropriate manner and assisted them with their daily support needs where appropriate. We observed staff were respectful of people's choices, decisions and treated people with dignity and respect. Comments from people supported our observations. One person stated, "I am treated with respect. The staff are very good in that way."

We observed people were free to walk around the building. People were able to use the communal areas as they pleased. Comments from people supported this. One person stated, "I can stay in my flat if I like and have my meal there or I can go into the dining room. It is very flexible." We also saw people freely leaving the scheme and returning at their leisure.

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had policies and procedures to support the delivery of care around these key aspects.

People told us they felt able to express their views by having conversations with staff, managers and completing satisfaction questionnaires. Resident's meetings were also held periodically. This provided an arena for people to discuss any concerns or ideas they may have.

Our observations supported that people were encouraged to take pride in their appearance. This would help promote independence and boost self-esteem. Staff spoke to us about how they ensured people were encouraged to maintain their independence. One staff member said, "It is very important that somebody looks and feels their best. This lifts mood."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual need. Staff gave examples of the steps they took to ensure a person's privacy, dignity and independence was respected and promoted. They told us they would never enter a person's property without knocking and introducing themselves first. One staff member stated, "It is important that you respect the privacy of people. These are people's homes and we need to respect that."

Compliments the service received from people and their relatives thanked staff for their caring nature. One

compliment we read said, "We as a family are honoured at the dedication of the staff and service. Throughout [our relatives] stay she was cared for by a professional team of people. The team is a credit to the service, your vision and your commitment to providing dignified and quality care that meets resident's needs. The service and its staff in our opinion are a model example that other similar care establishments should emulate."

Is the service responsive?

Our findings

Staff were respectful and friendly towards the people using the service. People's comments supported our observations. One person told us, "The staff are very good, they always address me by my name and ask me what I need doing." Further comments included, "Staff are excellent, they will do anything for you, I only need to ask," A third person stated, "Staff attitude is perfect" and a fourth "staff chose my clothes, I don't mind that, they are very respectful, they come checking you every once in a while."

People's needs were assessed before moving into the service. The registered manager told us this selection process was a multi-team decision between housing, the local authority and the service. She explained that a panel meeting would take place and people's referral paperwork was reviewed. Once a place was allocated for a person the person's social worker would then complete a local authority care plan with the person. Once this was done the service would complete an initial assessment of need within 24 hours of the person moving in. This would be done by a senior member of staff who would meet with the person and their family if appropriate and create the person's care file. The local authority support plan would also be used to extract information from. This process ensured a safe and appropriately assessed transition was facilitated for the person into the service.

Each care file we viewed contained an introductory page which included basic information about the person including name, date of birth, preferred or used name, room number and brief information about their background, such as place of birth, marital status, former occupation/s. We noted people had care plans in place with regards to personal hygiene, elimination, communication, nutrition, mobility and skin integrity. The care plans provided an overview of people's care requirements and the care interventions staff needed to undertake. We noted these care plans were reviewed in line with service policy. The registered manager added, "Care plans are reviewed whenever there has been an assessed change. If no change then each person's file is reviewed annually. When the person moves in we carry out a review six weeks after them moving in to ensure their care plan reflects their need."

Essential contact details were recorded as routine, such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family members where appropriate. People had been involved in this process.

Daily reports provided evidence that people had received care and support in line with their care plan. The daily reports we reviewed were written in a sensitive way and contained relevant information which was individual to the person. These records enabled staff to monitor and respond to any changes in a person's well-being.

Although people resided in their own flats within the scheme, activities were still provided in the communal areas for people who wished to access them. Activities such as art class, coffee mornings, forget me not memory workshops, gardening group and tuckshop were offered throughout the week. The environment also offered a communal room where people could meet up throughout the day to converse or play board games. People's views on activities were mixed. People who lived in Amblecourt Gardens were positive about

the amount of stimulation they received throughout the day comments included, "I like bingo and going shopping" A second person stated, "There is something going on, most days, I like going out during the day" whilst a third said, "I like knitting and playing dominoes, I am the one who started dominoes. Every Tuesday staff take me to church, I enjoy meeting other people." However people at Astley court told us they didn't feel there was, "Enough going on during the day." We received comments such as, "There is no activity coordinator," we could do with some outing trips," a second person stated, "There should be someone here who would do entertainment or staff could organise a coach to take us for a cuppa or to theatre or pantomime, to stop us being miserable and dreary, last Christmas was terrible with no activities." Whilst a third commented, "When we get good weather, volunteers and staff used to take us to Blackpool or Southport and other places, I remember we went to the palace theatre in Manchester to watch some Bollywood Dance."

We looked at how complaints were handled. The service had systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaints file was in place. We sampled five complaints and noted they were dealt with in line with service policy. A clear audit trail was evident and following the complaint a quality feedback questionnaire was completed by the complainant to gather the person's feedback on the process. This feedback was then used to improve service quality. Where staff had been implicated in a complaint, appropriate action had been taken in relation to supervision and disciplinary action.

We asked people about their experience of making complaints and if they knew who the manager was. People told us any issues they had had been dealt with in a satisfactory way. One person told us, "If you are concerned about something, you tell staff and if I want something I go to the office, there is always someone in there," a second person stated, "I do know who the manager is, she is very nice and friendly and I will tell someone if I had any concerns," whilst a third person commented, "I know one of the ladies is a manager, she is alright."

We saw a compliments file containing thank you cards, letters and emails. One compliment read, if I stood for a week and said thank you every second it would still not be enough. I thank you for everything you do." A second letter read, "We would like to thank you for all the care and support you gave to [our relative] during the time they lived at Astley court."

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection that had been in post since March 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had overall responsibility for the service and it was their role to provide oversight and manage day to day operations.

People we spoke with knew who the registered manager was and told us they could approach her if needed. During the inspection we witnessed people knocking on the registered manager's door to speak with her. Staff we spoke with felt the service was well-led and they felt supported. One staff member told us, "The management are very supportive and I like working for Comfort Call, I feel that I am listened to." Whilst a second member of staff stated, "I feel very support by the management and I receive support from other members of the senior team at other services."

The service had an infrastructure of auditing in place to monitor the quality of service delivery. This ensured governance audit systems were in place covering areas such as medicines, care files, falls, environment, accidents and incidents, risk assessments, complaints and compliments. The registered manager told us that each entry was input onto a data base which was monitored by the 'quality team'. It was the role of the quality team to monitor areas and oversee any areas of concern.

Weekly care plan checks also were carried out on people who were deemed to be at high risk and two weekly for people assessed as medium and low risk. This was to ensure the information was still valid and safe.

Audits were carried out weekly on areas such as medicines, daily log sheets and body charts such as weights and skin integrity. People were spoken with as part of this auditing process. The registered manager told us audits could be carried out by senior staff members upwards, however she would review the audits once completed.

The registered manager told us the service was subject to a three monthly internal inspection. This is an in-depth inspection which is carried out by the quality team. She added, "It covers all aspects of documents, they speak with staff and test their knowledge and also speak with people using the service and their relatives to ensure they are happy with everything. They also check all audits." In addition to this a branch visit was carried out by the regional or quality manager. This happens each time the person visits the site. The registered manager added, "The provider expects them to audit at least four areas of quality, such as, staffing, residents files, health and safety certificates and insurance documents are all in date."

We confirmed the quality team carried out regular quality assurance visits. During this visit the quality assurance team looked at areas around service records to ensure each person has a care plan in place and had been provided with a service user guide. The team also ensure all records are in date and completed in full and that carers are staying their allocated time slots and arriving when expected. We verified this

information was gathered by speaking to people who used the service and their relatives when appropriate. Further questions were asked around privacy and dignity, confidentiality, were people being encouraged to maintain their independence, did people feel rushed, and people's satisfaction with the amount of care visits they received. We noted these visits had been recorded and were kept in people's files. The visits we saw were signed by the individual.

Resident meetings were also held. The registered manager told us, "Residents meetings are in partnership with the housing provider and are approximately every month or more often if needed. People confirmed they attended these meetings, "They send you a letter to let you know, but I never attended any of the meetings." A second person stated, "Once a month, there is a meeting, we talk about our care, meals and any other business such as minutes of the last meetings and so on" whilst a third person stated, "They do the meetings, but I never attend and I can remember being given some questions to comment about services here."

The home had a policy and procedures file in place which included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were updated regularly, with date of review included on each policy.

All staff had been provided with a copy of the provider's code of conduct. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

Newsletters were printed monthly for people using the service. The newsletters announced any activities booked for the month, birthdays, and any other business such as rubbish collection day changes, smoking areas and any further reminders.